

Form <b>990</b>
-----------------

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning and ending

Α	For th	e 2023 calendar year, or tax year beginning and e	ending		
в	Check if applicat	Dee: C Name of organization		D Employer identific	cation number
	Addr chan	ge MOISHE HOUSE			
	Nam chan	ge Doing business as		26-259978	86
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retur		BARN 2	(855)598-	
	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,396,118.
	Amer	1 ENCINITAS, CA 92024		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DESDET MATSA		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	Tax-ex	xempt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) c	or 527	If "No," attach a	list. See instructions
_	Webs			H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year (	of formation: 2008 N	I State of legal domicile: CA
Ρ	art I	Summary			
q	, 1	Briefly describe the organization's mission or most significant activities: SEE I	PART I	II, LINE 1.	
anc.					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos		I	
Š	3				<u> </u>
a a	2 4 5 _	Number of independent voting members of the governing body (Part VI, line 1b)		19	
ie e	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		1200	
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ā		Total unrelated business revenue from Part VIII, column (C), line 12			0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		15,171,403.	18,293,554.
	9	Program service revenue (Part VIII, line 2g)		309,213.	645,152.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		216,165.	-192,411.
ä	11			33,428.	58,946.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,730,209.	18,805,241.
	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.
ų	, 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,363,755.	8,770,878.
es u	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	j b	Total fundraising expenses (Part IX, column (D), line 25) 2,205,86			
Expenses	<sup>1</sup> 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,619,728.	11,945,571.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,983,483.	20,716,449.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,253,274.	-1,911,208.
s or	ICES			ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		13,476,086.	12,174,231.
it As	3	Total liabilities (Part X, line 26)		1,252,757.	1,317,140.
INC	22	Net assets or fund balances. Subtract line 21 from line 20		12,223,329.	10,857,091.
P	art II	Signature Block			

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

	I anlay Mataa	10/14/2024							
Sign	Signature of officer	Date							
Here	LESLEY MATSA, COO								
	Type or print name and title								
		Date Check PTIN							
Paid	RICHARD J. LOCASTRO, CPA Rubard J. Locastro	10/09/2024 self-employed P00288314							
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008							
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N								
	BETHESDA, MD 20814-2930	Phone no. 301-951-9090							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

Form	990 (2023) MOISHE HOUSE	26-2599786	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:	011E 0E EUE	
	MOISHE HOUSE ENVISIONS A WORLD WHERE YOUNG ADULTHOOD IS		
	MOST EXCITING AND VIBRANT STAGES OF JEWISH LIFE. MOISHE MISSION IS TO PROVIDE VIBRANT JEWISH COMMUNITY FOR YOUNG		
	SUPPORTING LEADERS IN THEIR 20S AND EARLY 30S AS THEY CI		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	nd
4.0	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 16,169,843. including grants of \$ ) (Rev	645	152.)
4a	(Code:)(Expenses \$16,169,843. including grants of \$) (Rev MOISHE HOUSE PROVIDES OPPORTUNITIES FOR YOUNG ADULTS TO		/
	BUILDERS AND ENGAGE THEIR PEERS IN JEWISH LIFE, JEWISH I		
	ANDCOMMUNITY SERVICE ON A REGULAR BASIS, INCREASING YOUR		
	CONNECTIONS TO JEWISH COMMUNITY AND LIFE. THE PROGRAMS		
	PRIMARILY IN HOMES, BUT ALSO IN OTHER PUBLIC SPACE AND I		
	LOCATIONS. THIS YEAR, MOISHE HOUSE ENGAGED OVER 82,000 t	JNIQUE YOUNG	
	ADULTS IN JEWISH LIFE.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	)
1.0			/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	enue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses16,169,843.		00 /
		Form 9	<b>90</b> (2023)
332002	2 12-21-23		

Form	990	(2023)
	330	

 Form 990 (2023)
 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	1	X	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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			77
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		37	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u></u>	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u></u>
IZa		120		х
h	Schedule D, Parts XI and XII	12a		<u></u>
D		12b	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	- 23	x
13 14a		13 14a	Х	
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	140	~>	
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	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,"			
		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
332003	12-21-23		990	(2023)

332003 12-21-23

3 2023.04030 MOISHE HOUSE

Form	990	(2023)	
1 01111	000	(2020)	

 Form 990 (2023)
 MOISHE HOUSE

 Part IV
 Checklist of Required Schedules (continued)

T ai	Checkinst of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		х	
24.0	Schedule J	23	_A	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 232			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	l 12-21-23	Form	990	(2023)

4 2023.04030 MOISHE HOUSE

	990 (2023) MOISHE HOUSE 26-2599	786	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	Ne
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Zu	filed for the calendar year ending with or within the year covered by this return 2a 101			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM, FRANCE			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.         N/A           Did the sponsoring organization make any taxable distributions under section 4966?         N/A	0		
a ⊾		9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u> Section 501(c)(7) organizations. Enter:	9b		
10 а	Initiation fees and capital contributions included on Part VIII, line 12 N/A			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders <b>N/A</b>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? ${ m N/A}$	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
13	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	990	(2023)

