

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form 990

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

2023

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW ISRAEL FUND		D Employer identification number 94-2607722
	Doing Business As		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1400 (202) 842-0900
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 84,474,362.
	F Name and address of principal officer: DANIEL SOKATCH		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

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

J Website: ▶ WWW.NIF.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1979 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NEW ISRAEL FUND (NIF) HELPS ISRAEL LIVE UP TO ITS FOUNDERS' VISION OF A SOCIETY THAT ENSURES COMPLETE EQUALITY TO ALL ITS INHABITANTS. (SEE SCHEDULE O FOR CONTINUATION)				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38		
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	54		
	6 Total number of volunteers (estimate if necessary)	6	100		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE		
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	34,258,451.	Current Year	56,891,495.
	9 Program service revenue (Part VIII, line 2g)		NONE		NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		51,127.		375,936.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,078.		159,589.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,345,656.		57,427,020.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,351,760.		25,026,973.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE		NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,758,964.		10,926,384.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		125,482.		149,289.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,839,908.				
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,171,518.		6,393,659.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,407,724.		42,496,305.
	19 Revenue less expenses. Subtract line 18 from line 12		-2,062,068.		14,930,715.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	31,267,891.	End of Year
21 Total liabilities (Part X, line 26)			6,286,091.		4,735,515.
22 Net assets or fund balances. Subtract line 21 from line 20.			24,981,800.		41,802,694.

Part II Signature Block

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

Sign Here

Signature of officer: *Jennifer Spitzer Gorowitz* Date: 11/15/2024

Name and title: JENNIFER SPITZER GOROVITZ ASSISTANT SECRETARY AND VICE PRESIDENT OF FINANCE, OPERATIONS AND ADMINISTRATION

Paid Preparer Use Only

Print/Type preparer's name: PAUL HAMMERSCHMIDT Preparer's signature: PAUL HAMMERSCHMIDT Date: 11/15/2024 Check if self-employed PTIN: P01384178

Firm's name: BDO USA Firm's EIN: 13-5381590

Firm's address: 200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166 Phone no.: 212-885-8000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 9,902,125. including grants of \$ 7,730,288.) (Revenue \$ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,904,827. including grants of \$ 1,969,887.) (Revenue \$ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 4,817,973. including grants of \$ 2,947,159.) (Revenue \$ NONE)

SEE SCHEDULE O

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

(Expenses \$ 14,207,149. including grants of \$ 12,379,639.) (Revenue \$ NONE)

4e Total program service expenses 34,832,074.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
b	If "Yes," enter the name of the foreign country <u>ISRAEL</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (39), 1b (38), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

THOMAS J. COLE 6 EAST 39TH STREET, SUITE 301, NEW YORK, NY 10016
212-613-4414

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL SOKATCH EXECUTIVE DIRECTOR/CEO	40.00 8.00	X		X				418,670.	NONE	42,906.
(2) JENNIFER SPITZER VP, FINANCE OPERATIONS & ADMIN	40.00 8.00			X				303,751.	NONE	24,065.
(3) STEVEN ROTHMAN VP FOR NATIONAL DEVELOPMENT	40.00 NONE				X			215,575.	NONE	38,535.
(4) LIBBY LENKINSKI VP FOR PUBLIC ENGAGEMENT	40.00 NONE				X			207,255.	NONE	23,527.
(5) MICHAEL GITZIN EXECUTIVE DIRECTOR - ISRAEL	42.00 NONE			X				192,195.	NONE	29,184.
(6) BUCKWALD, BECKY CHIEF PLANNED GIVING OFFICER	40.00 NONE					X		155,700.	NONE	33,606.
(7) STEPHANE ACEL-GREEN VP, PRINCIPAL & MAJOR GIFTS	40.00 NONE					X		155,594.	NONE	32,988.
(8) THOMAS J. COLE DIRECTOR OF FINANCE	40.00 NONE					X		160,200.	NONE	17,268.
(9) ORLI BEIN DEPUTY VP, SAN FRANCISCO	40.00 NONE					X		138,822.	NONE	32,975.
(10) ARIELLA SIDELSKY DEPUTY VP OF DEV. OPERATIONS	40.00 NONE					X		137,762.	NONE	7,317.
(11) RACHEL LIEL PRESIDENT	8.00 NONE	X		X				NONE	NONE	NONE
(12) PAUL EGERMAN VICE PRESIDENT, NORTH AMERICA	3.00 NONE	X		X				NONE	NONE	NONE
(13) ITZIK DANZIGER VICE PRESIDENT, ISRAEL	3.00 NONE	X		X				NONE	NONE	NONE
(14) JANINE FRIER VICE PRESIDENT, AT LARGE	3.00 NONE	X		X				NONE	NONE	NONE

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for individuals like JIM KOSHLAND, NASREEN HADAD HAJ-YAHYA, etc.

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 16

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row for total number of independent contractors.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) NOELEEN COHEN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(27) YOSSI DAHAN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(28) PETER EDELMAN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(29) YASMEEN ABU FRAIHA DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(30) AVI GLEZERMAN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(31) SALLY GOTTESMAN DIRECTOR (AS OF 9/23)	2.00 NONE	X					NONE	NONE	NONE	
(32) LISA GREER DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(33) STEPHEN D. GUNTHER DIRECTOR	2.00 3.00	X					NONE	NONE	NONE	
(34) LINDA HERSHKOVITZ DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(35) BASMA KHALAF-JUBRAN DIRECTOR (AS OF 9/23)	2.00 NONE	X					NONE	NONE	NONE	
(36) MENACHEM LORBERBAUM DIRECTOR (THRU 9/23)	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) BRIAN LURIE DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(38) AARON DAVID MILLER DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(39) SHULA MOLA DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(40) JONATHAN PENKIN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(41) MEITAL PINTO DIRECTOR (AS OF 9/23)	2.00 NONE	X					NONE	NONE	NONE	
(42) DANIEL PRICE DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(43) ILANA RATNER DIRECTOR (AS OF 2/23)	2.00 NONE	X					NONE	NONE	NONE	
(44) TALIA SASSON DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(45) ALICE SHALVI DIRECTOR (THRU 9/23)	2.00 NONE	X					NONE	NONE	NONE	
(46) JONATHAN SHKEDI DIRECTOR (AS OF 9/23)	2.00 NONE	X					NONE	NONE	NONE	
(47) SUSAN SNIDER DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for Yael Sternhell, Yozeffa Tabib-Calif, Jenna Weinberg, Gabriela Wilenz, and Reem Younis.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

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	426,227.										
	d	Related organizations	1d											
	e	Government grants (contributions) . .	1e											
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	56,465,268.										
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,934,379.										
	h	Total. Add lines 1a-1f		56,891,495.										
	Program Service Revenue	2a	_____	Business Code										
b		_____												
c		_____												
d		_____												
e		_____												
f		All other program service revenue												
g		Total. Add lines 2a-2f		NONE										
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		393,267.			393,267.							
	4	Income from investment of tax-exempt bond proceeds . . .		NONE										
	5	Royalties		NONE										
	6a	Gross rents	6a	(i) Real										
				(ii) Personal										
	b	Less: rental expenses	6b											
	c	Rental income or (loss)	6c	NONE	NONE									
	d	Net rental income or (loss)		NONE										
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	26,935,224.									
				(ii) Other										
	b	Less: cost or other basis and sales expenses . .	7b	26,952,555.										
	c	Gain or (loss)	7c	-17,331.										
d	Net gain or (loss)		-17,331.			-17,331.								
8a	Gross income from fundraising events (not including \$ 426,227. of contributions reported on line 1c). See Part IV, line 18	8a		35,000.										
			b					Less: direct expenses	8b	94,787.				
			c					Net income or (loss) from fundraising events		-59,787.			-59,787.	
			9a					Gross income from gaming activities. See Part IV, line 19	9a	NONE				
			b					Less: direct expenses	9b	NONE				
			c					Net income or (loss) from gaming activities		NONE				
			10a					Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE											
c	Net income or (loss) from sales of inventory		NONE											
Miscellaneous Revenue	11a	AFFILIATE SERVICE FEES	Business Code	900099	30,590.		30,590.							
	b	MISCELLANEOUS INCOME		900099	188,786.		188,786.							
	c	_____												
	d	All other revenue												
	e	Total. Add lines 11a-11d			219,376.									
12	Total revenue. See instructions			57,427,020.			535,525.							

