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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	
	MOISHE HOUSE 441 SAXONY ROAD NO. BARN 2 ENCINITAS, CA 92024
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** 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.



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

Image: definition ENCINITAS, CA 92024 H(a) is this a group return for subordinates? Image: definition F Name and address of principal officer. DAVID CYGIELMAN for subordinates? Ves N SAME AS C ABOVE I Tax-exempt status: [X] 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Ves N J Website: WWW.MOISHEHOUSE.ORG H(c) Group exemption number ► K Form of organization: [X] Corporation Trust Association Other ► L Year of formation: 2008 M State of legal domicile: C Part I Summary 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2019 (Part V, line 1a) 4 1 4 Number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5 6 107 7a 7d 7d 7d 7 a Total number of outlines state state income from Part VIII, column (C), line 12 7a 7a 16, 150, 455 9 Program service revenue (Part VIII, line 1h) 15, 655, 745. 16, 150, 457 16, 150, 457 9 Program service revenue (Part VIII, co	Α	For th	e 2019 calendar year, or tax year beginning and e	ending		
Doing business as 26-2599786 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number (855) 598-5509 City or town, state or province, country, and ZIP or foreign postal code Cores receipts 1 16, 582, 444 Imported FName and address of principal officer. DAVID CYGIELMAN SAME AS C ABOVE G cores receipts 1 16, 582, 444 I Tax-exempt status: S 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 J Website: WW MOISHEHOUSE.ORG H(c) Group exemption number H(c) Group exemption number H(c) Group exemption number 2 Check this box I fif the organization ission or most significant activities: SEE PART III, LINE 1. 2 Check this box I fif the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 4 4 Number of voting members of the governing body (Part V, line 2a) 5 5 Total number of independent voting members of the governing body (Part V, line 2a) 5 6 Total number of independent voting members of the governing body (Part V, line 2a) 5 6 Total number of independent voting members of the governing body (Part V, line 2a)	в	Check if applicat	le: C Name of organization		D Employer identific	cation number
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Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 441 SAXONY ROAD BARN 2 (855) 598 - 550 9 City or town, state or province, country, and ZIP or foreign postal code G cross receipts is 16, 582, 447 Preprint FName and address of principal officer:DAVID CYGIELMAN G cross receipts is 16, 582, 447 SAME AS C ABOVE FName and address of principal officer:DAVID CYGIELMAN H(a) Is this a group return I Tax-exempt status: I 501(c) (1) (insert no.) 4947(a)(1) or S27 J Website: WWW MOISHEHOUSE.ORG H(c) Group exemption number H(c) Group exemption number Part I Summary I arrefly describe the organization's mission or most significant activities: SEE SEE PART III, LINE 1. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part V, line 1a) 4 1 4 A Number of independent voting members of the governing body (Part V, line 2a) 5 1 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1					26-25997	86
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Image: Internet in the address of principal officer: DAVID CYGIELMAN F(a) is this a group return for subordinates included? Ves X I Taxe exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 5027 H(b) Are all subordinates included? Ves N J Website: WWW - MO ISHEHOUSE - ORG H(c) Group exemption number H(c) Group exemption number H(c) Group exemption number K Form of organization: Z Oropration Trust Association Other L Year of formation: 2008 M State of legal domicile: 2 Check this box if the organization is mission or most significant activities: SEE PART IIII, LINE 1. 3 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2019 (Part VI, line 1a) 4 1 4 Number of individuals employed in calendar year 2019 (Part VI, line 2a) 5 1 5 Total number of individuals employed in calendar year 2019 (Part VI, line 2a) 1 6 10 7 Total number of individuals employeed in calendar year 2019 (Part VI, line 2a) 1 6 10		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,582,447.
Pendong SAME AS C ABOVE H(b) Are all subordinates included? Yes N I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 H" No." attach a list. (see instructions) H(c) Group exemption number H" No." attach a list. (see instructions) J Website: WWW .MOISHEHOUSE.ORG H(c) Group exemption number H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2008 M State of legal domicile: C Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 1 4 Number of individuals employed in calendar year 2019 (Part VI, line 1b) 4 1 1 5 Total number of volunteers (estimate if necessary) 6 1007 7 7 6 1007 7 Total number of volunteers (estimate		Ireturi	ENCINITAS, CA 92024		H(a) Is this a group re	
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J Website: WWW MOISHEHOUSE . ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other ► L Year of formation: 2008 M State of legal domicile: O Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 3 Number of voting members of the governing body (Part VI, line 1a) 3 1 4 4 Number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5 5 6 Total number of volunteers (estimate if necessary) 6 10.7 7a 0 7 Total number of volunteers (estimate if necessary) 7a 15 65.745.16 160.7457 8 Contributions and grants (Part VIII, line 1h) 15,655,745.16 16,785.3 245,411 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,853.2445.172,196 11,304.14,375 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,853			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
K Form of organization: X Corporation Trust Association Other L Year of formation: 2008 M State of legal domicile: C Part I Summary Image: Second Se				r 🛄 527	lf "No," attach a	list. (see instructions)
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9000000000000000000000000000000000000				L Year of	of formation: 2008	State of legal domicile: CA
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11, 304. 14, 375 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15, 853, 248. 16, 582, 447 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 1,000,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,578,891. 4,842,144 16a Professional fundraising fees (Part IX, column (D), line 25) 1,550,556. 0. 0.	ň	9				245,415.
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,550,556.		14	Benefits paid to or for members (Part IX, column (A), line 4)		•••	0.
⁶ / ₆ ⁶ / ₆ ⁶ / ₆ ^{16a} Professional fundraising fees (Part IX, column (A), line 11e) ¹ / ₆ ⁶ / ₆ ¹ / ₆	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,578,891.	4,842,144.
b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,550,556.	SUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
$ \Psi _{47}$ Other symposes (Dect IV, solvers (A), lines 11s 11s (116.04s) $ \Psi _{47} = 8.141 \Psi _{47} $		b	· · · · · · · · · · · · · · · · · · ·			
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,141,408.	8,947,664.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			14,789,808.
			Revenue less expenses. Subtract line 18 from line 12			1,792,639.
Beginning of Current Year End of Year	ts or					
20 Total assets (Part X, line 16) 10,902,687. 13,737,956	Sset	20				13,737,956.
	et A	21	· · · · · · · · · · · · · · · · · · ·			951,528.
22 Net assets or fund balances. Subtract line 21 from line 20					9,900,400.	12,786,428.