_	990 (2023) MOISHE HOUSE 26-2599		F	Page
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" i	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
200	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			<b>.</b>
4.0	Enter the number of voting members of the governing body at the end of the tax year 19		Yes	N
Id	Enter the number of voting members of the governing body at the end of the tax year	-		
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 19			
-	Enter the number of voting members included on line 1a, above, who are independent <b>1b 1</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		X
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	<b>–</b>		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization make any significant changes to its governing documents since the profile of the organization is assets?	5		X
		6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
/a		7-		x
<b>h</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		
D		76		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
		8a	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		23
	tion 21 onotoo (This Section & requests information about policies not required by the internal Revenue Code.)		Yes	N
02	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			+
2	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	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.	1010		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure	100		
7	List the states with which a copy of this Form 990 is required to be filed CA			
8	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)	availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avana	010
	X       Own website       Another's website       X       Upon request       X       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
10	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			
	LESLEY MATSA - (855)598-5509			
	441 SAXONY ROAD, BARN 2, ENCINITAS, CA 92024			
22007	3 12-21-23	Form	<b>990</b>	(200
12006	6	TUII	, 330	1202
10	009 745960 22942 2023.04030 MOISHE HOUSE		22	294
- 0				4

Form 990 (2023) MOISHE HOUSE	26-2599786	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	t 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		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year end</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations)</li> </ul>	5	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless		ss per	rson is	s both	an	compensation	compensation	amount of	
	week	officer and a o						.ee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation from the	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization	
	organizations	ruste	ll trus		/ee	m pen		1099-NEC)	1033-1120)	and related	
	below	dual t	n stit utio nal tru stee	L.	ƙey employee	st col	er			organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C	
(1) DAVID CYGIELMAN	39.00										
CHIEF EXECUTIVE OFFICER	1.00			Х				422,431.	0.	20,135.	
(2) JENNIFER ROSEN	40.00										
CHIEF ADVANCEMENT OFFICER	0.00			Х				205,244.	0.	29,606.	
(3) ROBERT DORSEY	39.00										
CHIEF FIN & ADMIN OFFICER	1.00			Х				202,245.	0.	28,647.	
(4) TIFFANY HARRIS	40.00										
CHIEF PROGRAM OFFICER	0.00			Х				191,823.	0.	9,512.	
(5) ANN BAUMGARTEN	40.00										
CHIEF HUMAN RESOURCES OFFICER	0.00			Х				174,076.	0.	23,905.	
(6) LANDER GOLD	40.00							1.50.011		4 9 5 4 5	
ASSOCIATE VICE PRES OF ADVANCEMENT	0.00					Х		169,241.	0.	18,745.	
(7) ANA BONNHEIM	40.00							150 010	0	10 000	
EXEC DIR. JEWISH LEARNING COLLABORAT	0.00					X		157,712.	0.	13,076.	
(8) DAVID L PRESS	40.00					x		112 200	0		
SENIOR DIR OF ADVANCEMENT (9) ARI A PERTEN	0.00 40.00					Δ		113,308.	0.	22,407.	
(9) ARI A PERTEN VICE PRESIDENT, JEWISH LEARNING	0.00					x		111,480.	0.	19,924.	
(10) RACHAEL H KALLICK	40.00					^		111,400.	0.	19,924.	
VP GLOBAL MARKETING AND COMM	0.00	1				x		125,457.	0.	112.	
(11) STEPHEN COHEN	15.00					Δ		125,457.	0.	112.	
BOARD CHAIR	0.00	x		х				0.	0.	0.	
(12) TINA PRICE	2.00			23							
VICE CHAIR	0.00	x		Х				0.	0.	0.	
(13) ELENA RODAN SCHULDT	2.00										
VICE CHAIR	0.00	x		х				0.	0.	0.	
(14) JIM HEEGER	2.00										
TREASURER	0.00	x		х				0.	0.	0.	
(15) LAURIE BLITZER	2.00										
SECRETARY	0.00	х		х				0.	Ο.	0.	
(16) JARROD BECK	2.00										
BOARD MEMBER	0.00	х						0.	0.	0.	
(17) DOTTIE BENNETT	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
220007 10 01 02										Form 990 (2023)	

332007 12-21-23

Form 990 (2023)

### 15171009 745960 22942

7

Form 990 (2023) MOISHE HOUSE 26-2599786 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do		Pos heck		۱ than c	ne	Reportable	Reportable		Estimated
	hours per	box	, unles	ss per	son i	is both pr/trust	an	compensation	compensatio	n	amount of
	week			uau	recio	Intrast	ee)	- from	from related		other
	(list any hours for	irecto						the	organization		compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	<i>.</i> U/	from the organization
	organizations	ruste	ll trus		ee	mpen		1099-NEC)	1033-1120)		and related
	below	In dividual trustee or director	Institutional trustee	L.	Key employee	est co oyee	er				organizations
	line)	Indivi	Instit	Officer	Key el	Highest compensated employee	Former				
(18) DANIEL BLASER	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(19) LAURA CUTLER	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(20) MICHAEL GODIN	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(21) LISA LEFFELL	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(22) DAMMARA MARKOWITZ	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(23) BEN LUSHER	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(24) TAMAR REMZ	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(25) RUS ROBINSON	2.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(26) JIM SHANE	2.00										
BOARD MEMBER	1.00	Х						0.		0.	0.
1b Subtotal 1,873,017.								0.	186,069.		
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								1,873,017.		0.	186,069.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;	
compensation from the organization											12
											Yes No
<b>3</b> Did the organization list any <b>former</b> officer,											
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su											37
and related organizations greater than \$150	,		'								4 X
5 Did any person listed on line 1a receive or a											- 7
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on .					5 X
Section B. Independent Contractors									100.000 - (		1
1 Complete this table for your five highest co the organization. Report compensation for										ensa	
(A)	the calendar ye	are	nair	ig w				(B)	ear.		(C)
(A) Name and business	address							(ם) Description of s	ervices	С	Compensation
BPM LLP, ONE CALIFORNIA S		25	00		SA	N		•			•
FRANCISCO, CA 94111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25	00	, ,	011	- 1		ACCOUNTING			395,452.
										55571521	
2 Total number of independent contractors (ii	ncluding but no	ot lin	nitec	l to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organized	•				1	L					
SEE PART VII, SECTION		IN	UA	TI	ON	S	ΗE	ETS			Form 990 (2023)