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	700.	1	4,971,495.
	2 Savings and temporary cash investments	10,615,744.	2	9,211,806.
	3 Pledges and grants receivable, net	3,009,861.	3	4,076,158.
	4 Accounts receivable, net	39,178.	4	96,374.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	160,661.	9	152,043.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 585,571.		
	b Less: accumulated depreciation	10b 359,118.		
		175,157.	10c	226,453.
	11 Investments - publicly traded securities	15,785,976.	11	26,905,103.
	12 Investments - other securities. See Part IV, line 11	102,559.	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	1,378,055.	15	898,777.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,267,891.	16	46,538,209.	
Liabilities	17 Accounts payable and accrued expenses	1,887,010.	17	1,873,204.
	18 Grants payable	3,074,972.	18	2,048,405.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,324,109.	25	813,906.
	26 Total liabilities. Add lines 17 through 25.	6,286,091.	26	4,735,515.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	13,326,967.	27	24,745,783.
	28 Net assets with donor restrictions	11,654,833.	28	17,056,911.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	24,981,800.	32	41,802,694.
33 Total liabilities and net assets/fund balances	31,267,891.	33	46,538,209.	

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	57,427,020.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,496,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,930,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,981,800.
5	Net unrealized gains (losses) on investments	5	2,385,260.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-495,081.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,802,694.

Part XII Financial Statements and Reporting

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

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

NEW ISRAEL FUND

Employer identification number

94-2607722

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

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

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

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

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

Schedule A (Form 990) 2023

JSA
3E1210 1.000

9718XK 702V 11/15/2024 11:15:43

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions)
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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (94.44%), 15 Public support percentage from 2022 Schedule A (93.93%), 16a 33 1/3% support test - 2023 (checked), 16b 33 1/3% support test - 2022, 17a 10%-facts-and-circumstances test - 2023, 17b 10%-facts-and-circumstances test - 2022, 18 Private foundation.

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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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. Add lines 1 through 5; 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; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 %; 16 Public support percentage from 2022 Schedule A, Part III, line 15 - 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 %; 18 Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
AFFILIATE SERVICE FEES	NONE	171,567.	NONE	115,011.	NONE	286,578.
MISCELLANEOUS INCOME	39,609.	89,421.	182,925.	95,031.	219,376.	626,362.
TOTALS	39,609.	260,988.	182,925.	210,042.	219,376.	912,940.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <p style="text-align: center;">NEW ISRAEL FUND</p>	Employer identification number <p style="text-align: center;">94-2607722</p>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 7,181,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 1,448,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 1,320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NEW ISRAEL FUND

Employer identification number

94-2607722

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 <p style="text-align:center;">NEW ISRAEL FUND</p>	Employer identification number <p style="text-align:center;">94-2607722</p>
---	--

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEW ISRAEL FUND	Employer identification number 94-2607722
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	187,111.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	339,617.													
c Total lobbying expenditures (add lines 1a and 1b)	526,728.													
d Other exempt purpose expenditures	38,129,669.													
e Total exempt purpose expenditures (add lines 1c and 1d)	38,656,397.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	458,901.	484,433.	543,551.	526,728.	2,013,613.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	148,820.	162,684.	205,773.	187,111.	704,388.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

NEW ISRAEL FUND

Employer identification number

94-2607722

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2023

JSA 3E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	9,062,364.	9,736,811.	9,129,193.	2,958,610.	2,774,491.
b Contributions	129,113.	201,303.	825,940.	5,852,000.	10,420.
c Net investment earnings, gains, and losses	949,906.	-353,036.	359,010.	811,001.	320,225.
d Grants or scholarships	30,357.	46,539.	60,041.	73,806.	44,206.
e Other expenditures for facilities and programs	453,580.	476,175.	517,291.	418,612.	102,320.
f Administrative expenses					
g End of year balance	9,657,446.	9,062,364.	9,736,811.	9,129,193.	2,958,610.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
 - b Permanent endowment 100.0000 %
 - c Term endowment NONE %
- 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? | 3a(i) | X |
| (ii) Related organizations? | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		209,163.	157,682.	51,481.
d Equipment		376,408.	201,436.	174,972.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				226,453.

Part VII Investments - Other Securities

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

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

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, line 13, col. (B)) . . .		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	813,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	

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

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	59,524,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,385,260.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-287,758.
e	Add lines 2a through 2d	2e	2,097,502.
3	Subtract line 2e from line 1	3	57,427,020.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	57,427,020.

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	43,727,429.
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	1,231,124.
e	Add lines 2a through 2d	2e	1,231,124.
3	Subtract line 2e from line 1	3	42,496,305.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	42,496,305.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE CORPUS AND EARNINGS FROM QUASI AND PERMANENT ENDOWMENT FUNDS ARE UTILIZED AS STIPULATED BY DONORS, WHERE APPLICABLE, OR BY THE BOARD OF DIRECTORS, TO FURTHER NIF'S MISSION. SOME FUNDS, ONCE RELEASED FROM PERMANENT RESTRICTION, ARE USED FOR GENERAL SUPPORT, DIRECT PROGRAM EXPENSES, OR GRANTS TO ORGANIZATIONS.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2023, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D:

LOSS ON FOREIGN EXCHANGE.....	\$ (495,081)
REVENUE ATTRIBUTABLE TO TRUTH TO POWER FOUNDATION, (A RELATED 501(C) (3) ORGANIZATION).....	\$ 207,323
TOTAL.....	\$ (287,758)

Part XIII Supplemental Information (continued)

PART XII, LINE 2D:

EXPENSES ATTRIBUTABLE TO TRUTH TO POWER FOUNDATION,

(A RELATED 501(C) (3) ORGANIZATION)\$1,231,124

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	1	6	GRANTMAKING		22,049,064.
(2) MIDDLE EAST AND NORTH AFRICA	1	110	PROGRAM SERVICES	CAPACITY BLDG/CONSULT.	5,591,347.
(3) MIDDLE EAST AND NORTH AFRICA	1	4	FUNDRAISING		143,625.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	120.			27,784,036.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3.	120.			27,784,036.

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

Schedule F (Form 990) 2023

JSA
3E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	733,001.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	728,622.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	675,100.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	643,006.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	620,692.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	615,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	518,778.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	480,750.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	479,498.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	466,556.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	432,532.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	421,058.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	402,946.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	392,121.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	348,269.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	342,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 197

3 Enter total number of other organizations or entities

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	331,486.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	320,230.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	306,151.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	303,447.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	291,732.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	287,824.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	285,580.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	285,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	253,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	252,640.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	245,663.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	239,375.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	238,591.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	220,273.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	216,259.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	207,290.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	193,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	182,652.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	182,213.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	177,244.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	173,746.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	165,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	160,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	159,904.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	145,388.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS FREEDOM	144,652.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	143,663.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	141,379.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	141,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	139,672.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	138,500.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	135,434.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	134,967.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	133,050.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	130,507.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS FREEDOM	128,527.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	125,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	124,573.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	123,942.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	115,252.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	115,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	113,365.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	110,897.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	110,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	108,663.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	105,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	104,289.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	100,103.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	100,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	100,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	100,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	99,500.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	98,500.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	87,535.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	86,926.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	86,428.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	85,465.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	84,786.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	83,500.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	80,251.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	80,190.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	78,289.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	75,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	75,000.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	75,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	74,930.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	74,915.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	74,036.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	71,132.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	70,934.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS FREEDOM	68,900.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	67,415.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	66,375.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	63,281.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	60,592.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	60,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	58,246.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	54,700.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	54,507.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	53,410.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	53,324.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	53,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS FREEDOM	52,850.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	52,621.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	51,088.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	50,262.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	50,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	50,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	49,932.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	47,716.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	45,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	45,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	44,626.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	42,763.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	42,589.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	41,276.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	40,108.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	39,800.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	39,725.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	38,716.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	35,525.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	35,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	35,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	35,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	34,312.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	33,350.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	33,034.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	33,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	32,500.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS FREEDOM	32,307.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	31,300.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	30,096.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	30,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	30,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	30,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	30,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	30,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	30,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	30,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	30,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	28,500.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	28,036.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	28,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	27,729.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	26,261.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	26,142.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	25,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	25,000.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	25,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	25,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	24,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	23,896.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	23,075.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	20,707.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	20,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	20,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	19,084.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	19,000.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	19,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	18,252.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	16,896.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	15,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	15,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	15,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	14,790.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	14,572.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS FREEDOM	14,541.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	14,500.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	14,490.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	12,761.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	11,500.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,909.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	10,133.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	10,000.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	PALESTINIAN CITIZENS	10,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	9,470.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	9,035.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	8,408.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	7,500.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	7,310.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	6,720.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	6,565.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	6,127.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	6,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	5,803.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	5,570.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	HUMAN RIGHTS	5,360.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	5,315.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	5,286.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	5,195.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SOCIAL & ECO JUSTICE	5,050.	WIRE			
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