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

Sign Here	Signature of officer DAVID CYGIELMAN, CEO	Date					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature /	Date Check PTIN					
Paid	RICHARD J. LOCASTRO, CPA Rubard J. Locastro	11/10/2020 self-employed P00288314					
Preparer	Firm's name 🕞 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008					
Use Only	Firm's address 50 MONTGOMERY AVE SUITE 800N						
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)					

	1990 (2019) MOISHE HOUSE	26-2599786	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WE ENVISION MOISHE HOUSE AS THE GLOBAL LEADER OF PLURA	ALTSTIC JEWISH	
	LIFE FOR ADULTS IN THEIR 20S. WE FACILITATE A WIDE RAN		
	EXPERIENCES, SO THAT THEY HAVE THE LEADERSHIP, KNOWLEI	GE AND COMMUNI	TY
	TO ENRICH THEIR JEWISH JOURNEYS. (CONTINUED ON SCHEDUI	EO)	
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	<u>X</u> No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 11,572,670. including grants of \$ 1,000,000.) (Re		
	MOISHE HOUSE PROVIDES OPPORTUNITIES FOR YOUNG ADULTS T BUILDERS AND ENGAGE THEIR PEERS IN JEWISH LIFE, JEWISH		
	COMMUNITY SERVICE ON A REGULAR BASIS, INCREASING YOUNG		,
	CONNECTIONS TO JEWISH COMMUNITY AND LIFE. THE PROGRAMS		
	PRIMARILY IN HOMES, BUT ALSO IN OTHER PUBLIC SPACE ANI		
	LOCATIONS. THIS YEAR, MOISHE HOUSE ENGAGED NEARLY 60,0	00 UNIQUE YOUN	IG
	ADULTS IN JEWISH LIFE.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
			,
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 11,572,670.	/	
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 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)?		162	NO
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	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	Х	
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,		х	
L.	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX		х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	40		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			37
	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ <u> </u>
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	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		- 23
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? If			
u	"Yes," complete Schedule L, Part IV	28a		x
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 lines 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		_ A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		- 22
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 186			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V	Sta

019) MOISHE HOUSE Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a 56		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u> </u>
b 4a	It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t g				
9 h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders <u>N/A</u> <u>11a</u>			
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
1 2 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?			X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	-		"No" re	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI					
Sect	tion A. Governing Body and Management					
					Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					

	5 5 5			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			

	X Own website Another's website X Upon request	X Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its go	verning documents, conflict of interest policy, and financial
	statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses	s the organization's books and records 🕨