332008 12-21-23

Form 990 MOISHE HO									26-259	9786
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (			
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest com pensated em ployee		organization	(W-2/1099-MISC)	from the
	hours for	ordir	e			ted e		(W-2/1099-MISC)		organization
	related	stee (	ruste			en sa				and related
	organizations	al tru	Institutional trustee		Key employee	com				organizations
	below	ividu	titutic	Officer	emp	hest	Former			
	line)	Ind	lns	Offi	Key	Hig	For			
(27) WALTER SOLOMON	2.00								_	-
BOARD MEMBER	0.00	х						0.	0.	0.
(28) STEFAN TEODOSIC	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) JOE WOLF	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
		1								
		1								
		1								
		•								
		-								
Total to Part VII, Section A, line 1c	<u></u>									

332201 04-01-23

		— <u> </u>								Г
		Check if Schedule O	conta	ins a res	ponse	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 -
s. ts	1 a	Federated campaigns		1	a					
unc		Membership dues			5					
E L		Fundraising events			0					
ar A		Related organizations			d	500,000.				
mil		Government grants (contr			e					
ົ້	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	l abov	e 1	F	17,793,554.				
0	g	Noncash contributions included in	lines 1	a-1f <b>1</b>	g \$					
and Other Similar Amounts	h	Total. Add lines 1a-1f					18,293,554.			
						Business Code				
1	2 a	MEETINGS AND EVENTS				900099	645,152.	645,152.		
đ	b									
nue	с									
Revenue	d									
щ	е									
	f	All other program service								
	g	Total. Add lines 2a-2f					645,152.			
2	3	Investment income (inclue	ding o	dividend	s, intere	est, and				
		other similar amounts)					223,794.			223,7
4	4	Income from investment of								
5	5	Royalties	<u></u>							
				(i) F		(ii) Personal				
6	6 a	Gross rents	6a	4	5,516.					
		Less: rental expenses	6b		0.					
	с	Rental income or (loss)	6c	4	5,516.					
	d	Net rental income or (loss	)				45,516.			45,5
17	7 a	Gross amount from sales of		(i) Sec	urities	(ii) Other				
		assets other than inventory	7a	6,17	1,672.					
	b	Less: cost or other basis								
2		and sales expenses	7b	6,59	,877.					
	с	Gain or (loss)		-41	5,205.					
8	d	Net gain or (loss)					-416,205.			-416,2
		Gross income from fundraisi								
		including \$								
		contributions reported on								
		Part IV, line 18			. 8a					
	b	Less: direct expenses								
	с	Net income or (loss) from	fundi	raising e	vents					
9		Gross income from gamin								
		Part IV, line 19			. 9a					
	b	Less: direct expenses								
		Net income or (loss) from								
10		Gross sales of inventory,								
		and allowances			. 10					
	b	Less: cost of goods sold								
		Net income or (loss) from								
						Business Code				
1 <sup>.</sup>	1 a	MISCELLANEOUS				900099	13,430.			13,4
nu£	b									
eve	c									
ã		All other revenue								
		Total. Add lines 11a-11d				<u> </u>	13,430.			
	2	Total revenue. See instruction					18,805,241.		0.	-133,4

332009 12-21-23

Form **990** (2023)

MOISHE HOUSE Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses								
1	Grants and other assistance to domestic organizations				•								
	and domestic governments. See Part IV, line 21												
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22												
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	1 200 604		400 700	000 004								
	trustees, and key employees	1,307,624.	577,014.	490,726.	239,884								
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
_	persons described in section 4958(c)(3)(B)	C 01C 420	4 201 210		1 1 2 2 2 2 2								
7	Other salaries and wages	6,016,430.	4,391,319.	503,073.	1,122,038								
8	Pension plan accruals and contributions (include	87,548.	67,984.	3,172.	16 202								
~	section 401(k) and 403(b) employer contributions)	762,949.	544,923.	77,868.	<u>16,392</u> 140,158								
9	Other employee benefits	596,327.	409,111.	78,134.	109,082								
10 1 -	Payroll taxes	550,541.	₩₩₩,₩₩₩,₩₩	/0,134.	109,002								
11	Fees for services (nonemployees):												
a h		12,011.	2,727.	8,621.	663								
b		442,191.	22,528.	414,185.	5,478								
d	Accounting	412,191.	22,520.		5,170								
e e													
f	Investment management fees	34,016.		34,016.									
g		01,0101		01/0100									
9	column (A), amount, list line 11g expenses on Sch 0.)	2,088,368.	1,754,142.	163,342.	170,884.								
12	Advertising and promotion	286,515.	228,105.	35,068.	23,342								
13	Office expenses	379,395.	203,591.	147,373.	28,431								
14	Information technology	300,998.	179,928.	51,853.	69,217								
15	Royalties	•		·									
16	Occupancy	365,595.	207,636.	107,472.	50,487								
17	Travel	1,081,464.	770,264.	97,691.	213,509								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest	15,545.	6,226.	7,805.	1,514								
21	Payments to affiliates												
2	Depreciation, depletion, and amortization	59,150.	41,257.	7,861.	10,032								
3	Insurance	70,756.	21,925.	45,295.	3,536								
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)	3,597,854.	3,597,854.										
b	PROGRAMMING (SCH. O)	2,654,854.	2,652,469.	1,366.	1,019								
c	RETREAT CNTR. (SCH. O)	485,594.	485,586.	8.	, - = -								
d	ENDOWMENT EXPENDITURES	42,865.		42,865.									
	All other expenses	28,400.	5,254.	22,949.	197								
5	Total functional expenses. Add lines 1 through 24e	20,716,449.	16,169,843.	2,340,743.	2,205,863								
6	Joint costs. Complete this line only if the organization												
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here if following SOP 98-2 (ASC 958-720)												