NIF EXERCISES EXPENDITURE RESPONSIBILITY OVER ITS FOREIGN GRANTEES. PRIOR TO RECEIVING A GRANT, GRANTEES MUST SUBMIT TO A THOROUGH VETTING PROCESS TO DETERMINE ELIGIBILITY BASED ON A NUMBER OF FACTORS, INCLUDING STRATEGIC ALIGNMENT AND CAPABILITIES OF ACHIEVING IMPACT IN A PARTICULAR STRATEGIC FUNDING AREA AS DETERMINED BY NIF'S BOARD OF DIRECTORS, FINANCIAL HEALTH AND MANAGEMENT, AND THE LEADERSHIP OF THE ORGANIZATION. NUMEROUS DOCUMENTS ARE REQUIRED TO BE SUBMITTED TO ENSURE GRANTEES' COMPLIANCE WITH IN-COUNTRY LAWS APPLICABLE TO NONPROFIT ORGANIZATIONS, TAX FILINGS, FINANCIAL STATEMENTS, CHARTER DOCUMENTS, PROPOSED USES OF THE GRANT, PRIOR ACHIEVEMENTS, AND WORK PLANS. GRANTEES ARE VETTED FOR COMPLIANCE WITH ALL U.S. TREASURY DEPARTMENT GUIDELINES AND ANTI-TERRORISM LAWS. EACH GRANTEE IS BOUND BY A DETAILED GRANT AGREEMENT INTENDED TO COMPLY WITH IRC EXPENDITURE RESPONSIBILITY RULES, INCLUDING SPECIFYING THE CHARITABLE PURPOSES OF THE USE OF FUNDS, REQUIRING PERIODIC REPORTS, REQUIRING DETAILED RECORDS, SUBJECT TO NIF ACCESS, AND REPORTING OF EXPENDITURES, AND REQUIRING COMPLIANCE WITH ALL RELEVANT

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).

U.S. LAWS AND REGULATIONS. SITE VISITS ARE CONDUCTED WITH GRANTEES.

SHOULD NIF DISCOVER ANY PORTION OF A GRANT NOT USED FOR THE INTENDED PURPOSES, INCLUDING FOR ANY PROHIBITED USE SPECIFIED IN THE AGREEMENT, THE GRANT SHALL BE REPAID. GRANTEES MUST REPRESENT AND WARRANT THAT THEY ARE IN GOOD STANDING AS A NONPROFIT ORGANIZATION UNDER THE LAWS OF THEIR COUNTRY AND POSSESS ALL PERMISSIONS AND APPROVALS NECESSARY TO PERFORM THEIR OBLIGATIONS UNDER THE GRANT AGREEMENT. DONOR-ADVISED GRANTEES ARE SUBJECT TO SIMILAR VETTING, EXPENDITURE RESPONSIBILITY, AND REPORTING REQUIREMENTS.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,508,000.	149,289.	1,358,711.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GUARDIANS DEMOC (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	461,227.			461,227.
	2 Less: Contributions	426,227.			426,227.
	3 Gross income (line 1 minus line 2)	35,000.			35,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,375.			11,375.
	8 Entertainment				
	9 Other direct expenses	83,412.			83,412.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				94,787.
11 Net income summary. Subtract line 10 from line 3, column (d)				-59,787.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

LAUTMAN, MASKA, NEIL & COMPANY

ADDRESS:

1730 RHODE ISLAND AVENUE NW
WASHINGTON, DC 20036

ACTIVITY :

ADVICE & IMPLEMENT.

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	1,508,000.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	149,289.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	1,358,711.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

