

### Form **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545 0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	e 2021 calendar year, or tax year beginning and c	ending				
В	Check if applicab	C Name of organization		D Employer identif	ication number		
	Addre chang	MOISHE HOUSE					
L	chan	po Doing business as		26-25997	86		
	Initial return Final return	Number and street (of P.U. Dox it mail is not delivered to street address)	Room/suite	E Telephone number (855)598			
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	20,195,473.		
Г	Amor	ded ENTOTATEMAC ON OCOCA		H(a) Is this a group r			
Ē	Appli			for subordinate			
	pend	SAME AS C ABOVE		H(b) Are all subordinates			
_	Tayay		r 527	0.0			
		tempt status: LX   501(c)(3)	327	5	list. See instructions		
_			1. 11	H(c) Group exemption	M State of legal domicile: CA		
	art I		L Year o	of formation: 2000[	VI State of legal dornicle. CA		
	$\overline{}$	Summary	ADM T	TT TIND 1			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE F	ART I	II, LINE I.			
Ë	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a			
š	3	Number of voting members of the governing body (Part VI, line 1a)		3	16		
2	4	Number of independent voting members of the governing body (Part VI, line 1b)			16		
80	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			78		
ĕ	6	Total number of volunteers (estimate if necessary)			1085		
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	1	The second secon		Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		9,268,089.	19,900,482.		
	9	Program service revenue (Part VIII, line 2g)		18,600.	77,786.		
, ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,987.	148,884.		
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,898.	31,982.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,381,574.	20,159,134.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,327,233.	6,205,235.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
en Sen	100	Total fundraising expenses (Part IX, column (D), line 25)	10.				
ă	1,5	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,769,869.	7,870,953.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,097,102.	14,076,188.		
	1			-2,715,528.	6,082,946.		
	19	Revenue less expenses. Subtract fine 18 from line 12		ginning of Current Year			
1 Assets or				12,386,205.	End of Year 19,041,073.		
SSE	20	Total assets (Part X, line 16)		2,229,482.	2,764,431.		
Net	21	Total liabilities (Part X, line 26)		10,156,723.	16,276,642.		
		Net assets or fund balances. Subtract line 21 from line 20		10,130,723.	10,270,042.		
P	art II	Signature Block		and and to the bank of a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Und	ier pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and Stateme	ents, and to the dest of m	y knowledge and belief, it is		
true	, corre	ct, and complete, Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.			
		Signature of officer		Date			
Sig	n				14/22		
Hei	re	ROBERT DORSEY, CFAO Type or print name and title			11/2-		
_			In	ate Check	(I OTIN		
		Print/Type preparer's name Preparer's signature	ا	1	PTIN		
Pai		RICHARD J. LOCASTRO, CPA		self-employ			
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008		
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 800N							
	12	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090		
May	v the II	RS discuss this return with the preparer shown above? See instructions		manana manan	X Yes No		

# Form 990 (2021) MOISHE HOUSE 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)?  If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	-	
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	-	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	-	*	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes " complete Schedule F. Parts Land IV		~	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	X	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10	$\dashv$	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	$\dashv$	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	$\dashv$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		₩.	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No," go to line 25a	24a	_	Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		Δ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	Δ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	No. of the	eto 11. Planta in	leda"
	instructions for applicable filing thresholds, conditions, and exceptions):	KG. ELD	DR4	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	28c		х
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
	contributions? If "Yes," complete Schedule M	1000		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32	_	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		<del></del>
34	Was the organization related to any tax-exempt or taxable entity? If Tes, complete schedule if, if art if, iii, or iv, and	34		х
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OGU		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
36	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
30	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Bio 1	22
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	90-00	66	25

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(gambling) winnings to prize winners?

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

2:	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I I		Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a 78	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S.	E ICAL	Sec. 15	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	PETRICOL	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country		le la	210	100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			6
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		E
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts	11		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		To ken	Acres	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?		7c	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	Nai <sup>2</sup>	No. of	
е	Same and the second and the second of managery, to pay profitation of a personal benefit of	ontract?	7e	H	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	e a la constant de la		7g		
h	o and the organization of the control of the contro		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		mad.		
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		- 1
9	Sponsoring organizations maintaining donor advised funds.		4000		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b	- 1	
10	Section 501(c)(7) organizations. Enter:		Date	24.7	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	35.00	90	
11	Section 501(c)(12) organizations. Enter:		DESIGN TO SERVICE		
a	Gross income from members or shareholders N/A	11a		4	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		0.0		
	amounts due or received from them.)	11b	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		0.9/6	ad a	
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			1 1	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	······································			
		13b			
C 44-	Enter the amount of reserves on hand	13c		ENG	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b	_	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				37
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	-			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
17	If "Yes," complete Form 4720, Schedule O.	managan nor			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a			-7	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	N/A	17		Cattleson.
12200	5 12-09-21 5		C	000	0004
	114 745960 22942 2021.04021 MOISHE HOUSE		229	990 (2	2027) . <b>1</b>
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Media and the	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			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	111/0	oM.				
	If there are material differences in voting rights among members of the governing body, or if the governing	n odl	HO I				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	500	1				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16	al very	SA I				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Islan	arith -				
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	no ore	WILL I				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	den	Х				
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X	Secret Inc.			
15	Did the process for determining compensation of the following persons include a review and approval by independent	arties					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ATT SH	77				
а	The organization's CEO, Executive Director, or top management official	15a	X	37			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Hall	in C. III	v			
	taxable entity during the year?	16a	finishers.	Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	IN SAS	Into-A				
	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA	0 0 = k	\ 01:=!!	abl-			
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	, avail	anie			
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request X Other (explain on Schedule O)						
		d fin-	noio!				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iilidi	icidi				
	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 ►RACHEL FRUCHTMAN - (855)598-5509		-				
	AA1 CAVONY DOAD BARN 2 FROINTEAS CA 92024						