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Yes No

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			uau	reciu	i/uus	(ee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	id ual	In stituti on al trustee	ar	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) BEN LUSHER	15.00									
CHAIR		Х		Х				0.	0.	0.
(2) DOTTIE BENNETT	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) TAMAR REMZ	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) SPENCER KALLICK	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) JARROD BECK	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) STEFAN TEODOSIC	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(7) BENJI FRIEND	2.00								_	-
BOARD MEMBER		Х						0.	0.	0.
(8) GLENN GOODSTEIN	2.00								_	-
BOARD MEMBER (UNTIL 6/2019)		Х						0.	0.	0.
(9) ILIA SALITA	2.00									
BOARD MEMBER (FROM 9/2019)		X						0.	0.	0.
(10) JAKE SULLIVAN	2.00									
BOARD MEMBER (UNTIL 9/2019)		X						0.	0.	0.
(11) JILL SMITH	2.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(12) JIM HEEGER	2.00								0	0
BOARD MEMBER		X						0.	0.	0.
(13) JOE WOLF	2.00							0	0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(14) KEVIN WALDMAN	2.00							0	0	0
BOARD MEMBER (UNTIL 9/2019)	2 00	X						0.	0.	0.
(15) LAURA CUTLER	2.00							0	0	0
BOARD MEMBER (FROM 3/2019)	2 00	X						0.	0.	0.
(16) MARK CHARENDOFF	2.00								^	<u>م</u>
BOARD MEMBER	2 00	X						0.	0.	0.
(17) MICHELLE LEBOWITS	2.00							0	0.	<u>م</u>
BOARD MEMBER		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average				ition			Reportable	Reportable		Fs	timat	ed
	hours per					than is bot		compensation	compensatio			nount	
	week					or/trus		from	from related			other	
	(list any	tor						the	organization			pensa	
	hours for	direc				pg		organization	(W-2/1099-MIS			, om th	
	related	ee or	stee			insate		(W-2/1099-MISC)	,	,	org	aniza	tion
	organizations	trust	al tru		yee	admo		· · · ·			and	d rela	ted
	below	Individual trustee or director	Institutional trustee	L.	nplo	est co oyee	er				orga	anizat	ions
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) RUSS ROBINSON	2.00												
BOARD MEMBER		X						0.		Ο.			0.
(19) SABRINA NAIM	2.00												
BOARD MEMBER		Х						0.		0.			0.
(20) STEPHEN COHEN	2.00												
BOARD MEMBER (FROM 3/2019)		Х						0.		0.			0.
(21) TINA PRICE	2.00												
BOARD MEMBER (FROM 9/2019)		X						0.		Ο.			0.
(22) DAVID CYGIELMAN	40.00												
CHIEF EXECUTIVE OFFICER		1		Х				308,413.		0.	1	8,0	22.
(23) JORDAN FRUCHTMAN	40.00												
CHIEF PROGRAM OFFICER		1		х				141,444.		0.	1	5,0	18.
(24) JENNIFER ROSEN	40.00												
CHIEF OPERATING OFFICER				Х				139,638.		0.	1	6,3	79.
(25) LANDER GOLD	40.00												
SENIOR DIRECTOR OF ADVANCEMENT						Х		129,271.		Ο.	1	0,4	74.
(26) ANN BAUMGARTEN	40.00												
SENIOR DIRECTOR HR & RISK MGMT.		1				Х		123,911.		0.	1	3,1	.07.
1b Subtotal								842,677.		0.	7	3,0	00.
c Total from continuation sheets to Part VI								211,487.		0.	2	1,5	80.
d Total (add lines 1b and 1c)								1,054,164.		0.	9	$\frac{1}{4.5}$	80.
2 Total number of individuals (including but n							no r		000 of reportab	le.			
compensation from the organization		1000	note	u u	0011	0, 111	101			U			7
												Yes	No
3 Did the organization list any former officer,	director trust	ا مم		mn	love		hic	nhest compensated emp	lovee on	Γ			
line 1a? If "Yes," complete Schedule J for s								griest compensated emp			3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a										E			
rendered to the organization? If "Yes," com					-		ciu				5		x
Section B. Independent Contractors			0/ 00	1011	pore	. 100			<u></u>				
1 Complete this table for your five highest co	mnensated in	dene	anda	nt c	onti	racto	nrs t	that received more than	\$100.000 of corr	nens	ation f	rom	
the organization. Report compensation for	-									ipen 3	ation	10111	
	ine calendar y	car	enui	ng v	VILII							••	
(A) Name and business	address							(B) Description of s	ervices	С	(C) omper		on
TOBIN BELZER, 1114 SOUTH		־קר		7	Τ.(חפ	-	EVALUATION O				loane	
ANGELES, CA 90019	OGDEN I			· ,	Ц	55		DOOR PROJECT			12	6 0	37.
ANGELLES, CA 90019							-	DOOK FROUECI			12	0,9	57.
							_						
2 Total number of independent contractors (i	•	ot li	mite	d to		-	stec	d above) who received m	ore than				
\$100,000 of compensation from the organized	zation 🕨				-	1							

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(A) (B) (C) (D) (E) (E) (F) Name and title Average hours Average (check all that apply) Position (check all that apply) Reportable compensation from organizations Compensation from related organizations Estimated amount of other compensation 1		IOUSE	nnlo	Vee	s a	nd F	liah	est	Compensated Employ	26-259	
Name and title Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation from the organization and related organization 27) LAURENCE GAST 40.00 40.00 X 110,704. 0. 15,47	•••••••••••••••••••••••••••••••••••••••			Jee			ngn				(F)
hours (check all that apply) compensation compensation amount of per week ist any							ı.				
per week (list any hours for related organizations below line) per veek (list any hours for related organizations below line) per veek (list any hours for related organizations below line) per veek veek (list any hours for related organizations below line) per veek veek veek veek veek veek veek ve		-	(cl					Iv)			
week (list any hours for related organizations below line) 27) LAURENCE GAST 1CE PRESIDENT OF ADVANCEMENT 28) TERRY WUNDER 40.00 1CE PRESIDENT OF ADVANCEMENT 28) TERRY WUNDER			(0)					· y /			
(list any hours for related organizations below line) (ist any hours for related organizations below line) (ist any hours for related organizations below line) (ist any hours for related organizations below line) (W-2/1099-MISC) (W-2/1099-MISC) from the organization and related organization and related organization 27) LAURENCE GAST 40.00 X 110,704. 0.15,47 28) TERRY WUNDER 40.00 Image: state of the							/ee				
27) LAURENCE GAST 40.00 X 110,704. 0.15,47 126 PRESIDENT OF ADVANCEMENT 40.00 X 110,704. 0.15,47			ctor				nplo)				
27) LAURENCE GAST 40.00 X 110,704. 0.15,47 126 PRESIDENT OF ADVANCEMENT 40.00 X 110,704. 0.15,47			r dire				ed er			. , , , ,	organization
27) LAURENCE GAST 40.00 X 110,704. 0.15,47 126 PRESIDENT OF ADVANCEMENT 40.00 X 110,704. 0.15,47		related	tee oi	ustee			en sat				and related
27) LAURENCE GAST 40.00 X 110,704. 0.15,47 126 PRESIDENT OF ADVANCEMENT 40.00 X 110,704. 0.15,47			l trus	nal tri		oyee	dwo				organizations
27) LAURENCE GAST 40.00 X 110,704. 0.15,47 126 PRESIDENT OF ADVANCEMENT 40.00 X 110,704. 0.15,47		below	/id ua	tutior	er	empl	lest c	ıer			
ICE PRESIDENT OF ADVANCEMENT X 110,704. 0. 15,47 28) TERRY WUNDER 40.00 15,47		line)	Indi	Insti	Offic	Key	High	Form			
28) TERRY WUNDER 40.00	27) LAURENCE GAST	40.00									
28) TERRY WUNDER 40.00	ICE PRESIDENT OF ADVANCEMENT						Х		110,704.	0.	15,470
ENTOR PROGRAM DIRECTOR X 100,783. 0. 6,11 Image: Strategy of the	28) TERRY WUNDER	40.00									
	ENIOR PROGRAM DIRECTOR						Х		100,783.	0.	6,110
		_	<u> </u>								
			1								
			1								
			ł								
			 		<u> </u>						
			I	L	L		L				