NEW ISRAEL FUND

Employer identification number

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) J STREET EDUCATION FUND ATT: TAMAR ARIEL P.O.BOX 66073	20-2777557	501(C)(3)	224,650.				ORGANIZATION SUPPORT
(2) PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE NEW YORK, NY 10017	13-6104086	501(C)(3)	204,180.				ORGANIZATION SUPPORT
(3) TRUAH 266 W. 37TH STREET, #803 NEW YORK, NY 10018	45-0464545	501(C)(3)	139,320.				ORGANIZATION SUPPORT
(4) AMERICAN JEWISH WORLD SERVICE, INC. 45 W 36TH ST 11TH FL NEW YORK, NY 10018	22-2584370	501(C)(3)	111,030.				ORGANIZATION SUPPORT
(5) KING BAUDOIN FOUNDATION UNITED STATES 551 FIFTH AVENUE #2400 NEW YORK, NY 10176	58-2277856	501(C)(3)	102,500.				ORGANIZATION SUPPORT
(6) NONVIOLENCE INTERNATIONAL PO BOX 39127 WASHINGTON, DC 20016	52-1645787	501(C)(3)	102,500.				ORGANIZATION SUPPORT
(7) NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST, #370 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	100,000.				ORGANIZATION SUPPORT
(8) KITCHEN SLOW DOWN JEW UP 600 MONTGOMERY ST, SAN FRANCISCO, CA 94111	45-2639806	501(C)(3)	100,000.				ORGANIZATION SUPPORT
(9) HEBREW COLLEGE 160 HERRICK RD NEWTON, MA 02459	04-2104300	501(C)(3)	75,560.				ORGANIZATION SUPPORT
(10) ENCOUNTER 8 WEST 126 STREET NEW YORK, NY 10027	26-0599382	501(C)(3)	75,180.				ORGANIZATION SUPPORT
(11) JUST VISION INC 1250 H STREET NW, #300 WASHINGTON, DC 20005	20-4898729	501(C)(3)	65,500.				ORGANIZATION SUPPORT
(12) BEND THE ARC 330 7TH AVE 19TH FL NEW YORK, NY 10001	52-1332694	501(C)(3)	64,800.				ORGANIZATION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEWISH COMMUNITY CENTER OF SAN FRANCISCO 3200 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	55,000.				ORGANIZATION SUPPORT
(2) FJC - A FOUNDATION OF DONOR ADVISED FUNDS 225 WEST 39TH STREET NEW YORK, NY 10018	13-3848582	501(C)(3)	51,800.				ORGANIZATION SUPPORT
(3) CENTER FOR THE ART OF TRANSLATION 582 MARKET STREET SAN FRANCISCO, CA 94104	91-2037187	501(C)(3)	50,000.				ORGANIZATION SUPPORT
(4) VOICE OF WITNESS 1446 MARKET ST SAN FRANCISCO, CA 94102	26-3648452	501(C)(3)	50,000.				ORGANIZATION SUPPORT
(5) WOMEN DONORS NETWORK PO BOX 2930 SAN FRANCISCO, CA 94126	05-0542397	501(C)(3)	50,000.				ORGANIZATION SUPPORT
(6) THE JEWISH FILM INSTITUTE 145 9TH STREET SAN FRANCISCO, CA 94103	94-2854068	501(C)(3)	46,000.				ORGANIZATION SUPPORT
(7) SMALL PRESS TRAFFIC 1111 8TH ST SAN FRANCISCO, CA 94107	94-3029180	501(C)(3)	40,000.				ORGANIZATION SUPPORT
(8) TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	35,000.				ORGANIZATION SUPPORT
(9) AMERICAN FRIENDS OF COMBATANTS FOR PEACE P.O. BOX 27671 SAN FRANCISCO, CA 94127	36-4778519	501(C)(3)	34,220.				ORGANIZATION SUPPORT
(10) ALLIANCE FOR MIDDLE EAST PEACE INC 1725 I STREET, N.W. WASHINGTON, DC 20006	20-5879279	501(C)(3)	32,500.				ORGANIZATION SUPPORT
(11) HARVARD UNIVERSITY P.O. BOX 419209 BOSTON, MA 02241	04-2103580	501(C)(3)	30,250.				ORGANIZATION SUPPORT
(12) LOS ANGELES REVIEW OF BOOKS 6671 W SUNSET BLVD LOS ANGELES, CA 90028	90-0977045	501(C)(3)	27,500.				ORGANIZATION SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN FRIENDS OF THE PARENTS CIRCLE 4 E 95TH ST 5C NEW YORK, NY 10128	95-4869142	501(C)(3)	26,750.				ORGANIZATION SUPPORT
(2) MARLENE MEYERSON JCC MANHATTAN 334 AMSTERDAM AVE NEW YORK, NY 10023	13-3490745	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(3) AYIN PRESS LIMITED PO BOX 150588 BROOKLYN, NY 11215	86-1454151	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(4) FOUNDATION FOR MIDDLE EAST PEACE 2025 M ST NW STE 600 WASHINGTON, DC 20036	52-6055574	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(5) RAINBOW RAILROAD USA, INC. 575 5TH AVE UNIT 18-139 NEW YORK, NY 10017	47-4896980	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(6) EXTEND 29 GOSHEN RD CHESTER, NY 10918	46-4809405	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(7) FOOTSTEPS, INC. 114 JOHN STREET, #930 NEW YORK, NY 10272	20-0866923	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(8) AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 80 BROAD ST STE. 2102 NEW YORK, NY 10004	13-6220819	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(9) JEWISH CURRENTS P.O. BOX 130049 BROOKLYN, NY 11213	13-3100063	501(C)(3)	25,000.				ORGANIZATION SUPPORT
(10) GOOD PEOPLE FUND INC. 384 WYOMING AVENUE MILLBURN, NJ 07041	26-1887249	501(C)(3)	24,750.				ORGANIZATION SUPPORT
(11) JEWISH FAMILY & CHILDRENS SERVICES 2150 POST STREET, P.O. BOX 159004	94-1156528	501(C)(3)	23,600.				ORGANIZATION SUPPORT
(12) CONGREGATION BETH SHOLOM SF P.O. BOX 591837 SAN FRANCISCO, CA 94159	94-1167429	501(C)(3)	22,800.				ORGANIZATION SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEWISH ALLIANCE FOR LAW & SOCIAL ACTION INC 11 BEACON ST SUITE 722 BOSTON, MA 02108	01-0563874	501(C)(3)	21,680.				ORGANIZATION SUPPORT
(2) EDUCATIONAL ALLIANCE, INC. 197 E BROADWAY NEW YORK, NY 10002	13-5562210	501(C)(3)	20,200.				ORGANIZATION SUPPORT
(3) WOMEN MAKE MOVIES INC 231 W. 29TH ST, #1006 NEW YORK, NY 10001	13-2740460	501(C)(3)	19,080.				ORGANIZATION SUPPORT
(4) IKAR 1737 S LA CIENEGA BLV LOS ANGELES, CA 90035	20-1210098	501(C)(3)	15,960.				ORGANIZATION SUPPORT
(5) IF NOT NOW PO BOX 26425 WASHINGTON, DC 20001	47-5178715	501(C)(3)	15,700.				ORGANIZATION SUPPORT
(6) JEWISH COMMUNITY HIGH SCHOOL OF THE BAY 1835 ELLIS ST SAN FRANCISCO, CA 94115	94-3349377	501(C)(3)	15,000.				ORGANIZATION SUPPORT
(7) LIVE OAK INSTITUTE 2719 DERRY ST BERKELEY, CA 94710	94-2663536	501(C)(3)	15,000.				ORGANIZATION SUPPORT
(8) COMMONWEAL PO BOX 316 BOLINAS, CA 94924	94-2366094	501(C)(3)	15,000.				ORGANIZATION SUPPORT
(9) JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 E 27TH ST, 10TH FL NEW YORK, NY 10016	13-1624104	501(C)(3)	15,000.				ORGANIZATION SUPPORT
(10) THE CENTER FOR INDEPENDENT DOCUMENTARY, INC 55 GREEN STREET NEWTON, MA 02458	04-2738458	501(C)(3)	15,000.				ORGANIZATION SUPPORT
(11) NEWFILMMAKERS LOS ANGELES 1438 N. GOWER ST. HOLLYWOOD, CA 90028	26-4286940	501(C)(3)	13,800.				ORGANIZATION SUPPORT
(12) DOCTORS WITHOUT BORDERS USA INC 40 RECTOR ST 16TH FL NEW YORK, NY 10006	13-3433452	501(C)(3)	13,100.				ORGANIZATION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TIKKUN OLAM PRODUCTIONS INCORPORATED 27 WILTON ST SOMERVILLE, MA 02145	83-0881681	501(C)(3)	12,000.				ORGANIZATION SUPPORT
(2) TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	12,000.				ORGANIZATION SUPPORT
(3) AVODAH: THE JEWISH SERVICE CORPS 125 MAIDEN LANE, #8B NEW YORK, NY 10038	13-3914342	501(C)(3)	12,000.				ORGANIZATION SUPPORT
(4) AMERICA ISRAEL DEMOCRACY COALITION 543 FOXGLOVE LANE WYNEWOOD, PA 19096	93-1616002	501(C)(3)	10,360.				ORGANIZATION SUPPORT
(5) CENTER FOR JEWISH CULTURE AND CREATIVITY 2472 BROADWAY # 331 NEW YORK, NY 10025	95-4328467	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(6) SMALL PRESS DISTRIBUTION INC 1341 SEVENTH STREET BERKELEY, CA 94710	94-3042614	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(7) FRIENDS OF THE JEWISH COMMUNITY LIBRARY 1835 ELLIS ST SAN FRANCISCO, CA 94115	94-2931048	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(8) ST. THOMAS MORE SCHOOL 50 THOMAS MORE WAY SAN FRANCISCO, CA 94132	95-1950652	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(9) CIVIC SPACE FOUNDATION 760 FELL ST SAN FRANCISCO, CA 94117	88-1045135	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(10) THE CHAPTER HOUSE PO BOX 261027 LOS ANGELES, CA 90026	83-4564456	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(11) REIMAGINE, INC. 548 MARKET ST SAN FRANCISCO, CA 94104	82-2153990	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(12) RESTLESS BOOKS INC 69 MAIN STREET AMHERST, MA 01002	81-4890403	501(C)(3)	10,000.				ORGANIZATION SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARCHPELAGO BOOKS INC 232 3RD ST STE A111 BROOKLYN, NY 11215	61-1423856	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(2) JEWES UNITED FOR JUSTICE INC 1100 H STREET NW #630 WASHINGTON, DC 20005	52-2346578	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(3) GROUNDSWELL FUND PO BOX 71642 OAKLAND, CA 94612	47-4003615	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(4) HOPEWELL FUND 1828 L STREET NW WASHINGTON, DC 20036	47-3681860	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(5) MOSAIC THEATER COMPANY OF DC 1333 H STREET, NE WASHINGTON, DC 20002	47-2641919	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(6) NEO PHILANTHROPY INC 45 WEST 36TH ST, 6TH FL NEW YORK, NY 10018	13-3191113	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(7) THRESHOLD FOUNDATION 12 MAIN ST. PMB 1508 BREWSTER, NY 10509	13-3028214	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(8) TRUSTEES OF BOSTON UNIVERSITY ONE SILBER WAY, 8TH FL BOSTON, MA 02215	04-2103547	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(9) CEDARS-SINAI BOARD OF GOVERNORS 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(10) INITIATE JUSTICE 360 E. 2ND ST #710 LOS ANGELES, CA 90012	82-1028920	501(C)(3)	10,000.				ORGANIZATION SUPPORT
(11) JVS SOCIAL 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	95-1691012	501(C)(3)	8,500.				ORGANIZATION SUPPORT
(12) COMBINED JEWISH PHILAN. OF GREATER BOSTON 126 HIGH STREET BOSTON, MA 02110	04-2103559	501(C)(3)	8,360.				ORGANIZATION SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UC BERKELEY FOUNDATION 1995 UNIVERSITY AVENUE BERKELEY, CA 94704	94-6090626	501(C)(3)	8,200.				ORGANIZATION SUPPORT
(2) FRIENDS OF THE ARAVA INSTITUTE 1320 CENTRE ST #206 NEWTON CENTRE, MA 02459	11-3485736	501(C)(3)	7,780.				ORGANIZATION SUPPORT
(3) MOUNT TAMALPAIS COLLEGE PO BOX 492 SAN QUENTIN, CA 94964	20-5606926	501(C)(3)	7,500.				ORGANIZATION SUPPORT
(4) FABRANGEN 7750 16TH STREET, N.W. WASHINGTON, DC 20012	52-0908641	501(C)(3)	7,110.				ORGANIZATION SUPPORT
(5) AMERICANS FOR BEN-GURION UNIVERSITY 1001 AVE OF THE AMERICAS NEW YORK, NY 10018	23-7270753	501(C)(3)	7,000.				ORGANIZATION SUPPORT
(6) THE ABRAHAM INITIATIVES 1460 BROADWAY STE 9021 NEW YORK, NY 10036	13-3556715	501(C)(3)	7,000.				ORGANIZATION SUPPORT
(7) TOMORROW'S WOMEN 369 MONTEZUMA AVE # 566 SANTA FE, NM 87501	85-0366087	501(C)(3)	6,000.				ORGANIZATION SUPPORT
(8) KOL SHALOM 9110 DARNESTOWN ROAD ROCKVILLE, MD 20850	52-2349761	501(C)(3)	5,518.				ORGANIZATION SUPPORT
(9) EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,100.				ORGANIZATION SUPPORT
(10) ISRAID (US) GLOBAL HUMANITARIAN ASSISTANCE PO BOX 61227 PALO ALTO, CA 94306	46-2118225	501(C)(3)	5,100.				ORGANIZATION SUPPORT
(11) CONGREGATION KOL EMETH 4175 MANUELA AVE PALO ALTO, CA 94306	94-1566203	501(C)(3)	5,083.				ORGANIZATION SUPPORT
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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