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 r	nor any related	org	aniza	atior	ı co	mpe	nsa	ted any current officer.	director, or trustee.	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average	(d)	not c	Pos	itior	than	000	Reportable	Reportable	Estimated
	hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	$\vdash$	icer ar	id a c	Irecto	or/trus	stee)	from	from related	other
	(list any hours for	trustee or director						the	organizations	compensation
	related	e or d	tee			sated	"	organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1099-NEC)	organization and related
	below	Individual	Institutional trustee	_	Key employee	st co	- h	1000 (120)	-	organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			3
(1) DAVID CYGIELMAN	40.00		1							1 =
CHIEF EXECUTIVE OFFICER				X		- 2		386,017.	0.	18,910.
(2) JENNIFER ROSEN	40.00									
CHIEF OPERATING OFFICER				Х			1	197,422.	0.	17,650.
(3) ANN BAUMGARTEN	40.00									
CHIEF HUMAN RESOURCES OFFICER				Х				165,395.	0.	13,416.
(4) TIFFANY HARRIS	40.00									
CHIEF PROGRAM OFFICER	40.00			X				170,390.	0.	1,698.
(5) LANDER GOLD	40.00				_					
ASSOCIATE VICE PRES. OF ADVANCEMENT	40.00	<u> </u>	Ш			X		139,246.	0.	14,071.
(6) LAURENCE GAST	40.00	-						106 000		
VICE PRESIDENT OF ADVANCEMENT (7) ANA BONNHEIM	40.00	-	Ш			X		126,372.	0.	18,250.
DIRECTOR OF OPEN DOR PROJECT	40.00	1				x		107 571		1 0 4 0
(8) TERRY WUNDER	40.00		$\vdash$	$\dashv$		Λ		127,571.	0.	1,848.
SENIOR DIRECTOR, HOUSE PROGRAMS	40.00	-				x		110 550		7 507
(9) FAITH LEENER	40.00	_	$\vdash$	-	$\dashv$	Δ	-	118,558.	0.	7,587.
EXECUTIVE DIRECTOR BASE	40.00	-				х		102,112.	0.	
(10) ROBERT DORSEY	40.00		$\vdash$	$\dashv$		Δ		102,112.	0.	0.
CHIEF FIN & ADMIN OFF (FROM 6/2021)	10.00			x	-			96,031.	0.	0.
(11) RACHEL FRUCHTMAN	40.00	Н	$\dashv$		$\dashv$	$\dashv$	$\dashv$	50,051.	0.	<u>U.</u>
CONTROLLER				x	- 1	- 1		75,147.	0.	12,661.
(12) BEN LUSHER	15.00				$\dashv$		$\dashv$	75/11/6	0.	12,001.
BOARD CHAIR		х		x				0.	0.	0.
(13) DOTTIE BENNETT	2.00				7	$\neg$	$\dashv$			
VICE CHAIR (UNTIL 7/2021)		x		x	Ì			0.	0.	0.
(14) TAMAR REMZ	2.00									
VICE CHAIR (UNTIL 7/2021)		Х		х				0.	0.	0.
(15) JILL SMITH	2.00									
BD MEMB; THEN VICE CHAIR (EFF. 7/21)		X		x				0.	0.	0.
(16) TINA PRICE	2.00									
BD MEMB; THEN VICE CHAIR (EFF. 7/21)		X		X			]	0.	0.	0.
(17) SABRINA MERAGE NAIM	2.00		T	T	T		$\top$		'*	
BD MEMB; THEN VICE CHAIR (EFF. 7/21)		Х		X				0.	0.	0.
132007 12-09-21										- QQQ (0001)

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1 01111 000 (E0E1)	Form 990 (2021) MOISHE HOUSE 20-2599780 Page 0									
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than on					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss person is both an d a director/trustee)			h an	compensation	compensation	amount of
	week	-	Cer an	uau	recu	T	Tee,	from	from related	other
	(list any hours for	recto						the	organizations	compensation from the
	related	or di	e e			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ustee	trust		g;	Suadu		1099-NEC)	1099-14EC)	and related
	below	ual tr	ional		ploye	t con	_	1033-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o, garnization io
(18) SPENCER KALLICK	2.00									
VICE CHAIR; THEN TREAS. (EFF. 7/21)		Х		Х				0.	0.	0.
(19) JARROD BECK	2.00									
TREASURER; BD MEMB (EFF. 7/2021)	0.00	X		X	<u> </u>	_	_	0.	0.	0.
(20) STEFAN TEODOSIC	2.00							_	0	^
SECRETARY; BD MEMB (EFF. 7/2021)		Х		Х	_	_		0.	0.	0.
(21) STEPHEN COHEN	2.00							_	_	0
BD MEMB; THEN SEC. (EFF. 7/2021)	0.00	X		Х		<u> </u>		0.	0.	0.
(22) BENJI FRIEND	2.00	,,						0.	0.	0.
BOARD MEMBER		X		_	<u> </u>	_	_	0.	0.	0.
(23) ELANA RODAN SCHULDT	2.00	7.						0.	0.	0.
BOARD MEMBER	0 00	X		_	_	_	_	0.	0.	0.
(24) JIM SHANE	2.00	77						0.	0.	0.
BOARD MEMBER	2 00	X	_		_	-		0.	U •	0.
(25) JOE WOLF	2.00	77						0.	0.	0.
BOARD MEMBER	0.00	X		_	_	-	_	0.	0.	0.
(26) LAURA CUTLER	2.00	7,						0.	0.	0.
BOARD MEMBER		X							0.	106,091.
1b Subtotal								1,704,261.	0.	0.
c Total from continuation sheets to Part VI									0.	
d Total (add lines 1b and 1c)	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										

Section B. Independent Contractors

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
AGENCY73, 5845 AVENIDA ENCINAS #131, CARLSBAD, CA 92008	CONSULTING	227,502.
BPM LLC, 5030 BUSINESS CENTER DRIVE, SUITE 235, FAIRFIELD, CA 94534	ACCOUNTING	119,433.
Total number of independent contractors (including but not limited to those liste	ed above) who received more than	ty many designation

\$100,000 of compensation from the organization > 2

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person .

Form 990 (2021)

X

Fa	rt v	111				or note to!	o in this Bort VIII			
			Check if Schedule O c	contain	s a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d	Federated campaigns  Membership dues  Fundraising events  Related organizations		1b 1c 1d		Section 19	) (°		
tributions, Other Sim		f	Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in	grants, a above .	<b>1f</b>	864,540. 19,035,942.	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Surger (77) Europe (88)
e P	ı	•	Total. Add lines 1a-1f				19,900,482.		71175	100
0 10	_	n	Total. Add lines Tarif			Business Code	He farlesses			States of Carona
vice		a	MEETINGS AND EVENTS			900099	77,786.	77,786.		POTTO VIEW THE REAL PROPERTY.
Program Service Revenue	ı	b c								
gra		d								
č		е				-				
_			All other program service r				77,786.	28, mg* 20.2		- 27-304-
	$\overline{}$		Total. Add lines 2a-2f Investment income (includ				77,780.			
	3		other similar amounts)			▶	113,832.			113,832.
	5		Royalties							
	"		Tioyanics		(i) Real	(ii) Personal	1 7 1 -			-
	۾	2	Gross rents	6a —	20,655.	1.			The second second	
				6b	0,		F 4		- × -	- m = "
	ı			6c	20,655.					
			Net rental income or (loss)				20,655.			20,655.
			Gross amount from sales of		) Securities	(ii) Other				
	′	а		_ <del>_ `</del>	71,391.	(ii) Othor			Service and a diff	to state of the st
			Less: cost or other basis	7a	71,331,	<del>                                     </del>				
ø		D		76	36,339.		1 - 1 - 1 - 1 - 1			
ű			and sales expenses	7c	35,052.				Marin and Institute of the I	Acres for many and the second
ě			L				35,052.		AND THE RESERVED TO	35,052.
Ε.			Net gain or (loss)				33,032.		Section 19 and 1	33,032.
Other Revenue	8	а	Gross income from fundraising including \$ contributions reported on I Part IV, line 18	line 1c)	of . See					
		h	Less: direct expenses							
			Net income or (loss) from for			<b>•</b>				
			Gross income from gaming							
	9	d	Part IV, line 19							
		L	Less: direct expenses							
			Net income or (loss) from g						Water and the Carlot of States	
			Gross sales of inventory, le							
	10	a	and allowances							
		L	Less: cost of goods sold							
							AND THE RESIDENCE OF THE PROPERTY.			
	_	С	Net income or (loss) from s	ales Ol	miveritory	Business Code				
Sn	تات	100	MISCELLANEOUS			900099	11,327.			11,327.
Miscellaneous Revenue	17		HISCEUDMEOOD				11,527.			,
lla Ven		b								
Sce		С.	A II - 11							
Σ			All other revenue				11,327.			
		е	Total Add lines 11a-11d				20 159 134.	77 786.	0.	180 866.