		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII	/=>		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
2	1 a	Federated campaigns		1a						
		Membership dues								
	С	Fundraising events		1c						
	d	Related organizations		1d						
		Government grants (con								
ז	f	All other contributions, gifts								
5		similar amounts not include				16,150,457.				
	-	Noncash contributions included					16 150 455			
σ	h	Total. Add lines 1a-1f	<u></u>				16,150,457.			
	• •	MEETINGS AND EVENT	a			Business Code 900099	245,415.	245,415.		
aniiaau						300033	245,415.	245,415.		
PUL	b c									
	d									
Ĕ	e									
	f		e reve	nue	_					
		Total. Add lines 2a-2f					245,415.			
	3	Investment income (inclu								
		other similar amounts)					146,451.			146,4
	4	Income from investment								
	5	Royalties	<u></u>			🕨 🛛				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (los	· —							
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	25,7	45.					
	b	Less: cost or other basis			•					
		and sales expenses	7b	25,7	0.					
	C L	Gain or (loss)	/c	25,7			25,745.			25,7
		Net gain or (loss) Gross income from fundrais					25,745.			<u> </u>
	0 a	including \$								
		contributions reported of								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			ts	►				
		Gross income from gami		-						
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	►				
·	10 a	Gross sales of inventory,	less i	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	n sales	s of inventor	у	>				
						Business Code				
enueven	11 a	MISCELLANEOUS				900099	14,379.		ļ	14,3
e	b					ļļ				
ie l	С				_	ļļ				
-	d									
		Total. Add lines 11a-11d					14,379.			
	12	Total revenue. See instruct	ions			🕨 📔	16,582,447.	245,415.	0.	186,5

MOISHE HOUSE

Form 990 (2019)

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 Form 990 (2019)
 MOISHE
 HOUSE

 Part IX
 Statement of Functional Expenses

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

	Check if Schedule O contains a respon	ise or note to any line in (A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,000,000.	1,000,000.		
2	Grants and other assistance to domestic	, ,			
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	638,914.	295,535.	96,490.	246,889
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,410,292.	2,102,183.	564,997.	743,112.
8	Pension plan accruals and contributions (include	40.000	21 105	0 1 0 0	0 - 0 0
	section 401(k) and 403(b) employer contributions)	48,986.	31,195.	8,192. 67,588.	9,599, 93,251,
9	Other employee benefits	408,243.	247,404.	67,588.	93,251
10	Payroll taxes	335,709.	181,771.	79,646.	74,292.
11	Fees for services (nonemployees):				
	Management	3,686.		3,686.	
	Legal	137,316.		137,316.	
	Accounting	137,310.		137,310.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	4,812.		4,812.	
f	Investment management fees	4,012.		4,012.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	384,392.	156,293.	227,504.	595.
12	Advertising and promotion	145,944.	96,119.	20,289.	29,536
12	Office expenses	320,969.	128,663.	160,723.	31,583.
14	Information technology	178,322.	103,441.	30,415.	44,466
15	Royalties	_/ • / • _ = •			
16	Occupancy	195,346.	114,960.	32,420.	47,966.
17	Travel	586,606.	292,282.	159,247.	135,077.
18	Payments of travel or entertainment expenses	,	- , -	/	, -
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,682,976.	1,609,229.		73,747.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,343.	12,101.	3,318.	4,924.
23	Insurance	62,413.	36,429.	10,513.	15,471.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RENT SUBSIDY (SCH. O)	2,556,523.	2,556,523.		
b	PROGRAMMING (SCH. 0)	2,217,914.	2,217,914.		
с	RETREAT CNTR. (SCH. O)	304,175.	285,327.	18,848.	
d	ENDOWMENT EXPENDITURES	40,739.	40,739.		
е	All other expenses	105,188.	64,562.	40,578.	48.
25	Total functional expenses. Add lines 1 through 24e	14,789,808.	11,572,670.	1,666,582.	1,550,556
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1		