332010 12-21-23

Form 990 (2023)

### 26-2599786 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,700,221.	1	3,115,271.
	2	Savings and temporary cash investments			1,383,626.	2	35,406.
	3	Pledges and grants receivable, net			2,999,848.	3	3,235,694.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			556,777.	9	700,769.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,140,297.			
	b	Less: accumulated depreciation	· · · · ·	196,161.	870,896.	10c	944,136.
	11	Investments - publicly traded securities			3,989,080.	11	3,084,183.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			975,638.	15	1,058,772.
	16	Total assets. Add lines 1 through 15 (must equa			13,476,086.	16	12,174,231.
	17	Accounts payable and accrued expenses			854,634.	17	942,445.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
Lial	00	controlled entity or family member of any of thes		F	398,123.	22 23	374,695.
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	550,125.	23 24	574,055.
	24 25	Other liabilities (including federal income tax, pay		Г			
	25	parties, and other liabilities not included on lines					
		• •	,	•		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,252,757.		1,317,140.
		Organizations that follow FASB ASC 958, che	ck here	X			_/ · / · ·
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			5,949,415.	27	4,161,688.
3ali	28	Net assets with donor restrictions			6,273,914.	28	6,695,403.
l br		Organizations that do not follow FASB ASC 9					
Fui		and complete lines 29 through 33.	,				
or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,223,329.	32	10,857,091.
	33	Total liabilities and net assets/fund balances			13,476,086.	33	12,174,231.

12,174,231. Form **990** (2023)

MOISHE HOUSE

Form	1990 (2023) MOISHE HOUSE	26-	<u>2599</u>	786	Pa	<sub>ge</sub> 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	,80	5,2	41.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	,71	6,4	49.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	.,91	1,2	08.			
4									
5	Net unrealized gains (losses) on investments	5		54	7,9	62.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 1	2,9	92.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	10	,85	7,0	<u>91.</u>			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>2</b> a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000				

Form **990** (2023)

332012 12-21-23

SCHEDULE A
------------

(Form 990)

Total

### **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.

	Department of the Treasury nternal Revenue Service			Attach to Form 990 or Form 990-EZ. Open to Public									
Intern	al Revei	nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.	1	Inspection			
Nan	ne of t	the organizati								identification number			
				HE HOUSE						6-2599786			
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instruction	ıs.				
The	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>.</sup>	I)(A)(i).					
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)							
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	<b>)(b)(1)(A)(i</b>	ii).					
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and stat	e:										
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general i	public described in			
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)									
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:	_						-				
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from			
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
	See section 509(a)(2). (Complete Part III.)												
11		An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).					
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or			
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on			
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.				
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving			
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting			
		organizatio	n. You must o	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> As	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing			
				-	anization vested in the sa			•		-			
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,			
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.					
d		-	-		oorting organization oper				rted organiz	zation(s)			
		that is not t	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ribution red	quirement and	d an attentiv	veness			
			-		nplete Part IV, Sections	•		-					
е		- ·		,	written determination from				II, Type III				
		- functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.	51 × 51	, <b>,</b>				
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,	0 0							
g	Prov	vide the follow	ing informatior	n about the supporte	ed organization(s).								
	(	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other			
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			

OMB No. 1545-0047

ſ

2023

### Schedule A (Form 990) 2023

MOISHE HOUSE

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	16150457.	9268089.	19900482.	<u>15171403.</u>	<u>18293554.</u>	78783985.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	16150457.	9268089.	19900482.	<u>15171403.</u>	<u>18293554.</u>	78783985.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						23264345.			
	Public support. Subtract line 5 from line 4.						55519640.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	16150457.	9268089.	19900482.	15171403.	18293554.	78783985.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	146,451.	66,188.	134,487.	201,483.	269,310.	817,919.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	14,379.	12,849.	11,327.	15,951.	13,430.	67,936.			
11	Total support. Add lines 7 through 10						79669840.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,296,166.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop	phere		-						
Sec	ction C. Computation of Publi	ic Support Per	centage							
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	69.69 %			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	67.55 %			
	33 1/3% support test - 2023. If the o					ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	lifies as a publicly s	upported organization	ation						
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not o							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	-				
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line						
	more, and if the organization meets th	he facts-and-circum	stances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the				
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s			
							(Form 990) 2023			

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.)