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

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

PART I, LINE 2:

NIF VIEWS ITS GRANTEES AS PARTNERS IN ACHIEVING SOCIAL CHANGE AND STRIVES TO CULTIVATE PROFESSIONAL RELATIONSHIPS FOUNDED ON MUTUAL TRUST AND OPENNESS. HOWEVER, TO MONITOR AND EVALUATE THEIR ACTIVITIES, THE FOLLOWING MEASURES ARE IMPLEMENTED:

- 1) GRANT AGREEMENT - UPON BOARD APPROVAL, EACH GRANTEE RECEIVES A GRANT AGREEMENT LETTER, SIGNED BY NIF EXECUTIVE DIRECTOR IN ISRAEL. THE LETTER STIPULATES THE GRANT PERIOD, AMOUNT AND PURPOSE (GENERAL SUPPORT,

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

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

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

FUNDRAISING EXPENSES OR A SPECIFIC PROJECT), AS WELL AS NIF'S FORMAL AND LEGAL REQUIREMENTS. ANY VIOLATION OF THESE REQUIREMENTS MAY SERVE AS CAUSE FOR WITHHOLDING GRANT FUNDS, UNTIL GRANT STAFF COMPLETES A THOROUGH INVESTIGATION AND IS SATISFIED WITH THE RESOLUTION OF THE MATTER AT HAND (SEE BELOW) .

2) SEMI-ANNUAL FINANCIAL AND ACTIVITY REPORTS - GRANT PAYMENTS ARE MADE TWO TO FOUR TIMES A YEAR, DEPENDING ON THE GRANT AMOUNT. TO RECEIVE PAYMENTS, GRANTEEES ARE REQUIRED TO SUBMIT: 1) AN ORGANIZATIONAL DEVELOPMENT REPORT; 2) A FINANCIAL REPORT OF THE PREVIOUS FISCAL YEAR,

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

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

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

AUDITED BY A CERTIFIED ACCOUNTANT OR BY THE ORGANIZATION'S AUDIT COMMITTEE, AND SIGNED BY TWO AUTHORIZED SIGNATORIES OF ITS BOARD; AND 3) AN ACTIVITY AND PROGRESS REPORT. EACH GRANTS STAFF MEMBER REVIEWS THE REPORTS SUBMITTED BY GRANTEES THAT ARE ON HIS OR HER CASELOAD. GRANTS STAFF MAY CHOOSE TO CONTACT THE ORGANIZATION AND ASK FOR CLARIFICATIONS, FURTHER INFORMATION, OR EXPLANATIONS CONCERNING THE REPORTS. AT LEAST ONCE PER YEAR, THE GRANTS STAFF MAKES A SITE VISIT TO EACH ORGANIZATION. PAYMENTS ARE APPROVED AND RELEASED ONLY AFTER THE ALLOCATED GRANTS STAFF MEMBER IS FULLY SATISFIED WITH THE REPORTS AND INFORMATION PROVIDED BY THE GRANTEE.

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

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

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

3) ORIENTATION WORKSHOPS - NIF HOLDS PERIODIC ORIENTATION SESSIONS FOR NEW AND/OR VETERAN GRANTEEES. IN ADDITION TO RECEIVING A COMPREHENSIVE OVERVIEW OF NIF'S VISION AND ACTIVITIES, PARTICIPANTS ARE GIVEN AN OPPORTUNITY TO MEET WITH NIF SENIOR AND DEVELOPMENT STAFF, AS WELL AS REVIEW NIF GRANTS POLICIES AND MECHANISMS WITH THE NIF GRANTS STAFF .

4) SITE VISITS - NIF GRANTS AND DEVELOPMENT STAFF OFTEN CONDUCT SITE VISITS TO GRANTEEES AS PART OF OVERSEAS OR LOCAL STUDY TOURS, DONOR VISITS, ETC. NIF STAFF ARE OFTEN INVITED TO SPEAK AT AND PARTICIPATE IN

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

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

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

CONFERENCES, WORKSHOPS, AND OTHER PUBLIC EVENTS HELD BY GRANTEEES .

5) PERIODIC REPORTS TO FUNDERS - NIF DEVELOPMENT AND DONOR SERVICES STAFF
 REGULARLY REVIEW ORGANIZATIONAL PROGRESS AND ACTIVITIES FOR THE PURPOSE
 OF REPORTING TO BOTH INSTITUTIONAL AND INDIVIDUAL DONORS. GRANTEEES ARE
 REQUESTED TO SUBMIT PERIODIC PROGRESS AND ACTIVITY REPORTS .

6) ORGANIZATIONAL NEWS AND MEDIA - MANY NIF GRANTEEES PUBLISH
 E-NEWSLETTERS, PERIODIC EMAIL UPDATES, NEWSLETTERS, AND REPORTS . GRANTEEES
 MAKE A POINT OF CIRCULATING THESE PUBLICATIONS AMONG NIF STAFF AND

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

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

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

SHARING ANY FREE MEDIA COVERAGE THEY HAVE RECEIVED IN THE LOCAL AND INTERNATIONAL PRESS. NIF STAFF MAY RECOMMEND WITHHOLDING GRANT FUNDS OR CANCELING THE NIF COMMITMENT TO A GRANT IF A GRANTEE FAILS TO UPHOLD THE TERMS STIPULATED IN ITS GRANT AGREEMENT, INCLUDING:

- A GRAVE DISCREPANCY BETWEEN THE ORGANIZATION'S DECLARED GOALS AND WORK PLAN AND ITS ACTUAL ACTIVITIES IN THE FIELD, OR FAILURE TO IMPLEMENT ITS DECLARED WORK PLAN.
- THE ORGANIZATION CEASES TO OPERATE OR IS FACING A CRISIS THAT MAY RESULT IN CLOSING ITS DOORS.

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

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

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

- THE ORGANIZATION HAS VIOLATED BINDING ISRAELI OR INTERNATIONAL LAWS AND REGULATIONS, OR FORMAL NIF REQUIREMENTS, WHICH MAY INCLUDE PARTISAN AFFILIATION, FINANCIAL MISCONDUCT, ETC.

7) NIF VETS NEW AND RETURNING GRANTEES WITH GOVERNMENT AGENCIES AND WATCH LISTS IN THE UNITED STATES AND ISRAEL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

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 **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL GITZIN							
1 EXECUTIVE DIRECTOR - ISRAEL	(i) 192,195.	NONE	NONE	29,184.	NONE	221,379.	NONE
DANIEL SOKATCH	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EXECUTIVE DIRECTOR/CEO	(i) 418,670.	NONE	NONE	9,900.	33,006.	461,576.	NONE
JENNIFER SPITZER	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 VP, FINANCE OPERATIONS & ADMIN	(i) 303,751.	NONE	NONE	9,241.	14,824.	327,816.	NONE
STEVEN ROTHMAN	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 VP FOR NATIONAL DEVELOPMENT	(i) 215,575.	NONE	NONE	6,785.	31,750.	254,110.	NONE
LIBBY LENKINSKI	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 VP FOR PUBLIC ENGAGEMENT	(i) 207,255.	NONE	NONE	6,361.	17,166.	230,782.	NONE
THOMAS J. COLE	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 DIRECTOR OF FINANCE	(i) 160,200.	NONE	NONE	5,700.	11,568.	177,468.	NONE
STEPHANE ACEL-GREEN	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 VP, PRINCIPAL & MAJOR GIFTS	(i) 155,594.	NONE	NONE	5,100.	27,888.	188,582.	NONE
BUCKWALD, BECKY	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 CHIEF PLANNED GIVING OFFICER	(i) 155,700.	NONE	NONE	5,040.	28,566.	189,306.	NONE
ORLI BEIN	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 DEPUTY VP, SAN FRANCISCO	(i) 138,822.	NONE	NONE	4,415.	28,560.	171,797.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

NEW ISRAEL FUND

Employer identification number

94-2607722

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	80	2,934,379.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

3E1298 1.000

9718XK 702V 11/15/2024 11:15:43

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

FORM 990, PART I, LINE 1 CONTINUATION:

OUR AIM IS TO ADVANCE LIBERAL DEMOCRACY, INCLUDING FREEDOM OF SPEECH AND
MINORITY RIGHTS, AND TO FIGHT THE INEQUALITY, INJUSTICE AND EXTREMISM
THAT DIMINISH ISRAEL.