# Form 990 (2021) MOISHE HOUSE 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 responsation include amounts reported on lines 6b,	nse or note to any line i	n this Part IX		X
	8b, 9b, and 10b of Part VIII.	l otal expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				all restrictions
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			The substitute of	Section 6 Section
	individuals. See Part IV, line 22		1.0	为:: (10 m (2 m ) 2 m ) 1 m ) 1	Superior State of
3	Grants and other assistance to foreign			archeje uvelnie i	
	organizations, foreign governments, and foreign			erande more mounts	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				nt-form to delicate
5	Compensation of current officers, directors,	1 15/ 727	F07 400	401 100	156 140
	trustees, and key employees	1,154,737.	507,482.	491,107.	156,148.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 40E0(a)(2)(D)			-	
7		4,011,936.	2,534,155.	496,903.	000 070
8	Other salaries and wages	±,011,930.	2,334,133.	430,303.	980,878.
U	section 401(k) and 403(b) employer contributions	60,247.	39,178.	5,807.	15 262
9	Other employee benefits	558,616.		92,599.	15,262. 127,938.
10	Payroll taxes	419,699.		78,711.	92,909.
11	Fees for services (nonemployees):	110,000	240,019.	70,711.	94,303.
	Management				
	Legal	11,701.	2,094.	8,960.	647.
c	Accounting	186,051.	27051.	186,051.	047.
d	and the state of t			100,031.	
	5 / 1 // 1 //				
f	Investment management fees	11,443.		11,443.	
g	Other. (If line 11g amount exceeds 10% of line 25,				*-
	column (A), amount, list line 11g expenses on Sch 0.)	1,369,696.	839,167.	288,153.	242,376.
12	Advertising and promotion	190,316.	113,045.	35,748.	41,523.
13	Office expenses	437,421.	295,740.	119,226.	22,455.
14	Information technology	270,128.	159,472.	49,164.	61,492.
15	Royalties				11
16	Occupancy	88,046.	41,044.	33,200.	13,802.
17	Travel	342,683.	256,583.	64,963.	21,137.
18	Payments of travel or entertainment expenses			. x.T	
	for any federal, state, or local public officials			9 ,.	
19	Conferences, conventions, and meetings			- x=_ ==	fr "
20	Interest	14,904.		14,904.	3
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,540.	23,931.	7,564.	9,045.
23	Insurance	56,240.	33,461.	10,651.	12,128.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RENT SUBSIDY (SCH. O)	2,900,063.	2,900,063.		
b	PROGRAMMING (SCH. O)	1,708,194.	1,708,194.		
c	RETREAT CNTR. (SCH. O)	96,221.	108,721.	-12,500.	
d	PROFESSIONAL DEVELOP.	61,977.	15,000.	46,977.	
е	All other expenses	85,329.	40,691.	44,638.	
25	Total functional expenses. Add lines 1 through 24e	14,076,188.	10,204,179.	2,074,269.	1,797,740.
26	Joint costs. Complete this line only if the organization		,		
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.	l			
	Check here if following SOP 98-2 (ASC 958-720)				
132010	12-09-21				Form <b>990</b> (2021)

Pai	rt X				X
		Check if Schedule O contains a response or note to any line in this Part X	(A)	T	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	941,287.	1	4,182,174.
	2	Savings and temporary cash investments	7,020,104.	2	5,772,778.
	3	Pledges and grants receivable, net	2,371,767.	3	4,488,407.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	THE PART OF SERVICE	Vila	les muchen
		trustee, key employee, creator or founder, substantial contributor, or 35%	Town moreon or some	piese	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	of Table . At time all said	M par	Line College Sept.
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	354,422.	9	532,958.
		Land, buildings, and equipment: cost or other	A TOME (ATTENDED FORDS	Test Affe	hendah sali angeliligi (1994)
		basis. Complete Part VI of Schedule D 10a 657, 116.	= 1m x <sup>2</sup>		
	b	Less: accumulated depreciation 10b 96,471.	601,185.	10c	560,645.
	11	Investments - publicly traded securities		11	2,320,495.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	-8.48	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,097,440.	15	1,183,616.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,386,205.	16	19,041,073.
	17	Accounts payable and accrued expenses	750,425.	17	1,027,961.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,	The state of the s	rigori	10분 내가 가는 생각이 없는 것이다.
itie		trustee, key employee, creator or founder, substantial contributor, or 35%		Grippin'	
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	444,320.	23	421,654.
	24	Unsecured notes and loans payable to unrelated third parties	864,540.	24	810,619.
	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	170,197.	25	504,197.
	26	Total liabilities. Add lines 17 through 25	2,229,482.	26	2,764,431.
		Organizations that follow FASB ASC 958, check here		Brah	to see your or
Ses		and complete lines 27, 28, 32, and 33.		adress	
auc	27	Net assets without donor restrictions	6,090,422.	27	6,562,820.
Ba	28	Net assets with donor restrictions	4,066,301.	28	9,713,822.
nd Ind	10-0010	Organizations that do not follow FASB ASC 958, check here	1 To astronomento	Totle	
Ē		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	10,156,723.	32	16,276,642.
_	33	Total liabilities and net assets/fund balances	12,386,205.	33	19,041,073.

Form **990** (2021)

Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

Open to Public

**Employer identification number** 

26-2599786 MOISHE HOUSE 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. \_\_\_\_\_ 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. 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). (iv) Is the organization listed (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization n your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

# Schedule A (Form 990) 2021 MOISHE HOUSE 26-2599786 Page 2 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.)

Se	ction A. Public Support		oc complete ; art	,			
Cal	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(-)	(0) = 0.10	(4) 2020	(0) 2021	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")	9,311,907.	15,655,745.	16,150,457.	9,268,089.	19,900,482.	70,286,680.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					1 - 1	
3	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,311,907.	15,655,745.	16,150,457.	9,268,089.	19,900,482.	70,286,680.
5	The portion of total contributions					ANT IN BURN TH	
	by each person (other than a					and the second	
	governmental unit or publicly					Tarring of the building	
	supported organization) included						
	on line 1 that exceeds 2% of the					and the second as a	
	amount shown on line 11,					and beginning	
	column (f)					Consider Frankl	24,630,311.
	Public support. Subtract line 5 from line 4.					President teaching	45,656,369.
Se	ction B. Total Support					A Life State of the	
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	9,311,907.	15,655,745.	16,150,457.	9,268,089.	19,900,482.	70,286,680.
8	Gross income from interest,				1		10
	dividends, payments received on					_	
	securities loans, rents, royalties,					- 14 <sub>m</sub>	
	and income from similar sources	11,084.	25,346.	146,451.	66,188.	134,487.	383,556.
9	Net income from unrelated business			4			9 P
	activities, whether or not the					2	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	900 Mari 90 9000 Mari	out a seas one of the bear				
	assets (Explain in Part VI.)	11,401.	11,304.	14,379.	12,849.	11,327.	61,260.
11	Total support. Add lines 7 through 10					(1000年)	70,731,496.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	543,067.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3)	
_	organization, check this box and stop						▶ 🖳
	ction C. Computation of Publ						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	64.55 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	67.08 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>►</b> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					/I how the organiza	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<b></b>
						Cobodula A	Form 900) 2021

## Schedule A (Form 990) 2021 MOISHE HOUSE | 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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-				İ			
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to	,						
	or expended on its behalf							
5	The value of services or facilities				1			
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and		***					
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)	4				Allerton 1	mar arco	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,				1			
	and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses					1		
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	organizati	ion,
	check this box and stop here							
Sec	ction C. Computation of Publ	ic Support Per	rcentage					
	Public support percentage for 2021 (			column (f))		15		%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16		%
	ction D. Computation of Inves							
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2021. If the					33 1/3% ,	, and line 1	7 is not
	more than 33 1/3%, check this box a							▶□
b	33 1/3% support tests - 2020. If the						33 1/3%,	and
~	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							<b>&gt;</b>