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Assets		under section 4958(f)(1)), and persons describe		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use	295,861.	8			
A	9	Prepaid expenses and deferred charges	expenses and deferred charges				332,413.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	101,715.			
	b	Less: accumulated depreciation	10b	33,905.	88,153.	10c	67,810.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			46,377.	15	1,083,864.
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		10,902,687.	16	13,737,956.
	17	Accounts payable and accrued expenses			942,281.	17	951,528.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
es	22	Loans and other payables to any current or form	ner officer,	, director,			
iliti		trustee, key employee, creator or founder, subs	tantial con	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unrela	parties		23		
	24	Unsecured notes and loans payable to unrelate	d third par	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	942,281.	26	951,528.		
õ		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.			4 482 200		E 180 860
alaı	27	Net assets without donor restrictions			4,473,302.		5,179,768.
а В	28	Net assets with donor restrictions			5,487,104.	28	7,606,660.
ň		Organizations that do not follow FASB ASC 9	58, check	khere 🕨 🛄			
ř		and complete lines 29 through 33.					
ts e	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			0 0 0 0 10 0	31	
Ne	32	Total net assets or fund balances			9,960,406.	32	12,786,428.
	33	Total liabilities and net assets/fund balances			10,902,687.	33	13,737,956.
							Form 990 (2019)

MOISHE HOUSE Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined

3 Pledges and grants receivable, net

4 Accounts receivable, net

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% (B)

End of year

2,122,769.

6,816,373.

3,314,727.

(A)

Beginning of year

5,334,577.

3,170,783.

1,512,026.

454,910.

1

2

3

4

5

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1

2

6

Part XI Reconciliation of Net Assets			ge 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			X
1 Total revenue (must equal Part VIII, column (A), line 12)	16,582		
2 Total expenses (must equal Part IX, column (A), line 25) 2	14,789		
3 Revenue less expenses. Subtract line 2 from line 1 3	1,792		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	9,960		
5 Net unrealized gains (losses) on investments 5	3.	3,3	83.
6 Donated services and use of facilities6			
7 Investment expenses7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9	1,000),0	00.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	12,786	5,4	28.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were 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	х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	в,		
consolidated basis, or both:			
Separate basis X Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	t,		
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 Schedule	O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	udit		
Act and OMB Circular A-133?	За		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection
identification number

OMB No. 1545-0047

Nam	e of t	the organization						Employer	identification number		
			HE HOUSE						6-2599786		
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental (unit descrik	bed in		
~		section 170(b)(1)(A)(iv). (C		a such a la such a la such a subbara d'un		70/1-1/41/41	4.5				
6 7	X	A federal, state, or local gov	-						un ul lin de navile na lin		
'	21	An organization that norma	•	initial part of its support i	rom a gov	ernmental	unit or from t	ne general	public described in		
•		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	+ 11 \						
8	H	A community trust describe			-	ad in a suit					
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric		Enter the	name, city	y, and state o	r the colleg			
10		university: An organization that norma	Illy reacives: (1) more	than 22 1/20/ of its our	port from	oontributi	one member	bin food	and grace receipte from		
10		activities related to its exen									
		income and unrelated busir									
		See section 509(a)(2). (Cor				3363 acqu		ganzation			
11		An organization organized a		ively to test for public sa	fety See	section 5(19(a)(4)				
12	\square	An organization organized a	-	•	•			arry out the	nurnoses of one or		
		more publicly supported or	•	•	•		-		• •		
		lines 12a through 12d that	-								
а		Type I. A supporting orga	• •			-		-	<i>i</i> aivina		
		the supported organization	-	-	•						
		organization. You must c									
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	avina		
		control or management o	-				-		-		
		organization(s). You mus			·						
с		Type III functionally inte	-		in connec	tion with, a	and functiona	Ily integrat	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)		
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V .				
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount of	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 MOISHE HOUSE

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,288,614.	8,244,583.	9,311,907.	15,655,745.	16,150,457.	55,651,306.
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	6,288,614.	8,244,583.	9,311,907.	15,655,745.	16,150,457.	55,651,306.
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)						18,272,836.
6	Public support. Subtract line 5 from line 4.						37,378,470.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	6,288,614.	8,244,583.	9,311,907.	15,655,745.	16,150,457.	55,651,306.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	201.	5,270.	11,084.	25,346.	146,451.	188,352.
9	Net income from unrelated business	-		,	- /		
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			11,401.	11,304.	14,379.	37,084.
11	Total support. Add lines 7 through 10				,		55,876,742.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	454,281.
	First five years. If the Form 990 is for	· ·	,		x vear as a sectio		
10	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			olumn (f))		14	66.89 %
	Public support percentage from 2018					15	90.12 %
	33 1/3% support test - 2019. If the o					nore. check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	•	• •		•		
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
19	Private foundation. If the organization						
18	rivate roundation. It the organizatio	n did hot check a t		, 100, 17a, 01 17D	, UNEUK UNS DOX 8		<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 MOISHE HOUSE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2019 (line 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	3 Schedule A, Par	t III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage	•			
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by	ine 13, column (f)))	17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check			
93202	23 09-25-19			16	Sch	nedule A (Form 99	0 or 990-EZ) 2019

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

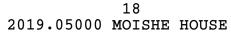
Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2019

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 in (2), 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		
Sec	tion 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 yeatsee instructions			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				
	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
932024	5 09-25-19 Schedule A (Form 9		0-E7	2019
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Schedule A (Form 990 or 990-EZ) 2019 MOISHE HOUSE