FORM 990, PART III, LINE 4D:

1) SOCIAL AND ECONOMIC JUSTICE: ONE OF NIF'S LONG-TERM GOALS IS TO REDUCE
SOCIAL AND ECONOMIC GAPS BY EMPOWERING ISRAEL'S MOST DISADVANTAGED
CITIZENS. NIF WORKS WITH GRANTEE ORGANIZATIONS TO PROMOTE WORKABLE
POLICIES AND PROGRAMS ADDRESSING POVERTY, HOMELESSNESS, UNEMPLOYMENT, AND
URBAN DECAY IN LOW-INCOME COMMUNITIES, ESPECIALLY IN THE GEOGRAPHIC AND
SOCIAL PERIPHERY.

EXPENSES: \$3,845,806. GRANTS: \$2,605,464. REVENUE: \$NONE.

2) RELIGIOUS FREEDOM: NIF AIMS TO PROMOTE FREEDOM OF - AND FROM -
RELIGION IN ISRAEL, AND TO ENCOURAGE A MORE TOLERANT SOCIETY THAT
EMBRACES THE RICH DIVERSITY OF JEWISH IDENTITY AND PRACTICE. OUR GRANTEES
ADVOCATE FOR EQUAL ALLOCATION OF RESOURCES TO INCLUDE NON-ORTHODOX JEWISH
SERVICES AND EDUCATION; STRENGTHEN LIBERAL ELEMENTS WITHIN ORTHODOXY; AND
COMBAT RELIGIOUS EXTREMISM INCLUDING THE EXCLUSION OF WOMEN FROM THE
PUBLIC SPHERE.

EXPENSES: \$590,657. GRANTS: \$441,778. REVENUE: \$NONE.

3) OTHER - SAFETY NET RESPONSE TO 10/7 ATTACKS AND WAR IN GAZA:

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

FOLLOWING THE ATROCITIES THAT HAMAS COMMITTED AGAINST ISRAELI COMMUNITIES NEAR THE GAZA BORDER AND THE ENSUING WAR, NIF MOBILIZED RESOURCES AND STAFF AROUND THE WORLD TO MEET THE IMMENSE NEEDS OF THE MOMENT. OUR RESPONSE FOCUSED ON FOUR AREAS: PROVIDING HUMANITARIAN AID AND BASIC NEEDS; PROTECTING CIVIL RIGHTS IN WARTIME; BOLSTERING JEWISH-ARAB RELATIONS TO PREVENT ESCALATING TENSION; AND PROVIDING A PEACEFUL, DEMOCRATIC VISION FOR ISRAEL'S FUTURE. EXAMPLES INCLUDE:

A) PROVIDING HUMANITARIAN AID: HUNDREDS OF THOUSANDS OF RESIDENTS OF TOWNS NEAR THE GAZA BORDER AND SOUTHERN ISRAEL - INCLUDING JEWISH ISRAELIS, BEDOUINS, AND MIGRANT WORKERS - HAVE BEEN INTERNALLY DISPLACED FOLLOWING THE HAMAS ATTACK ON OCTOBER 7 AND THE ENSUING WAR. NIF AND OUR GRANTEEES HAVE PROVIDED HUMANITARIAN AID AND BASIC NEEDS FOR MANY OF THEM, INCLUDING ARRANGING FOR TEMPORARY AND LONG-TERM HOUSING SOLUTIONS, DISTRIBUTING FOOD AND COOKING SUPPLIES, PROVIDING MEDICAL ATTENTION AND PSYCHOLOGICAL SUPPORT, ORGANIZING EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN, AND MORE.

B) PROTECTING CIVIL RIGHTS IN WARTIME: ARAB/PALESTINIAN ISRAELIS HAVE FACED DISPROPORTIONATE POLICING SINCE THE START OF THE WAR, INCLUDING SURVEILLANCE, ARBITRARY ARREST, AND THREATS OF VIOLENCE AND HARASSMENT. MORE THAN 250 PALESTINIAN ISRAELIS HAVE BEEN DETAINED IN RECENT MONTHS, MANY OF WHOM WERE RELEASED WITHOUT CHARGES EVERY HAVING BEEN BROUGHT. THE EMERGENCY COALITION OF PALESTINIAN-ISRAELI NGOS, CREATED WITH THE SUPPORT OF AN NIF RAPID RESPONSE GRANT, HAS PROVIDED LEGAL AID TO AFFECTED INDIVIDUALS AND ADVOCATED FOR FAIRER ENFORCEMENT OF FREEDOM OF EXPRESSION LAWS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

IN ADDITION, NIF GRANTEE, FAKEREPORTER, IS A WATCHDOG ORGANIZATION THAT COMBATS MALICIOUS ACTIVITY AND FAKE NEWS ONLINE AND IN MESSAGING PLATFORMS. SINCE OCTOBER 7, FAKEREPORTER HAS TEAMED UP WITH MEMBERS OF THE ISRAELI TECH COMMUNITY TO CREATE "DIGITAL DOME," A CENTRAL ADDRESS FOR REPORTING HARMFUL CONTENT THAT INCITES TO VIOLENCE, AMPLIFIES RACISM, OR DISSEMINATES LIES.

DEMOCRATIC INFRASTRUCTURE ADVANCES DEMOCRATIC SOCIETY IN ISRAEL THROUGH WORK IN THREE AREAS: SUPPORTING GRASSROOTS MOVEMENTS AND PUBLIC EDUCATION CAMPAIGNS; FORMULATING NEW IDEAS & POLICIES; AND CULTIVATING LEADERS & LEADERSHIP NETWORKS. EXAMPLES INCLUDE:

- NIF GRANTEES MITVIM AND THE BERL KATZNELSON FOUNDATION ESTABLISHED A TASKFORCE OF EXPERTS THAT CAN PROVIDE LAWMAKERS AND OPINION LEADERS WITH POLITICAL ANALYSES, POLICY ALTERNATIVES, AND TANGIBLE STEPS TOWARD ENDING THE ISRAELI-PALESTINIAN CONFLICT. THIS WORK, WHICH WILL LAST THREE YEARS, WILL DEVELOP A NEW POLICY PARADIGM OF A GRADUAL PEACE WITH THE PALESTINIANS AND SECURITY FOR ISRAEL.

- SHATIL RAN A COURSE CALLED "TZAMERET-KAMA" (MEANING "PEAK") FOR 18 JEWISH AND PALESTINIAN WOMEN IN MIDDLE-MANAGEMENT POSITIONS AT NGOS. THE COURSE'S OBJECTIVE WAS TO GIVE THEM, THE FUTURE LEADERS OF CIVIL SOCIETY, THE TOOLS TO TAKE ON SENIOR ROLES.

EXPENSES: \$9,770,686. GRANTS: \$9,332,397. REVENUE: \$NONE.

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

94-2607722

FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DIRECTOR OF FINANCE CONDUCTED A DETAILED REVIEW TO ENSURE NUMERICAL ACCURACY THROUGHOUT THE DOCUMENT, WHILE THE VP OF FINANCE, ADMINISTRATION AND OPERATIONS' REVIEWED IT TO ENSURE ALIGNMENT WITH THE ORGANIZATIONAL MISSION, GOVERNANCE PROCEDURES, AND COMPLIANCE WITH NONPROFIT LAW. ANY FEEDBACK AND CORRECTIONS WERE ADDRESSED COLLABORATIVELY BY THE DIRECTOR OF FINANCE AND VP OF FINANCE, ADMINISTRATION AND OPERATIONS. UPON COMPLETION OF THEIR REVIEW AND ADJUSTMENTS, THE FORM 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO FILING WITH THE IRS.

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

BOARD MEMBERS, OFFICERS, MEMBERS OF GRANTS COMMITTEES, AND EXECUTIVE STAFF MEMBERS DISCLOSE IN WRITING ANNUALLY ANY OUTSIDE FINANCIAL INTERESTS OR BUSINESS ARRANGEMENTS THAT MIGHT INFLUENCE OR APPEAR TO INFLUENCE THEM IN CARRYING OUT THEIR DUTIES. THIS INCLUDES ANY DIRECT OR INDIRECT INTEREST IN OR ARRANGEMENT WITH ANY COMPETITOR, GRANTEE, OR OUTSIDE PROVIDER OR SUPPLIER OF GOODS OR SERVICES TO THE ORGANIZATION. WHEN CONFLICTS ARE IDENTIFIED, UNLESS APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS, INDIVIDUAL DIRECTORS MAY NOT PARTICIPATE IN ANY TRANSACTION WHERE THERE IS A POSSIBILITY OF CONFLICT BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF NIF.