Sectio	on A. Public Support						
Calenda	r year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1 Gif	fts, grants, contributions, and						
me	embership fees received. (Do not						
inc	clude any "unusual grants.")						
me for an	oss receipts from admissions, erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose						
<b>3</b> Gr	oss receipts from activities that						
are	e not an unrelated trade or bus-						
ine	ess under section 513						
<b>4</b> Ta:	x revenues levied for the organ-						
iza	ation's benefit and either paid to						
or	expended on its behalf						
5 Th	e value of services or facilities						
fur	nished by a governmental unit to						
the	e organization without charge						
6 To	tal. Add lines 1 through 5						
	nounts included on lines 1, 2, and						
	received from disqualified persons						
from	ounts included on lines 2 and 3 received n other than disqualified persons that seed the greater of \$5,000 or 1% of the ount on line 13 for the year						
	Id lines 7a and 7b						
	Iblic support. (Subtract line 7c from line 6.)						
	on B. Total Support						
Calenda	r year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
<b>9</b> An	nounts from line 6						
<b>10a</b> Gro div see	oss income from interest, vidends, payments received on curities loans, rents, royalties, d income from similar sources						
	related business taxable income						
(les	ss section 511 taxes) from businesses						
aco	quired after June 30, 1975						
<b>c</b> Ad	Id lines 10a and 10b						
act wh	et income from unrelated business tivities not included on line 10b, nether or not the business is gularly carried on						
or	her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
	tal support. (Add lines 9, 10c, 11, and 12.)						
14 Fir	rst 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
ch	eck this box and stop here	-					
Sectio	on C. Computation of Publi	c Support Per	centage				
<b>15</b> Pu	Iblic support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
<b>16</b> Pu	blic support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sectio	on D. Computation of Inves	stment Income	Percentage				
17 Inv	vestment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))	)	17	%
<b>18</b> Inv	estment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33	<b>1/3% support tests - 2023.</b> If the	organization did n				33 1/3%, and I	line 17 is not
	ore than 33 1/3%, check this box a						
	1/3% support tests - 2022. If the						3%, and
line	e 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ition
	ivate foundation. If the organization						
332023 12	2-21-23					Sched	dule A (Form 990) 2023
			16	5			

2023.04030 MOISHE HOUSE

1

2

3a

Yes No

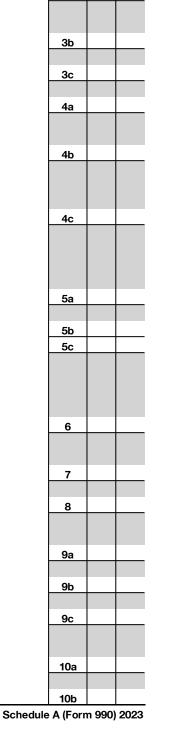
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

332024 12-21-23



Schedule A			MOISHE	
Part IV	Suppor	τing Oi	ganizations (con	tinued)

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
 Yes

 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
 Image: Constraint of the organization's supported organization(s)?

 or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Constraint of the supported organization(s)

 the supported organization(s)
 Image: Constraint of the support of t

Section D	6. All Type III Supporting Organizations

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
C	The organization supported a governmental entity.	Describe in Fait VI now you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

332025 12-21-23

### 18 2023.04030 MOISHE HOUSE

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 MOISHE HOUSE			26-2599786 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting or	ganization (see			

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Section D - Distributions

2	nounts paid to perform activity that directly furthers exempt purposes of supported
	ganizations, in excess of income from activity
3	ministrative expenses paid to accomplish exempt purposes of supported organizati
3	ministrative expenses paid to accomplish exempt purposes of supported organi

MOISHE HOUSE

1 Amounts paid to supported organizations to accomplish exempt purposes

3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	e Excess from 2023				

Schedule A (Form 990) 2023

1

2

Current Year

<u>Schedule A</u>	(Form 990) 2023	MOISHE		26-2599786 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explanations required by Part II, line 10; Part II, lin 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section I Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section E, lines 2, 5, and 6. Also complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
332028 12-21-2	3		21	Schedule A (Form 990) 2023

### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

26-2599786

MOISHE HOUSE

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

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

#### **General Rule**

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

. ..

. .

(Form 990)

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 for an *exclusively* set in the set of the set of the parts unless to the set of the

**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).

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

Name of or	rganization	Employer identification number	
MOISHE	E 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 contribution	(d) Type of contribution
<u>    1</u>		\$3,053,7	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$2,646,6	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$2,616,7	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$750,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$557,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6_		\$502,1	Person X Payroll

Schedule B (Form 990) (2023)

22942\_\_1

15171009 745960 22942

Page **2** 

Name of or	rganization		Employer identification number
MOISH	E HOUSE	26-2599786	
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$500,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8_		\$401,5	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
9		\$398,0	05. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$500,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

22942\_\_1

323452 12-26-23

15171009 745960 22942

Schedule B (Form 990) (2023)

Name of or	ganization	Employer identification number				
MOISHE	HOUSE		26-2599786			
Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	Description of noncash property given					
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.				
		_ _ 				

15171009 745960 22942

Schedule B (Form 990) (2023)

Page 3

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)		Page			
Name of o	rganization		Employer identification number			
MOISH	E HOUSE		26-2599786			
Part III		) through (e) and the following line entr charitable, etc., contributions of <b>\$1,000 or le</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations			
(a) No.						
From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	t			
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No			1			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

323454 12-26-23

Schedule B (Form 990) (2023)

26 2023.04030 MOISHE HOUSE

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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization MOISHE HOUSE		Employer identification number
Par		Other Similar Fund	
	organization answered "Yes" on Form 990, Part IV, line 6.		
		onor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor adv	l vised funds
J	are the organization's property, subject to the organization's exclusive legal		
6	Did the organization inform all grantees, donors, and donor advisors in writi		
Ŭ	for charitable purposes and not for the benefit of the donor or donor adviso		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	°
Par		wered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization (check all the		
•	Preservation of land for public use (for example, recreation or educati		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	ion contribution in the form	n of a conservation 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			
c	Number of conservation easements on a certified historic structure included		0
d			
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingu		
-	year		
4	Number of states where property subject to conservation easement is locat	ted	
5	Does the organization have a written policy regarding the periodic monitorin		
-			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vic		
-		5	3
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing conserv	vation easements during the year
-			
8	Does each conservation easement reported on line 2d above satisfy the rec	auirements of section 170	)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation easements		
	balance sheet, and include, if applicable, the text of the footnote to the orga		
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Histor	rical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to repor	rt in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition,	education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statement	ts that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958, to report in	its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, ed		
	provide the following amounts relating to these items.	·	. ,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or othe		
	the following amounts required to be reported under FASB ASC 958 relatin		<b>G</b> 71
а		-	\$
	Assets included in Form 990, Part X		