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 🔟 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A	other Type III non-functionally integrated supporting organizations must con Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Depr	eciation and depletion	5		
6 Porti	on of operating expenses paid or incurred for production or			
colle	ction of gross income or for management, conservation, or			
main	tenance of property held for production of income (see instructions)	6		
7 Othe	r expenses (see instructions)	7		
8 Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggr	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair r	market value of other non-exempt-use assets	1c		
d Tota	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other			
facto	ors (explain in detail in Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Subt	ract line 2 from line 1d.	3		
4 Cash	n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see ii	nstructions).	4		
5 Net v	/alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multi	iply line 5 by .035.	6		
7 Reco	overies of prior-year distributions	7		
8 Minii	mum Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter	r 85% of line 1.	2		
3 Minir	num asset amount for prior year (from Section B, line 8, Column A)	3		
	r greater of line 2 or line 3.	4		
	me tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	vintegrat	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 MOISHE HOUSE

	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	Provide the explanations required by Part II, line 10; Part I , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, t V, Section E, lines 2, 5, and 6. Also complete this part for	ines i and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V ^r any additional information.
32028 09-25-19)		Schedule A (Form 990 or 990-EZ)
		21	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

MOISHE HOUSE

26-2599786

(a) No. 1 (a) No. (a) No. (a) (a) No. (a) No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Total contributions (c) (c) Total contributions (c) Total contributions (c) Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
	(b)	\$2,808,294. (c) (c) 	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. <u>2</u> (a)		Total contributions	Type of contribution
			Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$1,896,518.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 		\$ <u>1,350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06-19			Person X Payroll

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

MOISHE HOUSE

Employer identification number

26-2599786

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$368,174.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$347,543.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06		Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule B (For	rm 990, 990-	EZ, or 990-P	F) (2019)
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Name of organization

Employer identification number

MOISHE HOUSE

26-2599786

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 923453 11-06-19

15241111 745960 22942

25 2019.05000 MOISHE HOUSE

Page 4

Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) thr completing Part III, enter the total of exclusively religious, chari Use duplicate copies of Part III if additional spa	ough (e) and the following line er table, etc., contributions of \$1,000 or	ntry For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
	Transferee's name, address, and Z	(e) Transfer of gi	ift Relationship of transferor to transfere	e
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
	Transferee's name, address, and 2	(e) Transfer of gir	ift Relationship of transferor to transfere	
-	· · · · · · · · · · · · · · · · · · ·			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
-		(e) Transfer of gi		
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transfere	e
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held
Part I				
-		(e) Transfer of gi		
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transfere	e

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	90)
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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.



Name of the organization

Employer identification number
26-2599786

Pa	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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 w	riting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con	nferring
_			
Pa			t IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreati		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing conser-	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing concernation	a accompany during the year
7	Amount of expenses incurred in monitoring, inspecting, nandil	ng of violations, and emorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) above	x satisfy the requirements of section $170(b)$	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
Ū	balance sheet, and include, if applicable, the text of the footnot	-	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form S		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public of	exhibition, education, or research in furthera	ance of public service,
	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 treat		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 MOISHE	HOUSE					2	26-25	9978	6 Ра	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hi	istorical Tr	easures, o	or Othe	er Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, che	eck any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):			_							
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	they further t	he organizati	ion's exer	npt purpc	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art,	historical trea	sures, or oth	ier similar	assets		-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if tl	he organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
1 a	Is the organization an agent, trustee, custod		-						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	a table:				······ ∟		L	
				g tuble.					Amount		
с	Beginning balance						1c		/ into dan	•	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	iswere	ed "Yes" on Fo	orm 990, Par	t IV, line 1	0.				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back 🛛	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	0.									
b	Contributions	1,000,000.									
с	Net investment earnings, gains, and losses	74,407.									
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	40,739.									
f	Administrative expenses	4,812.									
g	End of year balance	1,028,856.									
2	Provide the estimated percentage of the cur		e (line	e 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	.00	_%								
b	Permanent endowment 100.00	%									
С	Term endowment .00	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation t	that are held a	and administe	ered for th	ne organiz	ation	г		
	by:									Yes	No
	(i) Unrelated organizations									Х	v
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza				•				3b		
	Describe in Part XIII the intended uses of the		owmer	nt funds.							
Fai	t VI Land, Buildings, and Equipm		م				line 10				
	Complete if the organization answere							-			
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate preciation	a	(d) Bool	< valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				1,715.		33,90	5.			10.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, col	umn (B), line 1	10c.)					7,8	
							9	Schedule	D (Forn	1 990)	2019

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	1-, 2001. 74100		, <u> </u>
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			of yoor morket yolyo
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN AS	SETS HELD BY	COMMUNITY	
(2) FEDERATION			1,028,856
(3) SECURITY DEPOSITS			55,008
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		1,083,864
Part X Other Liabilities.	·	· ·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 25)		
 Liability for uncertain tax positions. In Part XIII, provide 	,	· · ·	at reports the
LIADING TO UNCERTAIN LAS POSITIONS. IN PART AII, PROVIDE		io me organization s infancial statements tr	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 MOISHE HOUSE			26-	2599786 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	17,098,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	33,383.		
b	Donated services and use of facilities		59,400.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		469,168.		
е	Add lines 2a through 2d			2e	561,951.
3	Subtract line 2e from line 1			3	16,536,896.
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	4,812.		
b	Other (Describe in Part XIII.)	. 4b	40,739.		
с	Add lines 4a and 4b			4c	45,551.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,582,447.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	14,278,992.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	59,400.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	475,335.		
е	Add lines 2a through 2d			2e	534,735.
3	Subtract line 2e from line 1			3	13,744,257.
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	4,812.		
b	Other (Describe in Part XIII.)	. 4b	1,040,739.		
С	Add lines 4a and 4b			4c	1,045,551.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	14,789,808.
<u> </u>	rt XIII Supplemental Information.				