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

SENIOR MANAGEMENT REVIEWS BENCHMARKING STUDIES AT THE TIME KEY EMPLOYEES OR OFFICERS OF THE ORGANIZATION ARE HIRED TO DETERMINE IF COMPENSATION IS COMPARABLE TO OTHER LIKE SIZED/SITUATED ORGANIZATIONS. COMPENSATION FOR

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

THE CEO IS REVIEWED ANNUALLY AND APPROVED BY THE BOARD AT THE TIME THE ANNUAL BUDGET IS APPROVED. THE LAST SALARY REVIEW TOOK PLACE IN DECEMBER 2023.

ANY ISSUES OR ACTIONS INVOLVING COMPENSATION WOULD BE RECORDED IN THE MINUTES OF THE RESPECTIVE MEETING.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE NIF WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE NEW ISRAEL FUND (NIF) HELPS ISRAEL LIVE UP TO ITS FOUNDERS' VISION OF A SOCIETY THAT ENSURES COMPLETE EQUALITY TO ALL ITS INHABITANTS. OUR AIM IS TO ADVANCE LIBERAL DEMOCRACY, INCLUDING FREEDOM OF SPEECH AND MINORITY RIGHTS, AND TO FIGHT THE INEQUALITY, INJUSTICE AND EXTREMISM THAT DIMINISH ISRAEL.

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

HUMAN RIGHTS AND DEMOCRACY: NIF WORKS TO SAFEGUARD HUMAN AND CIVIL RIGHTS - INCLUDING THE RIGHTS OF PEOPLE LIVING IN THE OCCUPIED PALESTINIAN TERRITORIES - AND TO STRENGTHEN PUBLIC TRUST IN AND SUPPORT FOR DEMOCRATIC RIGHTS AND VALUES.

THIS WORK SEEKS TO REINFORCE ISRAEL'S DEMOCRATIC FOUNDATIONS, TO BROADEN THE PROGRESSIVE IDEOLOGY, AND TO ARTICULATE A SHARED VISION FOR ISRAEL'S FUTURE. EXAMPLES INCLUDE:

A) LEADING THE DEMOCRATIC PUSHBACK: NIF GRANTEE INCLUDING ACRI, OMDIM BEYACHAD, AND MEHAZKIM SPEARHEADED THE PUSHBACK AGAINST THE GOVERNMENT'S EXTREMIST AGENDA. WITH NIF SUPPORT, THEY FOUGHT ANTI-DEMOCRATIC LEGISLATION AND ORGANIZED KEY PRO-DEMOCRACY PROTESTS.

B) CULTIVATING PALESTINIAN-ISRAELI LEADERSHIP: TO ADDRESS THE DEARTH OF YOUNG PALESTINIAN-ISRAELI POLITICAL LEADERSHIP, SHATIL LAUNCHED RAWABIT ("CONNECTIONS"), A TRAINING PROGRAM FOR PALESTINIAN CITIZENS IN THEIR 20S AND 30S WITH POTENTIAL TO LEAD SOCIAL CHANGE IN THEIR COMMUNITIES. SHATIL LAUNCHED A SECOND COHORT IN APRIL 2024 AND IS BUILDING AN ALUMNI NETWORK.

C) CIVIL SOCIETY PROTECTION HUB: TO RESPOND TO INTENSIFYING THREATS AGAINST NGOS AND ACTIVISTS, NIF ESTABLISHED THE CIVIL SOCIETY PROTECTION HUB. BASED ON SUCCESSFUL MODELS FROM BRAZIL AND SOUTH AFRICA, THE HUB SERVES AS A CLEARINGHOUSE FOR TRACKING ATTACKS AGAINST CIVIL SOCIETY ORGANIZATIONS AND ACTIVISTS AND CONNECTS THEM TO NIF-FUNDED SERVICES THAT HELP THEM OPERATE SAFELY AND EFFECTIVELY. THE HUB OFFERS LEGAL AID, RESILIENCE TRAINING, MENTAL HEALTH, AND SECURITY SUPPORT, AMONG OTHER SERVICES, IN THE FACE OF A RANGE OF ATTACKS, FROM BUREAUCRATIC HARASSMENT TO DIGITAL AND PHYSICAL ASSAULTS. SINCE ITS INCEPTION, THE HUB HAS HELPED MORE THAN 100 INDIVIDUALS AND ORGANIZATIONS, FROM PROVIDING LEGAL ASSISTANCE TO PROTESTERS WHO WERE ARRESTED TO THWARTING ATTACKS AGAINST ACTIVISTS ON DIGITAL FORUMS. TWO SIGNIFICANT ACHIEVEMENTS INCLUDE:

- THE HUB, TOGETHER WITH SHATIL AND PARTNERS, WAS INSTRUMENTAL IN REMOVING THE PROPOSED NGO FUNDING LAW FROM DISCUSSION AT THE KNESSET THIS SPRING. IF PASSED, THE BILL WOULD HAVE TAXED DONATIONS FROM FOREIGN GOVERNMENTS TO NGOS AT A RATE OF 65%.
- ISRAEL'S SUPREME COURT STRUCK DOWN AN AMENDMENT TO THE

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART III - PROGRAM SERVICE

=====

"REASONABLENESS CLAUSE"-WHICH WOULD PREVENT THE COURT FROM OVERTURNING GOVERNMENT DECISIONS IT DEEMS "UNREASONABLE." THIS AMENDMENT WAS THE CORNERSTONE OF THE GOVERNMENT'S ANTI-DEMOCRATIC PLAN TO OVERHAUL THE JUDICIARY AND REMOVE BASIC CHECKS AND BALANCES IN ISRAEL'S GOVERNING SYSTEM. THE RULING CAME IN RESPONSE TO A PETITION BY THE ASSOCIATION FOR CIVIL RIGHTS IN ISRAEL (ACRI), NIF'S FLAGSHIP GRANTEE, REPRESENTING 38 HUMAN AND CIVIL RIGHTS ORGANIZATIONS.

EMERGENCY ACTION PLAN TO DEFEND ISRAELI DEMOCRACY: NIF'S RESPONSE TO DEFEND ISRAELI DEMOCRACY FROM THE ANTI-DEMOCRATIC ATTACKS OF THE GOVERNMENT COMPRISED THREE COMPONENTS: MORE THAN TRIPLING THE RAPID RESPONSE GRANTS POOL TO \$1.7 MILLION TO ADDRESS THREATS TO DEMOCRACY; ESTABLISHING THE CIVIL SOCIETY PROTECTION HUB TO ENABLE NGOS AND ACTIVISTS TO OPERATE SAFELY AND EFFECTIVELY IN AN ANTAGONISTIC CLIMATE; AND FURTHER STRENGTHENING ISRAEL'S DEMOCRATIC FOUNDATIONS. EXAMPLES INCLUDE:

A) HASMOL HA'EMUNI/THE FAITHFUL LEFT (THROUGH THE ALLIANCE FOR ISRAEL'S FUTURE) - TO EXPAND THE PUBLIC AND EDUCATIONAL ACTIVITIES OF THIS GROUP OF PRO-DEMOCRACY PROGRESSIVES FROM THE RELIGIOUS ZIONIST AND ULTRA-ORTHODOX COMMUNITIES. THE GROUP HELD AN INAUGURAL ATTENDED BY SOME 700 PEOPLE, WITH SUPPORT FROM AN NIF GRANT. (\$30,000)

B) WHAT YES - SEED FUNDING FOR A PROJECT TO FORMULATE POLICY PROPOSALS TO ADVANCE THE PRINCIPLES OF EQUALITY AND DEMOCRACY THAT CAN SERVE AS THE BASIS FOR THE VISION OF THE DEMOCRATIC CAMP IN ISRAEL. (\$50,000)

RAPID RESPONSE GRANTS RESPOND TO CRISES AND LEVERAGES OPPORTUNITIES QUICKLY -- AS THEY ARISE. EXAMPLES INCLUDE:

A) RABBIS FOR HUMAN RIGHTS - TO SUPPORT ISRAELI VOLUNTEERS TRAVELING TO THE WEST BANK TO HELP PALESTINIANS SAFELY HARVEST THEIR OLIVES FREE FROM SETTLER HARASSMENT AND VIOLENCE.