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

27 2023.04030 MOISHE HOUSE Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 MOISHE H						26-25	9978	5 Ра	<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of Art,	, Historical Tre	asures, or O	ther S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that ma	ake sigr	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other si	milar as	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes	" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	: X, line 21.								
1a	Is the organization an agent, trustee, custodia	•						-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:							
								Amoun		
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
T Or	Ending balance					1f				7.0.0
	Did the organization include an amount on Fo				-	?	L	Yes	-	_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years ba		I) Three v	ears back	(e) Four	vears	hack
10	Beginning of year balance	975,637.	1,183,616.	1,097,4			28,856.	(0) 1 0 0	youro	buon
1a b	Contributions		1,100,010.	_,,_		-,-		1	,000	000.
с С	Net investment earnings, gains, and losses	83,135.	-207,979.	134,5	58.	1	12,061.			407.
с А	Grants or scholarships			,		_	,		,	
ц р	Other expenditures for facilities									
Ŭ	and programs			40,6	91.		40,940.		40.	739.
f	Administrative expenses			7,6			2,537.			812.
g	End of year balance	1,058,772.	975,637.	1,183,6		1,0	, 97,440.	1	,028,	
2	Provide the estimated percentage of the curre	· · ·	,			,	,			
a	Board designated or quasi-endowment		%	,						
b	Permanent endowment 100	%								
c		/·- 6								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses		ion that are held ar	d administered f	for the					
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?					Зb		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	art X, lin	ne 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)	• •	umulate eciation	d	( <b>d)</b> Boo	k valu	e
1a	Land									
	Buildings		55	5,400.		52,27	/2.	49	3,1	28.
с	Leasehold improvements									
d	Equipment			9,245.		1,24	4.		3,0	
	Other			5,652.		32,64			3,0	
Tota	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990, Part X	, line 10c, column	<u>(B))</u>				94	4,1	36.

Schedule D (Form 990) 2023

15171009 745960 22942

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
iotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	L		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
-	Description	, ,	(b) Book value
	SETS HELD BY	COMMIINTTY	(-)
(1) FEDERATION		COMMUNITY	1,058,772
••			1,050,772
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 050 770
otal. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	<u>. (B))</u>		1,058,772
	on Form 000 Dart IV/ line	11a or 11f Soo Form 000 Bort V line 2	5
Complete if the organization answered "Yes"	JI FOITI 990, Part IV, IIIE	e Tre of TTI. See Form 990, Part A, line 23	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 MOISHE HOUSE				2599786 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re <sup>-</sup>	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,165,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	547,962.		
b	Donated services and use of facilities	2b	129,642.		
с	Recoveries of prior year grants	2c			
d			259,570.		
е	Add lines 2a through 2d			2e	937,174.
3	Subtract line 2e from line 1			3	18,228,360.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,016.		
b	Other (Describe in Part XIII.)	4b	542,865.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	576,881.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,805,241.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	20,781,185.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. <b>2</b> a	129,642.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)		11,975.		
е	Add lines 2a through 2d			2e	141,617.
3	Subtract line 2e from line 1			3	20,639,568.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,016.		
b	Other (Describe in Part XIII.)	4b	42,865.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	76,881.
E	Total summers Add lines 2 and 4s millions 1 and 5 states			5	20,716,449.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	20,710,449.

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):

332054 09-28-23

Schedule D (Form 990) 2023         MOISHE HOUSE           Part XIII         Supplemental Information (continued)	26-2599786 Page
MOISHE HOUSE IS THE BENEFICIARY OF AN AGENCY ENDOWMENT AT 7	THE JEWISH
COMMUNITY FEDERATION OF SAN FRANCISCO AND IT ANNUALLY RECEI	IVES AN
ENDOWMENT DISTRIBUTION USED TO SUPPORT ITS OPERATIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUE OF MOISHE HOUSE UK, INCLUDED IN THE	131,692.
CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM	
MOISHE HOUSE FORM 990 REPORTING.	
REVENUE OF MOISHE HOUSE EU, INCLUDED IN THE	127,878.
CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM	
MOISHE HOUSE FORM 990 REPORTING.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	259,570.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED	42,865.
AGAINST INVESTMENT INCOME IN THE AUDIT REPORT	
AND REPORTED ON FORM 990, PART IX.	
GRANT FROM MOISHE HOUSE UK TO MOISHE HOUSE US,	500,000.
ELIMINATED IN THE CONSOLIDATED AUDIT REPORT AND	
REPORTED ON MOISHE HOUSE FORM 990, PART VIII.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	542,865.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF MOISHE HOUSE UK, INCLUDED IN THE	347.
CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM	
MOISHE HOUSE FORM 990 REPORTING.	
EXPENSES OF MOISHE HOUSE EU, INCLUDED IN THE	11,628.
CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM	Schedule D (Form 990) 20

332055 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023         MOISHE HOUSE           Part XIII         Supplemental Information (continued)	26-2599786 Page 5
MOISHE HOUSE FORM 990 REPORTING.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	11,975.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED	42,865.
AGAINST INVESTMENT INCOME IN THE AUDIT REPORT	
AND REPORTED ON FORM 990, PART IX.	
	Schedule D (Form 990) 2023

332055 09-28-23

For Paperwork Reductio		,		ions for Forn COLUMN	
LHA 332071 11-29-23					
15171009 745960 2	22942			2	202