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		19.79
4b		
4c	no.	
5a		- 10
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		- 1
10b		

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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>	-	T	F
		21 10 10	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	12.0		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	503-		1
	11c below, the governing body of a supported organization?	11a	-	┢
b	A family member of a person described on line 11a above?	11b	The State of the S	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	A) to be	100°	E
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	I W M	ALC:	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	KHIMA H	200	15.
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	<b>9</b> 172.447	180	8-
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	100 124	2014	in.
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1000-1100
2	Did the organization operate for the benefit of any supported organization other than the supported	di bella		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			-
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	11	·	
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	facti	27 c	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	D- 150	wa	
	or management of the supporting organization was vested in the same persons that controlled or managed	1-0 pm	ke/o	
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	28800	V-15-	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	s to ≠d/	583 i	2
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	400	are in	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		phy -	West-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	enciorite.	254.1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	Esstern		1
3	significant voice in the organization's investment policies and in directing the use of the organization's	Side with the		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	No.	
Sac	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	١.		
1	The second of th	,-		
a	Complete the O below			
b	- Lity Describe in Bank M how you supported a governmental antity (see i	nstructio	ns).	
٥	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	The state of the s	No. 7	-	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
		CALL CAN ALL O		
	how the organization was responsive to those supported organizations, and how the organization determined	DENINEU.	tole) .v	
	that these activities constituted substantially all of its activities.	2a	Mark Co.	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	100011	9/11	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	BETEIL R	BH R	1000
	these activities but for the organization's involvement.	2b	2800000	rigoritano.
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0.00		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		gro eril	UG I	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations		
1	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 mu	st complete	Sections A through E.	,	
Sec	tion 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	H = CIV		
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			i a	
	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			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see		Section Contracts		
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a		SACTOR VIOLES SEGMENTS CONT.	
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors	I d	ROLL OF THE STATE		
	(explain in detail in Part VI):				
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,	- 3			
	see instructions).				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	2 1 11		
6	Multiply line 5 by 0.035.	6		[0.6 x <sup>2</sup> ]	
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)			II ja v nn	
	ion C - Distributable Amount	8	area de la areallaga	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	A PROPERTY OF THE		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional		Type III supporting orga	unization (see	
	instructions).	,gratet	, po in supporting orga	111241OH (300	

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (contin		- 2333700 Page
Section D - Distributions	C(W)(O) CMPPOLITING OTHE	contin	uea)	Current Year
Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2 Amounts paid to perform activity that directly furthers exem				
organizations, in excess of income from activity	F-1		2	
	ses of supported organization	S	3	
Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets				
<ul> <li>4 Amounts paid to acquire exempt-use assets</li> <li>5 Qualified set-aside amounts (prior IRS approval required - pi</li> </ul>	rovide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which	the organization is responsive	)		
(provide details in Part VI). See instructions.			8	
9 Distributable amount for 2021 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
Line o amount divided by line o amount	(i)	(ii)		(iii)
section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6	selinasas	Winner - 1 - 1-12	0.201 11-1	
2 Underdistributions, if any, for years prior to 2021 (reason-	- Chart la ties		o o	ate you employments
able cause required - explain in Part VI). See instructions.			£	vitrom shawa at
3 Excess distributions carryover, if any, to 2021		Marien enous	and his k	sins on special A. G.
a From 2016		Eles es unamens con	nerite t	S Fight market school
b From 2017		Tell brb	nà ai n	at the lade to we to
c From 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	motogi mato ta evert	paid rel	penido muneril e
d From 2019			7	x ×
e From 2020	allies shifted	Aximilari of anisalinas	30012	acini acini app A 🛕
f Total of lines 3a through 3e		Marian Marian	7 DEB 1	on the of togething   E
g Applied to underdistributions of prior years	parameter and mention		7	ned betterbased has
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)		di benenal araesa sa		i Na vausu musa
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		to the same of the	SIAM A	G valet weil yderbilde. 28
4 Distributions for 2021 from Section D,		Production to the Later	15 18.5	med to entake the first
line 7: \$		edd line if to trace \$1	descent	A Dealth systemate 6
a Applied to underdistributions of prior years			Į.	
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.		iditios pe il comite	its not 8 a	t - Adjusted net freeze
5 Remaining underdistributions for years prior to 2021, if			6	TEMEN GAO WHEEL S
any. Subtract lines 3g and 4a from line 2. For result greater	(Actinidas 8 end a va		8	
than zero, explain in Part VI. See instructions.			3	nii to reditore rotită " •
6 Remaining underdistributions for 2021. Subtract lines 3h		Maria Cara Cara Cara Cara Cara Cara Cara	ing hell	
and 4b from line 1. For result greater than zero, explain in	A unious status A		20.00	
Part VI. See instructions.		etawan een notta	benva	
7 Excess distributions carryover to 2022. Add lines 3j		moto outral may been	uo enti li	tradicionio Librari
and 4c.				levolpenten
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
u LA0633    O     2020	and a control of the		Y 100	

Schedule A (Form 990) 2021

e Excess from 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

Name of the organization 26-2599786 MOISHE HOUSE Organization type (check one): Section: Filers of: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

2

	B (Form 990) (2021) rganization	E	Page mployer identification numbe
MOT GH.	E HOUSE		26 2502706
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional appear is product	26-2599786
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,7 <b>4</b> 8,750	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,470,222	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Year 1		Person X

Noncash (Complete Part II for noncash contributions.)

632,187.

Name of organization

Employer identification number

#### MOISHE HOUSE

26-2599786

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### MOISHE HOUSE

26-2599786

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			- · · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-:	21		1

Page 4 Schedule B (Form 990) (2021) **Employer identification number** Name of organization 26-2599786 MOISHE HOUSE 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 Part III 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MOISHE HOUSE

Employer identification number 26-2599786

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
2	organization answered "Yes" on Form 990, Part IV, lir		(In) Francisco de Albandardo				
1	Total number at and of year	(a) Dorior advised lunds	(b) Funds and other accounts				
2	Total number at end of year						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		ndo				
	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only				
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?						
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I\	/. line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea		orically important land area				
	Protection of natural habitat		tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a c	onservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str		2c				
d	(9) ======		f				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	nization during the tax				
	year -						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
_	violations, and enforcement of the conservation easements it	holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	ion easements during the year				
7							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year				
8	Door cach concentration accoment reported as line 2/d/ above		2) (1)				
0	Does each conservation easement reported on line 2(d) above						
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation	on comments in its revenue and average state.	Yes				
Ū	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	iote to the organization's linancial statements tr	lat describes the				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	180	lance sheet works				
	of art, historical treasures, or other similar assets held for pub						
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95		e sheet works of				
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:		a de la successión de la constante de la const				
	(i) Revenue included on Form 990, Part VIII, line 1	- 1-	<b>▶</b> \$				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain.	provide				
	the following amounts required to be reported under FASB AS		•				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
b	Assets included in Form 990, Part X		▶ \$				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021				