B) ISRAEL WOMEN'S NETWORK - FOR AN ONLINE CAMPAIGN AND BILLBOARDS IN SEVERAL ISRAELI CITIES CALLING ATTENTION TO THE ERASURE OF WOMEN FROM THE PUBLIC SPHERE. (\$13,000)

LINE 4B, PROGRAM SERVICE

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART III - PROGRAM SERVICE
=====

PALESTINIAN CITIZENS OF ISRAEL: MORE THAN 20% OF ISRAEL'S CITIZENS ARE ARABS/PALESTINIANS. NIF SEEKS TO PROMOTE EQUALITY FOR ARAB ISRAELIS AS WELL AS TO EXPAND THEIR PARTICIPATION IN ISRAEL'S DEMOCRATIC PROCESSES AND INSTITUTIONS.

RAPID RESPONSE GRANTS RESPOND TO CRISES AND LEVERAGES OPPORTUNITIES QUICKLY -- AS THEY ARISE. EXAMPLES INCLUDE:

A) MARCH OF THE DEAD -TO PROVIDE TRANSPORTATION FOR ARAB/PALESTINIAN CITIZENS OF ISRAEL TO ATTEND A MAJOR DEMONSTRATION IN TEL AVIV AGAINST THE SOARING CRIME AND VIOLENCE IN THEIR COMMUNITIES. THE PROTEST, WHICH FEATURED 140 COFFINS, DREW THOUSANDS OF ATTENDEES AND GARNERED A GREAT DEAL OF MEDIA ATTENTION.

B) I'LAM: ARAB CENTER FOR MEDIA FREEDOM, DEVELOPMENT AND RESEARCH - FOR A CAMPAIGN FEATURING INFLUENTIAL ARAB ATTORNEYS THAT LINKED THE JUDICIAL "REFORM" WITH THE LIMITING OF FREEDOMS FOR ARAB CITIZENS OF ISRAEL, AND TO RAISE AWARENESS ABOUT HOW THE GOVERNMENT'S AGENDA WILL FURTHER VIOLATE HUMAN RIGHTS IN THE PALESTINIAN TERRITORIES. (\$36,000)

LINE 4C, PROGRAM SERVICE

SHARED SOCIETY AND COMBATING RACISM: NIF WORKS TO ADVANCE A SOCIETY IN ISRAEL THAT IS TRULY SHARED AMONG ITS RESIDENTS, ONE THAT VALUES SOCIAL UNITY AND REJECTS RACISM AND DISCRIMINATION AGAINST MINORITIES. EXAMPLES INCLUDE:

A) IN AN IMPORTANT VICTORY FOR THE ISRAEL RELIGIOUS ACTION CENTER (IRAC), THE HIGH COURT OF JUSTICE RULED THAT NON-JEWISH CHILDREN ADOPTED BY JEWISH COUPLES WILL NO LONGER BE REQUIRED TO UNDERGO STRICTLY ORTHODOX CONVERSIONS. IN PRACTICE, THIS ALSO MEANS THAT NON-ORTHODOX FAMILIES WILL NOT BE AUTOMATICALLY DISQUALIFIED FROM ADOPTING NON-JEWISH CHILDREN. INSTEAD, EACH ADOPTION CASE WILL BE JUDGED ON ITS OWN MERITS, ACCORDING TO THE CHILD'S BEST INTERESTS.

B) AFTER A 32-YEAR BATTLE BY IR AMIM AND PARTNERS, THE HIGH COURT OF JUSTICE RULED THAT THE PALESTINIAN SUMARIN FAMILY CANNOT BE EVICTED FROM THEIR HOME IN THE NEIGHBORHOOD OF SILWAN. THIS VICTORY SET AN IMPORTANT PRECEDENT FOR RECOGNIZING PALESTINIAN CLAIMS TO THEIR HOMES.

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART III - PROGRAM SERVICE
=====

C) YEARS OF LEGAL EFFORTS AND ADVOCACY HAVE YIELDED SIGNIFICANT PROGRESS FOR LGBTQ RIGHTS IN ISRAEL, INCLUDING A LANDMARK RULING ALLOWING SAME-SEX COUPLES TO ADOPT CHILDREN DOMESTICALLY AND A CHANGE TO THE MILITARY BEREAVEMENT POLICY THAT RECOGNIZES SAME-SEX PARTNERS AS WIDOW/ERS.

BOLSTERING JEWISH-ARAB RELATIONS: WITH SUPPORT FROM NIF GRANTEE HAVE YOU SEEN THE HORIZON LATELY? ESTABLISHED A JEWISH-ARAB EMERGENCY RELIEF CENTER IN THE BEDOUIN TOWN OF RAHAT IN OCTOBER 2023. EVERY WEEK, VOLUNTEERS COME TOGETHER TO PACKAGE AND DISTRIBUTE HUMANITARIAN AID TO HUNDREDS OF JEWISH AND ARAB FAMILIES IN SOUTHERN ISRAEL. THE CENTER BUILDS SOCIAL SOLIDARITY AND REINFORCES THE IDEA OF A SHARED FUTURE FOR ALL ISRAELI CITIZENS.

RAPID RESPONSE GRANTS TO OMDIM BEYACHAD-NAQEF MA'AN (STANDING TOGETHER) AND THE HAIFA SOCIAL DEVELOPMENT COMMITTEE HAVE SUPPORTED EFFORTS TO MINIMIZE TENSIONS BETWEEN JEWISH AND ARAB CITIZENS IN CITIES LIKE HAIFA, LOD, AND ACRE. OMDIM BEYACHAD FORMED "SOLIDARITY NETWORKS" OF JEWISH AND ARAB VOLUNTEERS THAT SPREAD A MESSAGE OF UNITY AND HOPE AND HELP QUELL TENSIONS.

PROVIDING A VISION FOR ISRAEL'S FUTURE: NIF IS SUPPORTING A MULTIDISCIPLINARY COLLABORATION BETWEEN TOP RESEARCHERS, FIELD WORKERS, AND LEADING FORMER CIVIL SERVANTS CALLED "WHAT YES." THESE EXPERTS ARE DRAFTING 10 KEY POLICY PROPOSALS THAT PROMOTE EQUALITY AND DEMOCRACY ON VARIOUS ISSUES, INCLUDING THE ISRAELI-PALESTINIAN CONFLICT, EQUALITY FOR THE PALESTINIAN-ISRAELI COMMUNITY, AND SOCIOECONOMIC ISSUES. THE PROJECT IS INTENDED TO SERVE AS A BLUEPRINT FOR THE PRO-DEMOCRACY MOVEMENT IN THE SHORT TERM AND AS A PLATFORM FOR THE FIRST 100 DAYS OF A NEW EQUALITY-ORIENTED GOVERNMENT IN THE LONG TERM.

RAPID RESPONSE GRANTS:

A) OMDIM BEYACHAD-NAQEF MA'AN (STANDING TOGETHER) - TO WORK WITH MORE THAN 30 ORGANIZATIONS TO ORGANIZE A PROTEST IN TEL AVIV UNDER THE BANNER "THIS IS EVERYONE'S HOME." THE DEMONSTRATION, IN JANUARY, WAS ATTENDED BY MORE THAN 130,000 ISRAELIS. (\$20,000)

B) TZEDEK CENTERS -FOR AN INITIATIVE AHEAD OF RAMADAN/PASSOVER/EASTER 2023 CALLED "GUARDIANS OF SHARED SOCIETY-HOPEFUL EVENTS FOR THE MONTH OF MARCH," TO TURN THE HOLIDAY SEASON FROM A TIME OF FRICTION TO A CATALYST FOR

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART III - PROGRAM SERVICE

=====

JEWISH-ARAB PARTNERSHIP AND SOLIDARITY. TO ACHIEVE THIS, TZEDEK CENTERS SET UP A PLATFORM FOR ORGANIZATIONS TO CREATE DOZENS OF EVENTS THAT PROMOTE JEWISH-ARAB PARTNERSHIP.

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AR, CA, CT,
FL, GA, HI, IL, KS, KY, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, ND, OR, PA,
RI, SC, TN, UT, WV, WI,

Name of the organization

Employer identification number

NEW ISRAEL FUND

94-2607722

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVENUE, SUITE 301 WASHINGTON, DC 20036	FUNDRAISING	149,289.
PHOENIX 2.0 INC. 90 S SPRUCE AVENUE SAN FRANCISCO, CA 94080	IT SUPPORT	145,573.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ISRAEL FUND

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Employer identification number

94-2607722

Open to Public
Inspection

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	TRUTH TO POWER FOUNDATION 82-5427550 235 MONTGOMERY STREET 460 SAN FRANCISCO, CA 94104	SUPPORT ORG.	CA	501 (C) (3)	12A	NIF	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	TRUTH TO POWER FOUNDATION	Q	26,259.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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