United States.				
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	In be duplicated if additional space is r	needed.)
(a) Region	<b>(b)</b> Number of offices in the region	employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,
				MOISHE HOUSES, LEARNING RETREATS, TRAINING
EAST ASIA AND THE				CONFERENCES, MOISHE
PACIFIC	0	0	PROGRAM SERVICES	HOUSE WITHOUT WALLS,
				MOISHE HOUSES, LEARNING
				RETREATS, TRAINING
				CONFERENCES, MOISHE
EUROPE	2	11	PROGRAM SERVICES	HOUSE WITHOUT WALLS,
				MOISHE HOUSES, LEARNING

### MOISHE HOUSE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes ..... L

=	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.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

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

(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region		(f) Total
	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	1 0 /	for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
EAST ASIA AND THE				CONFERENCES, MOISHE	
PACIFIC	0	0	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	163,338.
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
				CONFERENCES, MOISHE	
EUROPE	2	11	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	1,402,374.
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
MIDDLE EAST AND				CONFERENCES, MOISHE	
NORTH AFRICA	1	3	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	677,994.
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
				CONFERENCES, MOISHE	
NORTH AMERICA	0	1	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	146,337.
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
RUSSIA AND				CONFERENCES, MOISHE	
NEIGHBORING STATES	0	2	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	288,087.
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
				CONFERENCES, MOISHE	
SOUTH AMERICA	0	1	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	597,532.
				MOISHE HOUSES, LEARNING	
				RETREATS, TRAINING	
				CONFERENCES, MOISHE	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HOUSE WITHOUT WALLS,	9,797.
3 a Subtotal	3	18			3,285,459.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	3	18			3,285,459.

33

3.04030 MOISHE HOUSE



Γ No

Employer identification number

26-2599786

SCHEDULE F (Form 990) Department of the Treasury

Internal Revenue Service Name of the organization Part II

MOISHE HOUSE Schedule F (Form 990) 2023 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

34

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

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

### Schedule F (Form 990) 2023

MOISHE HOUSE

### 26-2599786

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

#### Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2023

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	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 the 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? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	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 the 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 MOISHE HOUSE

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 F (Form 990) 2023

332075 11-29-23

#### 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.

# RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

332075 11-29-23

15171009 745960 22942

Schedule F (Form 990) 2023

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 2	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
		MOISHE HOUSE	26-2	259978	6	
Pa	rt I Question	s Regarding Compensation				<del></del>
_	o				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	<u> </u>				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
h	If any of the bayes	on line to ave checked, did the exception follow a written policy recording powerst or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16		
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	511 10			
	X Compensation					
		ompensation consultant IX Compensation survey or study				
	X Form 990 of o		ommittee			
		······································				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
	Any related organiz					X
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
а	The organization?			<u>6a</u>		X
b	Any related organiz			6b	_	X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	10			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section				<b>.</b>	
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	) 2023

15171009 745960 22942

#### 26-2599786

#### 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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
(1) DAVID CYGIELMAN	(i)	422,431.	0.	0.	11,696.	8,439.	442,566.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER ROSEN	(i)	205,244.	0.	0.	5,626.	23,980.	234,850.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT DORSEY	(i)	202,245.	0.	0.	5,521.	23,126.	230,892.	0.
CHIEF FIN & ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIFFANY HARRIS	(i)	191,823.	0.	0.	4,622.	4,890.	201,335.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANN BAUMGARTEN	(i)	174,076.	0.	0.	5,186.	18,719.	197,981.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LANDER GOLD	(i)	169,241.	0.	0.	5,329.	13,416.	187,986.	0.
ASSOCIATE VICE PRES OF ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANA BONNHEIM	(i)	157,712.	0.	0.	4,686.	8,390.	170,788.	0.
EXEC DIR. JEWISH LEARNING COLLABORAT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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

MOISHE HOUSE

26-2599786

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 14,000 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, THE 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 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 42

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
	20 2333700
PROMPTLY DISCLOSES ANY DIRECT OR INDIRECT FINANCIAL, OR OT	HER MATERIAL OF
INTEREST, WHICH HE/SHE HAS KNOWLEDGE OF ANY PROPOSED OR EX	ISTING
ARRANGEMENT WITH MOISHE HOUSE PRIOR TO THE START OF ANY NE	GOTIATIONS WITH
RESPECT TO SUCH MATTER. THE CHAIRPERSON OF THE BOARD REFER	S THE ISSUE TO
THE FULL BOARD, THE EXECUTIVE COMMITTEE, OR OTHER BOARD CO	MMITTEE HAVING
DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN Q	UESTION. THE
INSIDER WHO DISCLOSES A POTENTIAL CONFLICT MAY MAKE A PRES	ENTATION AND
RESPOND TO QUESTIONS BY THE BOARD OR COMMITTEE, BUT AFTER	SUCH
PRESENTATION, HE OR SHE LEAVES THE MEETING DURING THE DISC	USSION 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 FEBRUARY 2023.