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

132051 10-28-21

Sche	dule D (Form 990) 2021 MOISHE					26-25			age <b>2</b>
	rt III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	ner Simi	lar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significan	t use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other				-5		
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further ti	ne organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets		_	_	_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	s or other assets no	ot included		_		,
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account lial	oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	1,097,440.	1,028,856.						
b	Contributions			1,000,000	+				
С	Net investment earnings, gains, and losses	134,558.	112,061.	74,407	·	-			
d	Grants or scholarships								
е	Other expenditures for facilities			e 834 sa					
	and programs	40,691.	40,940.	40,739					
f	Administrative expenses	7,691.	2,537.	4,812					
g	End of year balance	1,183,616.	1,097,440.	1,028,856	•				
2	Provide the estimated percentage of the curr		e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100.0000	%							
C	Term endowment ► .0000								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	ization	T.	· ·	
	by:							Yes	No
	(i) Unrelated organizations							Х	- <del>-</del>
	(ii) Related organizations						100000	$\dashv$	X
b	If "Yes" on line 3a(ii), are the related organiza				• • • • • • • • • • • • • • • • • • • •		3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm		N D-+ IV/ II 44 - 0	F 000 Dout	V line 10				
	Complete if the organization answered								
	Description of property	(a) Cost or o			Accumulat		(d) Book	valu	е
		basis (investn	nent) basis	(outer) a	epreciation	r de la constant			
	Land		FE	5 400	21 0	90	E 2 2	) <u>_</u>	20.
	Buildings		35	5,400.	21,8	00.	233	,, 5	40.
C	Leasehold improvements								
d	Equipment		10	1,716.	74,5	01	2.	7 1	25.
e	Other				14,0	7.1	560		45.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 000 Port IV line	11h Con Form 000 Dort V live 10	T
(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)		-1	
(F)			
(G)			
(H)			= 44
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		The last of the said of the said to the	SC AMBRELLESS, CAR.
Part VIII Investments - Program Related.		1354 T. T. 187 P.	7 7
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)	-		
(2)			
(3)			
(4)			
(5)			11
(6)		- P	× *
(7)		9	
(8)		9 4	
(9)		_ 3.	21
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		<b>图在1000年间,1000年1000日</b>	entra O vieto V
Part IX Other Assets.			<u>u</u>
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	E n n = =
	escription	1 CA - 13	(b) Book value
(1) BENEFICIAL INTEREST IN ASS	ETS HELD BY	COMMUNITY	
(2) FEDERATION		the state of the s	1,183,616.
(3)			
(4)			
(5)			
(6)			
(7)		2 7 7 7 7 1	
(8)			
(9)			3 3 V
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	1,183,616.
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			II.
(2) DUE TO RELATED PARTY		and the second s	170,197.
(3) REFUNDABLE ADVANCE			334,000.
(4)			
(5)			
(6)		1	
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 2			504,197.
<ol><li>Liability for uncertain tax positions. In Part XIII, provide the</li></ol>			
organization's liability for uncertain tax positions under F	ASB ASC 740. Check he	re if the text of the footnote has been prov	vided in Part XIII X

Sche		MOISHE HOUSE				2599786	Page 4
	rt XI Reconciliation of	Revenue per Audited Financ	ial Statements With	Revenue per R	eturi	1.	
	Complete if the organiz	ation answered "Yes" on Form 990, Pa	art IV, line 12a.				
1	Total revenue, gains, and othe	r support per audited financial stateme	ents		1	20,693	,891.
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12:			- 21		
а	Net unrealized gains (losses) of	n investments	2a	38,432.	9101-7		
b	Donated services and use of fa	acilities	2b	164,454.			
С	Recoveries of prior year grants	5	2c				
d			2.2	384,005.			
е	Add lines 2a through 2d				2e		,891.
3					3	20,107	,000.
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1:					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a	11,443.			
b			32	40,691.			
	Add lines 4a and 4b				4c		,134.
5	Total revenue. Add lines 3 and	4c. (This must equal Form 990, Part I, Expenses per Audited Finance	line 12.)		5	20,159	<u>,134.</u>
Pa	rt XII Reconciliation of	Expenses per Audited Financ	cial Statements Witl	h Expenses per	Retu	ırn.	
	Complete if the organiz	ation answered "Yes" on Form 990, Pa	art IV, line 12a.				
1	Total expenses and losses per	audited financial statements			1	14,194	,835.
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25:					
а	Donated services and use of fa	acilities	2a	164,454.			
b	Prior year adjustments		2b		12 30		
С							
d	***************************************			6,327.			
					2e	170	,781.
_	O I I and the Onformation 1				۵	14.024	.054.

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

b Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

#### PART V, LINE 4:

THE FUND'S GENERAL PURPOSE IS TO PROMOTE AND FURTHER THE FEDERATION'S EXEMPT PURPOSES AS SET FORTH IN THE FEDERATION'S ARTICLES OF INCORPORATION AND BYLAWS. IN PARTICULAR, THE FUND IS BEING ESTABLISHED SOLELY TO PROVIDE FINANCIAL SUPPORT TO MOISHE HOUSE ST. LOUIS FOR ITS RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES. SHOULD MOISHE HOUSE ST. LOUIS NO LONGER EXIST OR IF THE ANNUAL EXPENSE OF THE PROGRAM IS LESS THAN THE FUNDS PAYOUT AMOUNT AVAILABLE IN ANY GIVEN YEAR, THEN THE FUND PAYOUT WILL PROVIDE FINANCIAL SUPPORT TO MOISHE HOUSE INTERNATIONAL FUND FOR ITS RELIGIOUS, CHARITABLE OR EDUCATIONAL PURPOSES.

PART V, LINE 3A(I):

22942 1

52,134. 14,076,188.

Schedule D (Form 990) 2021

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

					p.oyor raonan	ioanon nambor
MOISHE HOUSE					26-259978	36
Part I General Info	rmation on A	Activities Ou	tside the United States. Comp	ete if the organ	ization answered "	res" on
Form 990, Part I\	/, line 14b.					
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes No
	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance out	side the
United States.						
			an be duplicated if additional space is			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	100,000	vity listed in (d)	(f) Total expenditures
	in the region	agents, and			gram service, specific type	for and
7	and server some Control to	contractors	recipients located in the region)	1	(s) in the region	investments
		in the region	,			in the region
_	-			L -	ES, LEARNING	
EAST ASIA AND THE				RETREATS, T		-
PACIFIC	0	0	PROGRAM SERVICES	CONFERENCES		
TACIFIC	0	-	The Management Consideration of the 1995	HOUSE WITHO		76,542.
					ES, LEARNING	
'				RETREATS, T		
EUROPE	1	8		CONFERENCES		
HOROLE -		•		HOUSE WITHO		1,005,549.
*					ES, LEARNING	
MIDDLE EAST AND				RETREATS, T		
NORTH AFRICA	0	0	1	CONFERENCES		105 100
NORTH AFRICA	- 0	U		HOUSE WITHO		126,190.
					ES, LEARNING	
				RETREATS, T		
NORTH AMERICA	0	0		CONFERENCES		154 001
		0		HOUSE WITHO		154,281.
			l .		ES, LEARNING	
RUSSIA AND				RETREATS, T	7	
NEIGHBORING STATES	0	3		CONFERENCES HOUSE WITHO	5.)	274 016
		,				374,016.
i				RETREATS, T	ES, LEARNING	
	1			CONFERENCES		
SOUTH AMERICA	0	2	and make the appropriate the contract of the c	HOUSE WITHOU		101 057
			AND THE RESERVE OF THE PROPERTY OF THE PROPERT		ES, LEARNING	121,257.
,	i			RETREATS, T	·	
				CONFERENCES		
SUB-SAHARAN AFRICA	0	0		HOUSE WITHOU		6 724
			THOUSEN DERVICED	HOODE WITHOU	or Wallis,	6,724.
			_			
-,						
			.		-	
3 a Subtotal	1	13				1,864,559.
b Total from continuation						1,004,555.
sheets to Part I	o	0				0.
c Totals (add lines 3a						<u> </u>
and 3b)	1	13				1,864,559.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 MOISHE HOUSE

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)
	kene r kun							
ano	ie sevoe							
THI ADE								
ag (a)								
NYIVIOO	0.8303							
Mantan EST V								
ohea da o								
Actauring	#21S							
	f recipient organization lanization by the IRS,	Enter total number of recipient organizations listed above that are exempt 501(c)(3) organization by the IRS, or for which the grantee	recognized as charities by the foreign country, recognized as a tax or counsel has provided a section 501(c)(3) equivalency letter	foreign country, ction 501(c)(3) ec	recognized as a tax quivalency letter			
S Enter total number of	Enter total number of other organizations or entities	or entitles					Sched	Schedule F (Form 990) 2021

MOISHE HOUSE

Schedule F (Form 990) 2021

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.