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

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):

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Schedule D (Form 990) 2019 MOISHE HOUSE 26-2599786 Page 5
Part XIII Supplemental Information (continued)
MOISHE HOUSE IS THE BENEFICIARY OF AN AGENCY ENDOWMENT AT THE JEWISH
COMMUNITY FEDERATION OF SAN FRANCISCO AND IT ANNUALLY RECEIVES AN
ENDOWMENT DISTRIBUTION USED TO SUPPORT ITS OPERATIONS.
PART X, LINE 2:
FOR THE YEAR ENDED DECEMBER 31, 2019, MOISHE HOUSE HAS DOCUMENTED ITS
CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR
REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL
UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN
THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF MOISHE HOUSE UK, INCLUDED IN THE

469,168.

CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM

MOISHE HOUSE FORM 990 REPORTING.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED 40,739.

AGAINST INVESTMENT INCOME IN THE AUDIT REPORT

AND REPORTED ON FORM 990, PART IX.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF MOISHE HOUSE UK, INCLUDED IN THE

CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM

MOISHE HOUSE FORM 990 REPORTING.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED

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Schedule D (Form 990) 2019

40,739.

475,335.

Schedule D (Form 990) 2019 MOISHE HOUSE Part XIII Supplemental Information (continued)	26-2599786 Page 5
AGAINST INVESTMENT INCOME IN THE AUDIT REPORT	
AND REPORTED ON FORM 990, PART IX.	
BOOK TO TAX REPORTING DIFFERENCE RELATING TO A MOISHE	1,000,000.
HOUSE TRANSFER OF FUNDS TO AN AGENCY ENDOWMENT.	
THE TRANSFER IS REPORTED UNDER GAAP AS A BALANCE	
SHEET ACTIVITY ON THE FINANCIAL STATEMENTS AND, UNDER	
990 REPORTING RULES, AS A GRANT EXPENSE ON THE 990.	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,040,739.
932055 10-02-19	Schedule D (Form 990) 2019
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SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification	number

26-2599786

MOISHE HOUSE

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is I	needed.)	
(a) Region	(b) Number of offices in the region	employees,	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region 	(f) Total expenditures for and investments in the region
EAST ASIA AND THE				MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE	
PACIFIC	0	0	PROGRAM SERVICES	HOUSE WITHOUT WALLS, MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE	126,786.
EUROPE	1	8		HOUSE WITHOUT WALLS, MOISHE HOUSES, LEARNING RETREATS, TRAINING	1,012,247.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	192,073.
				MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE	
NORTH AMERICA	0	0	PROGRAM SERVICES	HOUSE WITHOUT WALLS, MOISHE HOUSES, LEARNING RETREATS, TRAINING	220,553.
RUSSIA AND NEIGHBORING STATES	0	2	PROGRAM SERVICES	CONFERENCES, MOISHE HOUSE WITHOUT WALLS, MOISHE HOUSES, LEARNING RETREATS, TRAINING	395,569.
SOUTH AMERICA	0	1	PROGRAM SERVICES	CONFERENCES, MOISHE HOUSE WITHOUT WALLS, MOISHE HOUSES, LEARNING	133,789.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	7,713.
3 a Subtotalb Total from continuation sheets to Part I	1	11			2,088,730.
c Totals (add lines 3a and 3b)	1	11			2,088,730.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2019

932071 10-12-19

Enter total number of other organizations or entities

Schedule	F (Form 990) 2019	MOISH	E HOUSE			26-25	99786		
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any						any			
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1							(a) Amount of	(b) Description	(i)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	insel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lett					
> Enter total number of	muar organizatione (

26-2599786

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

MOISHE HOUSE

26-2599786

Page 3

Part III	Grants and Other Assistance	e to Individuals Outsid	e the United Sta	ates. Complete i	if the organization answered	"Yes" oi	n Form 990, Parl	t IV, line 16.
	Part III can be duplicated if a	dditional space is neede	d.					

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

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019 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) 2019

932075 10-12-19

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

932075 10-12-19

15241111 745960 22942

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, ar lete if the organizatio Go to www.ir	nd Individual	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
MOISHE HO							26-2599786
 Does the organization maintain records criteria used to award the grants or assis 2 Describe in Part IV the organization's pro- 	to substantiate the stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to	-				anization answered	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	t be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	1,000,000.	0.			AGENCY ENDOWMENT
2 Enter total number of section 501(c)(3) a	ı ınd government or	rganizations listed in th	ne line 1 table		L	I	1.
3 Enter total number of other organization LHA For Paperwork Reduction Act Notice	s listed in the line	1 table					▶ 0 • Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