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

332212 11-14-23

43 2023.04030 MOISHE HOUSE

Schedule O (Form 990) 2023 Name of the organization MOISHE HOUSE		Page Employer identification number 26-2599786
JEWISH EDUCATORS:		
PROGRAM SERVICE EXPENSES		751,355.
MANAGEMENT AND GENERAL EXPENSES		5,180.
FUNDRAISING EXPENSES		153.
TOTAL EXPENSES		756,688.
EVALUATION:		
PROGRAM SERVICE EXPENSES		52,713.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		52,713.
RECRUITMENT AND ONBOARDING:		
PROGRAM SERVICE EXPENSES		10,551.
MANAGEMENT AND GENERAL EXPENSES		24,707.
FUNDRAISING EXPENSES		224.
TOTAL EXPENSES		35,482.
CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES		743,736.
MANAGEMENT AND GENERAL EXPENSES		94,469.
FUNDRAISING EXPENSES		128,077.
TOTAL EXPENSES		966,282.
H.R. MANAGEMENT:		
PROGRAM SERVICE EXPENSES		195,787.
MANAGEMENT AND GENERAL EXPENSES		38,986.
FUNDRAISING EXPENSES		42,430. Schedule O (Form 990) 202
71009 745960 22942	44 2023.04030 MOISHE HOUSE	2294

2023.04030 MOISHE HOUSE

Name of the organization MOISHE HOUSE	Employer identification numbe 26-2599786
TOTAL EXPENSES	277,203.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,088,368.
FORM 990, PART IX, LINES 24A, 24B, AND 24C:	
PROGRAMMING, AND RETREAT CENTER EXPENSES. THOSE EXPENSES V	VERE INCURRED
IN PROVIDING THE FOLLOWING SERVICES: MOISHE HOUSES AND POL	OS - MOISHE
HOUSES AND PODS ARE MADE UP OF 2-5 VOLUNTEERS WHO LIVE IN	HOUSES THAT
ARE PARTIALLY SUBSIDIZED BY MOISHE HOUSE. THESE HOMES SERV	VE AS CENTERS
OF JEWISH COMMUNAL LIFE FOR YOUNG JEWISH ADULTS (SPECIFICA	LLY IN THEIR
20S AND 30S). RESIDENTS CREATE MULTIPLE PROGRAMS EACH MONT	TH BASED ON
THEIR OWN AND THEIR COMMUNITY'S INTERESTS WHILE REMAINING	ROOTED IN
JEWISHNESS. INDIVIDUAL HOUSES AND PODS CAN PARTNER WITH OT	HER
ORGANIZATIONS TO FURTHER BUILD LOCAL JEWISH COMMUNITY. A S	SIGNIFICANT
COST FOR RUNNING THE HOUSE AND POD PROGRAMS IS RENT SUBSI	Y. MOISHE
HOUSE DOES NOT CO-SIGN ON ANY APARTMENT OR HOUSE LEASE. MO	DISHE
HOUSES/PODS ARE ELIGIBLE TO RECEIVE RENT SUBSIDY. ADDITIC	NAL PROGRAM
COSTS INCLUDE REIMBURSEMENTS. REIMBURSEMENTS WOULD BE BOTH	I
NON-PERISHABLE AND PERISHABLE CONSUMABLES AND EDUCATOR OR	FACILITATOR
HONORARIUMS. HOUSES/PODS ARE ALSO ABLE TO APPLY FOR OPTION	IAL ADDITIONAL
FUNDING FOR SPECIFIC HOLIDAYS, JEWISH LEARNING, LARGE SCAI	E PROGRAMING,
OR SOCIAL JUSTICE/COMMUNITY SERVICE PROGRAMMING.	

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).

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization

RETREATOLOGY AND PEER-LED RETREATS - PARTICIPANTS PARTAKE IN SPECIALIZED TRAINING DESIGNED TO HELP THEM CREATE AND EXECUTE THEIR OWN UNIQUE PEER-LED RETREAT. THIS PROGRAM GIVES GRANTS 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 GUEST EDUCATORS, LOGISTICAL SUPPORT, PROGRAM SUPPLIES (INCLUDING COPIES, BOOKS, NAMETAGS, SWAG, ART/OFFICE SUPPLIES, ONLINE PLATFORMS, MARKETING ETC.), FOOD (DURING EVENT), VENUES, AND FACILITATOR HONORARIUMS.

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 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 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.

332212 11-14-23

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 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 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 XI, LINE 9, CHANGES IN NET ASSETS:

### EXCHANGE FLUCTUATION

-2,992.

332212 11-14-23

# Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number 26 - 2599786

OMB No. 1545-0047

23

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

MOISHE HOUSE

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>3)</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
MOISHE HOUSE UK							
C/O MELINEK FINE 349 REGENTS PARK ROAD	PROVIDE VIBRANT JEWISH						
LONDON, UNITED KINGDOM	COMMUNITY FOR YOUNG ADULTS	UNITED KINGDOM	501(C)(3)		MOISHE HOUSE	X	
MOISHE HOUSE EU							
30, BOULEVARD DE SEBASTOPOL	PROVIDE VIBRANT JEWISH						
PARIS, FRANCE 75004	COMMUNITY FOR YOUNG ADULTS	FRANCE	501(C)(3)		MOISHE HOUSE	X	

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

Schedule R (Form 990) 2023

## Schedule R (Form 990) 2023 MOISHE HOUSE

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

organizations treated as a pa		, your.									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)				No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	-										
	-										
										+	
	-										
	1										
	1										

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

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

## Schedule R (Form 990) 2023 MOISHE HOUSE

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		+
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) MOISHE HOUSE UK	с	500,000.	CASH TRANSACTION
(2) MOISHE HOUSE EU	м	123,428.	CASH TRANSACTION
(3) MOISHE HOUSE UK	м	169,931.	CASH TRANSACTION
<u>(4)</u>			
(5)			
(6)			

## Schedule R (Form 990) 2023 MOISHE HOUSE

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

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	(h	、	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	( <b>U</b> ) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of		) por-	(I) Code V-UBI	(J) General (	
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	<sup>3)</sup> total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner	
			360110113 3 12-3 14)	Yes N			Yes	No	(101111003)	Yes No	
										$\vdash$	+

Schedule R (Form 990) 2023

MOISHE HOUSE

Part VII Supplemental Information

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

332165 09-28-23

52 2023.04030 MOISHE HOUSE Schedule R (Form 990) 2023