Page 3

26-2599786

Part III can be duplicated if additional space is needed.

I of 'C,'					 	
(h) Method of valuation (book, FMV, appraisal, other)	-					
(g) Description of noncash assistance						
(f) Amount of noncash assistance					-	
(e) Manner of cash disbursement						
(d) Amount of cash grant						
c) Number of recipients				Я		
(b) Region		6				
(a) Type of grant or assistance (b) Region						

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

## Part V | Supplemental Information

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

### PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING
RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING
RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING
RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING
RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING
RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING
RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MOISHE HOUSES, LEARNING

## **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

**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

Open to Public Inspection

Name of the organization

Employer identification number MOISHE HOUSE 26-2599786 **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, with respect to the filing organization committee    Taxind for compensation or a related organizations   Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				Yes	No
First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	門籍		
Travel for companions   Payments for business use of personal residence   Tax indemnification and gross-up payments   Payments for business use of personal residence   Pax indemnification and gross-up payments   Payments for business use of personal residence   Pax indemnification and gross-up payments   Pax indemnification   Pax indemnification and gross-up payments   Pax indemnification   Pa					7/0-5
Tax indemnification and gross-up payments		Treating allowance of residence for personal use			-
b If any of the boxes on line 1 a 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?  2 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 consultant in Part III.  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.  3 Indicate which, if any of the following the organization used to establish the compensation of the organization to establish compensation consultant indicate which is price to the compensation consultant indicate organization or a related organizations is a severance payment for an explain explain in 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 filling organization or a related organization:  4 Receive a severance payment from a supplemental nonqualified retirement plan?  4 Participate in or receive payment from a supplemental nonqualified retirement plan?  4 Participate in or receive payment from a supplemental nonqualified retirement plan?  5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  5 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:  6 The organization?  6 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization prov					
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  1b  2 bid 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.		Many 201 A Re. Many Contraction and Contractio			
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.  3 Compensation committee  3 Indicate which, if any, of the following the organization used to establish the compensation of the OEO/Executive Director, but explain in Part III.  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  4 Participate in or receive payment from an equity-based compensation arrangement?  4 C Participate in or receive payment from an equity-based compensation arrangement?  4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  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:  5 The organization?  5 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:  6 A X Phyrelated organization?  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the		Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
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.  3 Compensation committee  3 Indicate which, if any, of the following the organization used to establish the compensation of the OEO/Executive Director, but explain in Part III.  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  4 Participate in or receive payment from an equity-based compensation arrangement?  4 C Participate in or receive payment from an equity-based compensation arrangement?  4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  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:  5 The organization?  5 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:  6 A X Phyrelated organization?  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?  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.  X Compensation committee  Independent compensation consultant  X Compensation survey or study  Written employment contract  Independent compensation consultant  X Compensation survey or study  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  Any related organization?  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:  The organization?  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:  The organization?  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:  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments on the net earnings of:  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not des		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Name and Add
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.	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.			
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 or the CEO/Executive Director, but explain in Part III.    X   Compensation committee   Written employment contract   Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Form 990 of other organizations   X   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   Participate in or receive payment for ma supplemental nonqualified retirement plan?   4a   X			2		Charles and a
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.    X   Compensation committee   Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   Participate in or a related organizations   X   Approval by the board or compensation committee   Participate in or receive payment from an equity-based compensation arrangement?   4a   X				S.E.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.    X   Compensation committee   Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   Participate in or a related organizations   X   Approval by the board or compensation committee   Participate in or receive payment from an equity-based compensation arrangement?   4a   X	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
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Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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 filling organization or a related organization:  8 Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 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? 5 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? If "Yes" on line 6a or 5b, describe in Part III.  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? 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 K  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 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 53.4958-6(c)?  9 If "Yes" on line 8, did the organization also follow the rebuttable presump					
Independent compensation consultant    X   Compensation survey or study   X   Approval by the board or compensation committee   X   X   X   Approval by the board or compensation committee   X   X   X   X   X   X   X   X   X					
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:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation must complete lines 5-9.  Participate in or receive payment from an equity-based compensation must complete lines 5-9.  Participate in or receive payment from an equity-based compensation must complete lines 5-9.  Participate in or receive payment fill.  Participate in or receive payment fill.  Participate in or receive payment fill in Part III.  Participate in or receive payment fill in Part III.  Participate in or receive payment fill in Part III.  Participate in or receive payment fill in Part III.  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment?  Participate in or receive payment?  Participate in or receive payment?		Independent compensation consultant  X Compensation survey or study			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in or receive payment from a supplemental nonqualified retirement plan?  4 Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  5 A X  Any related organization?  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?  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?  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?  6 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.		Form 990 of other organizations  X Approval by the board or compensation committee			
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b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  d					
b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  do X  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.  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?  f "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?  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?  6 For persons listed on Form 990, Part VIII, Section A, line 1a, did the organization provide any nonfixed payments not described on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			4a		X
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For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  9		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		I Ya	
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b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?					
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?	5a		X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  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.  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  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Any related organization?	5b		X
contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		It "Yes" on line 5a or 5b, describe in Part III.			
a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	6				
b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?					
b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?	6a		
If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Any related organization?	6b		X
not described on lines 5 and 6? If "Yes," describe in Part III 7 X  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 X  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		If "Yes" on line 6a or 6b, describe in Part III.			
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  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	L.
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
Regulations section 53.4958-6(c)?		initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
	9				(a)
			9		

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

Schedule J (Form 990) 2021

MOISHE HOUSE Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	5	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	Ξ	360,39	25,625.	0	8,550.	10,360.	404,927.	0
CHIEF EXECUTIVE OFFICER	Ξ	,	- 1	0.	- 1			0
	Ξ	182,18	15,238.	0.	5,360.	12,290.	215,07	0
CHIEF OPERATING OFFICER	Ξ			0.	0.			0
	Ξ	153,54	11,850.	• 0	4,071.	9,345.	178,81	0
CHIEF HUMAN RESOURCES OFFICER	Ξ			0	0	0.		0.
	Ξ	165,202.	5,188.	0	0	1,698.	172,088.	0
CHIEF PROGRAM OFFICER	€	0	0	0	0	0.		0
	Ξ	137,246.	2,000.	0	4,202.	9,869.	153,317.	0
OF ADVANCEMENT	Ξ	0	0	0	0	0	0	0.
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE FOLLOWING EMPLOYEES RECEIVED BONUS PAYMENTS:

DAVID CYGIELMAN	\$25,625
JENNIFER ROSEN	\$15,238
ANN BAUMGARTEN	\$11,850
TIFFANY HARRIS	\$5,188
LANDER GOLD	\$2,000
LAURENCE GAST	\$2,000
ANA BONNHEIM	\$750
TERRY WUNDER	\$2,500
FAITH LEENER	\$2,000
ROBERT DORSEY	\$250
RACHEL FRUCHTMAN \$2,000	\$2,000

## **SCHEDULE 0** (Form 990)

# 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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 26-2599786

Name of the organization MOISHE HOUSE FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR 20S AND EARLY 30S AS THEY CREATE MEANINGFUL JEWISH EXPERIENCES FOR THEMSELVES AND THEIR PEERS. FOUNDED IN 2006, MOISHE HOUSE LAUNCHED WHEN FOUR JEWISH 20-SOMETHINGS BEGAN HOSTING SHABBAT DINNERS IN OAKLAND, CALIFORNIA FOR THEIR FRIENDS AND NETWORKS. FUELED BY ENORMOUS DEMAND FOR PEER-LED, HOME-BASED PROGRAMMING FROM YOUNG ADULTS AND THEIR JEWISH COMMUNITIES, MOISHE HOUSE HAS BECOME THE GLOBAL LEADER OF JEWISH LIFE FOR YOUNG ADULTS. WITH 800+ COMMUNITY BUILDERS PLANNING MORE THAN 12,000 TOTAL PROGRAMS EACH YEAR, MOISHE HOUSE'S MODELS TRAIN, SUPPORTAND EMPOWERS YOUNG JEWISH LEADERS AS THEY CREATE MEANINGFUL EXPERIENCES IN THEIR LOCAL COMMUNITIES FOR THEMSELVES AND THEIR PEERS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE DRAFT IS REVIEWED BY STAFF AND SENT TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE.

THOSE INDIVIDUALS REVIEW AND, IF APPLICABLE, DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANTS. WHEN ALL ITEMS ARE FOUND TO BE ACCEPTABLE, ORGANIZATION AUTHORIZES THE OUTSIDE ACCOUNTING FIRM TO ELECTRONICALLY FILE THE RETURN WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS ANNUALLY RE-VISITED WITH THE STAFF AND

THE BOARD OF DIRECTORS. EACH INDIVIDUAL NEEDS TO LIST CONFLICTS OF INTEREST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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AND SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE WHEN THEY COME

ONBOARD. THE ORGANIZATION KEEPS THEM ON FILE WITH THE DEVELOPMENT TEAM WHO

OVERSEES THE BOARD ACTIVITIES. IF A CONFLICT ARISES, THE AFFECTED PERSON

PROMPTLY DISCLOSES ANY DIRECT OR INDIRECT FINANCIAL, OR OTHER MATERIAL OF

INTEREST, WHICH HE/SHE HAS KNOWLEDGE OF ANY PROPOSED OR EXISTING

ARRANGEMENT WITH MOISHE HOUSE PRIOR TO THE START OF ANY NEGOTIATIONS WITH

RESPECT TO SUCH MATTER. THE CHAIRPERSON OF THE BOARD REFERS THE ISSUE TO

THE FULL BOARD, THE EXECUTIVE COMMITTEE, OR OTHER BOARD COMMITTEE HAVING

DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN QUESTION. THE

INSIDER WHO DISCLOSES A PONTENTIAL CONFLICT MAY MAKE A PRESENTATION AND

RESPOND TO QUESTIONS BY THE BOARD OR COMMITTEE, BUT AFTER SUCH

PRESENTATION, HE OR SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND

VOTE ON, THE ARRANGEMENT.

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

THE ORGANIZATION HAS A PERSONNEL COMMITTEE THAT IS RESPONSIBLE FOR
REVIEWING AND APPROVING EXECUTIVE COMPENSATION. THE CEO'S COMPENSATION IS
SET BY THIS COMMITTEE AND REVIEWED WITH THE BOARD BASED ON AVAILABLE MARKET
DATA. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2021.

THE ORGANIZATION HAS A PERSONNEL COMMITTEE THAT IS RESPONSIBLE FOR

REVIEWING AND APPROVING EXECUTIVE COMPENSATION. THE CEO MAKES COMPENSATION

RECOMMENDATIONS FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON AVAILABLE

MARKET DATA WHICH THE PERSONNEL COMMITTEE REVIEWS AND APPROVES.

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

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL

PLACE OF BUSINESS. THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S

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Name of the organization MOISHE HOUSE

Employer identification number 26-2599786

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINES 24A, 24B, AND 24C:

PART IX, LINES 24A, 24B, AND 24C REPORT RENT SUBSIDIES, DIRECT

PROGRAMMING, AND RETREAT CENTER EXPENSES. THOSE EXPENSES WERE INCURRED

IN PROVIDING THE FOLLOWING SERVICES:

MOISHE HOUSES AND PODS - MOISHE HOUSES AND PODS ARE MADE UP OF 2-5 VOLUNTEERS WHO LIVE IN HOUSES THAT ARE PARTIALLY SUBSIDIZED BY MOISHE HOUSE. THESE HOMES SERVE AS CENTERS OF JEWISH COMMUNAL LIFE FOR YOUNG JEWISH ADULTS (SPECIFICALLY IN THEIR 20S AND 30S). RESIDENTS CREATE MULTIPLE PROGRAMS EACH MONTH BASED ON THEIR OWN AND THEIR COMMUNITY'S INTERESTS WHILE REMAINING ROOTED IN JEWISHNESS. INDIVIDUAL HOUSES AND PODS CAN PARTNER WITH OTHER ORGANIZATIONS TO FURTHER BUILD LOCAL JEWISH COMMUNITY. A SIGNIFICANT COST FOR RUNNING THE HOUSE AND POD PROGRAMS IS RENT SUBSIDY. MOISHE HOUSE DOES NOT CO-SIGN ON ANY APARTMENT OR HOUSE LEASE. MOISHE HOUSES/PODS ARE ELIGIBLE TO RECEIVE UP TO ONE-THIRD (FOR PODS), THREE-FOURTHS (FOR HOUSES) OR \$2,750 (WHICHEVER COMES FIRST) IN RENT SUBSIDY. (SOME HOUSES IN MAJOR METROPOLITAN CITIES ARE ELIGIBLE TO RECEIVE UP TO \$3,000 FOR RENT SUBSIDY). ADDITIONAL PROGRAM COSTS INCLUDE REIMBURSEMENTS. WE'VE STANDARDIZED THE MONTHLY MAXIMUM BASED ON THE NUMBER OF PROGRAMS EACH HOUSE RUNS (\$300-\$525). REIMBURSEMENTS WOULD BE BOTH NON PERISHABLE AND PERISHABLE CONSUMABLES AND EDUCATOR OR FACILITATOR HONORARIUMS. HOUSES/PODS ARE ALSO ABLE TO APPLY FOR OPTIONAL ADDITIONAL FUNDING FOR SPECIFIC HOLIDAYS, JEWISH LEARNING, LARGE SCALE PROGRAMING (UP TO AN ADDITIONAL \$500), OR SOCIAL JUSTICE/COMMUNITY SERVICE PROGRAMMING. DURING THE 2021 PROGRAM YEAR, MOISHE HOUSES AND PODS DID A MIX OF VIRTUAL AND SMALL IN PERSON OUTDOOR

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GATHERINGS BASED ON LOCAL COVID-19 ORDINANCES.

MHWOW - MHWOW HOSTS ARE PROGRAM VOLUNTEERS WHO HOST MEANINGFUL JEWISH EVENTS FOR THEIR SURROUNDING COMMUNITIES. COSTS FOR THIS PROGRAM INCLUDE TRAVEL FOR RETREATS, COSTS OF EVENTS (FOOD AND BEVERAGE, EDUCATORS, ART SUPPLIES, DECOR, EDUCATIONAL MATERIALS), TICKETS TO EVENTS (MUSEUMS, MOVIES, OTHER LOCAL ACTIVITIES), AND SCHOLARSHIPS (PRIMARILY FOR JEWISH LEARNING EXPERIENCES). DURING THE 2021 PROGRAM YEAR, MHWOW HOSTS DID A MIX OF VIRTUAL AND SMALL IN PERSON OUTDOOR GATHERINGS BASED ON LOCAL COVID-19 ORDINANCES.

RETREATOLOGY AND PEER-LED RETREATS - PARTICIPANTS PARTAKE IN A SPECIALIZED TRAINING DESIGNED TO HELP THEM CREATE AND EXECUTE THEIR OWN UNIQUE PEER-LED RETREAT. THIS PROGRAM GIVES GRANTS UP TO \$6,000 TO FACILITATORS GLOBALLY TO CREATE RETREATS AROUND ASPECTS OF JUDAISM THEY ARE PASSIONATE ABOUT IN THEIR LOCAL COMMUNITY. THROUGH THIS, FACILITATORS ARE ABLE TO BUILD LASTING CONNECTIONS THAT GO BEYOND THE RETREAT WEEKEND AND ENCOURAGE PARTICIPANTS TO EXPERIENCE JEWISHNESS IN NEW WAYS. COSTS FOR THIS PROGRAM INCLUDE REIMBURSEMENTS FOR CONTRACTORS INDIVIDUALS WHO SERVE AS GUEST EDUCATORS, OR LOGISTICAL SUPPORT), PROGRAM SUPPLIES (INCLUDING COPIES, BOOKS, NAMETAGS, SWAG, ART/OFFICE SUPPLIES, ONLINE PLATFORMS, MARKETING ETC.), FOOD (DURING EVENT), VENUES, AND FACILITATOR HONORARIUMS. DURING THE 2021 PROGRAM YEAR, FACILITATORS DID A MIX OF IN PERSON AND VIRTUAL RETREATS.

BASE - BASES ARE LED BY A RABBINIC COUPLE. BASE RABBIS ARE PAID STAFF MEMBERS. BASES PROVIDE SOCIAL, EDUCATIONAL, RECREATIONAL, AND SPIRITUAL PROGRAMMING EACH MONTH FOR PARTICIPANTS AGES 20-35. BASES ALSO SERVE AS 132212 11-11-21

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MOISHE HOUSE

A RESOURCE FOR JEWISH LIFE CYCLE EVENTS. MOISHE HOUSE PROVIDES A RENT SUBSIDY AND PROGRAMMING BUDGET FOR EACH BASE'S EVENTS.

STAFF-LED RETREATS ARE WEEKEND-LONG IMMERSIVE EXPERIENCES FOR

PARTICIPANT IN THEIR 20S AND 30S. THESE EVENTS ARE HELD AT RETREAT

CENTERS. THE PROGRAM IS FULLY SUBSIDIZED. PARTICIPANTS PAY FOR

TRAVEL-RELATED EXPENSES TO ATTEND THE RETREATS. MOISHE HOUSE PROVIDES

\$250 TRAVEL STIPENDS FOR CURRENT COMMUNITY BUILDERS AND ALUMNI. THE

GOAL OF THE STAFF-LED RETREATS PROGRAM IS TO GIVE PARTICIPANTS THE

KNOWLEDGE AND SKILLS THAT WILL HELP THEM CREATE INNOVATIVE PROGRAMMING

FOR THEIR LOCAL JEWISH COMMUNITIES.

JLC - THE JEWISH LEARNING COLLABORATIVE IS FOR STAFF AND BOARD MEMBERS

AT JEWISH ORGANIZATIONS. THIS PROGRAM MATCHES JEWISH EDUCATORS WITH

INDIVIDUALS TO STUDY 1:1 WEEKLY, EVERY TWO WEEKS, EVERY THREE WEEKS, OR

ONCE A MONTH. EDUCATORS ARE PAID FOR EACH LEARNING SESSION, AND

LEARNERS DO NOT PAY ANYTHING FOR THIS PROGRAM.

CAMP NAI NAI IS A JEWISH SUMMER CAMP EXPERIENCE FOR YOUNG ADULTS IN

THEIR 20S AND 30S THE CAMP OFFERS MANY ENRICHING JEWISH LEARNING

PROGRAMS, DAYTIME ACTIVITIES (ROPES COURSES, KAYAKING, AND MORE) AND

NIGHTLY SOCIALS COMPLETE WITH CAMPFIRES, SING-ALONGS, AND THEMED DANCE

PARTIES.

4HQ - 4HQ ISRAEL ENCOUNTERS IS A YEARLONG FELLOWSHIP OF WEBINARS,

IN-PERSON GATHERINGS, 1-ON-1 MENTORING SESSIONS AND ONE WEEKLONG TRIP

THROUGH ISRAEL. THE AIM OF THIS PROGRAM IS TO EQUIP PARTICIPANTS WITH

THE KNOWLEDGE, SKILLS AND CONFIDENCE NECESSARY TO CREATE AND FACILITATE

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MEANINGFUL PROGRAMS ABOUT ISRAEL. THROUGHOUT THE YEAR THE GROUP

EXPLORES THE SOCIAL, HISTORICAL, AND POLITICAL LANDSCAPE OF ISRAEL FROM

A MULTITUDE OF PERSPECTIVES AND TOGETHER. FOLLOWING THE PROGRAM,

PARTICIPANTS USE THE KNOWLEDGE AND SKILLS THEY GAINED FROM THE TRIP TO

RUN 5 PROGRAMS RELATED TO LEARNINGS FROM 4HQ.

FORM 990, PART X, LINE 24:

ON APRIL 25, 2020, MOISHE HOUSE RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$864,540 UNDER THE PAYCHECK PROTECTION PROGRAM (PPP). THE PROMISSORY

NOTE REQUIRED MONTHLY PRINCIPAL AND INTEREST (1%) PAYMENTS AMORTIZED

OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR

THE FIRST SIXTEEN MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND

ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY QUALIFIED FOR

FORGIVENESS BY THE SMALL BUSINESS ADMINISTRATION (SBA) IN WHOLE OR IN

PART. MOISHE HOUSE USED THE PROCEEDS FOR PURPOSES CONSISTENT WITH PPP,

AND RECEIVED FULL FORGIVENESS DURING 2021, AND ACCORDINGLY HAS RECORDED

IT AS "EXTINGUISHMENT OF DEBT" IN THE STATEMENT OF ACTIVITIES.

ON FEBRUARY 2, 2021, MOISHE HOUSE RECEIVED A SECOND PPP LOAN TOTALING \$810,619. THE TERM OF THE LOAN WAS FIVE YEARS AND BORE INTEREST OF 1%.

DURING 2021 MOISHE HOUSE USED THE PROCEEDS FOR PURPOSES CONSISTENT WITH PPP, AND RECEIVED FULL FORGIVENESS BY THE SBA ON FEBRUARY 4, 2022.

ACCORDINGLY, MOISHE HOUSE WILL RECORD THE FORGIVENESS AS

"EXTINGUISHMENT OF DEBT" IN ITS 2022 CONSOLIDATED STATEMENT OF ACTIVITIES.

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