MOISHE HOUSE

26-2599786

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

(Form 990) For cretain Officers. Directors, Trustees, Key Employees, and Highest Composed Employees is the Variable of the organization answered "Yes" on Form 900, Part IV, line 23. In Additional Composition answered "Yes" on Form 900, Part IV, line 23. In Complete Filth Composition answered "Yes" on Form 900, Part IV, line 23. Imposition Trustees, Part III Outside any or the organization of the organization and gross-up payments in the insteam information regarding these ferms. Imposition Complete Filth Composition Complete Filth Composition Complete Filth Complexes (Such as maid, chauffeur, chef)	SCHEDULE J	SCHEDULE J Compensation Information		OMB No. 1545-0047		47
Complete if the organization insevered "Vie" on Form 990, Part IV, line 23. Dependent of Form 990, Part IV, Section A, line 14. Complete Part III to provide any relevant information regarding these items. Part I Questions Regarding Compensation Yes * Check the appropriate boxies if the organization provided any of the following to or for a person listed on Form 990, Part IV, listed to a complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding payment to reimburse payments. Part Of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. 2 Indicate which, if any, of the following the organization used to establish the compensation and officers, nucluing the CEOFExecutive Director, cancel any boxes for methods used by a related organization to establish to CEOFExecutive Director, cancel any the boxes for methods used by a related organization is CEOFExecutive Director, Check any boxes for methods used by a method by and the compensation and method by the board or compensation or three CEOFExecutive Director, but organization in	(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
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organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 5b X f "Yes" on line 5a or 5b, describe in Part III. 6a X f The organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception desc						
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X lf "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X X b Any related organization? 6a X c The organization? 6a X b Any related organization? 6a X lf "Yes" on line 6a or 6b, describe in Part III. 7 X 7 X <td>4 During the year, c</td> <td>id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing</td> <td></td> <td></td> <td></td> <td></td>	4 During the year, c	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X	organization or a	elated organization:				
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8				·····		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: constraint of the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Sa X a The organization? Sa X b Any related organization? Sb X if "Yes" on line 5a or 5b, describe in Part III. So persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Sb X a The organization? Ga X b Any related organization? Ga X contingent on the net earnings of: Sa X a The organization? Ga X b Any related organization? Ga X f "Yes" on line 6a or 6b, describe in Part III. Gb X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	c Participate in, or i	eceive payment from, an equity-based compensation arrangement?		4c		X
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X If "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c	If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X If "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c						
contingent on the revenues of:5aa The organization?5ab Any related organization?5bIf "Yes" on line 5a or 5b, describe in Part III.6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:a The organization?6ab Any related organization?6ab Any related organization?6bb Any related organization?6bb Any related organization?6bf "Yes" on line 6a or 6b, describe in Part III.7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			on			
b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	•			F -		v
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a ine organization'	i-stion 0		5a		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				50		
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			00			
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	•		JII			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				63		x
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second s						
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III						
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			s			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 				7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		Х
Regulations section 53.4958-6(c)?						
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					n 990)	2019

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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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID CYGIELMAN	(i)	308,413.	0.	0.	7,932.	10,090.	326,435.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JORDAN FRUCHTMAN	(i)	141,444.	0.	0.	3,901.	11,117.	156,462.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER ROSEN	(i)	139,638.	0.	0.	3,942.	12,437.	156,017.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i)							
. <u></u>	(ii)							

Schedule J (Form 990) 2019

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) 2019

SCHEDULE O

(Form 990 or 990-EZ)

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



MOISHE HOUSE

Employer identification number 26-2599786

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

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 100 HOUSES IN 20 COUNTRIES, OUR MODEL TRAINS, SUPPORTS AND EMPOWERS YOUNG JEWISH LEADERS AS THEY CREATE MEANINGFUL EXPERIENCES IN THEIR LOCAL COMMUNITIES FOR THEMSELVES AND THEIR PEERS. OUR APPROACH IS BECOMING AN INCREASINGLY RECOGNIZED AVENUE FOR YOUNG ADULT ENGAGEMENT THAT IS SCALABLE AND EASILY REPLICATED.

FORM 990, PART VI, SECTION A, LINE 2:

JORDAN FRUCHTMAN AND DAVID CYGIELMAN HAVE A BUSINESS RELATIONSHIP.

GLENN GOODSTEIN AND DAVID CYGIELMAN HAVE A BUSINESS RELATIONSHIP.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
THE CONFLICT OF INTEREST POLICY IS ANNUALLY RE-VISITED WI	TH THE STAFF AND
THE BOARD OF DIRECTORS. EACH INDIVIDUAL NEEDS TO LIST CON	FLICTS OF INTEREST
AND SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE WHE	N THEY COME
ONBOARD. THE ORGANIZATION KEEPS THEM ON FILE WITH THE DEV	ELOPMENT TEAM WHO
OVERSEES THE BOARD ACTIVITIES. IF A CONFLICT ARISES, THE	AFFECTED PERSON
PROMPTLY DISCLOSES ANY DIRECT OR INDIRECT FINANCIAL, OR O	THER MATERIAL OF
INTEREST, WHICH HE/SHE HAS KNOWLEDGE OF ANY PROPOSED OR E	XISTING
ARRANGEMENT WITH MOISHE HOUSE PRIOR TO THE START OF ANY N	EGOTIATIONS WITH
RESPECT TO SUCH MATTER. THE CHAIRPERSON OF THE BOARD REFE	RS THE ISSUE TO
THE FULL BOARD, THE EXECUTIVE COMMITTEE, OR OTHER BOARD C	OMMITTEE HAVING
DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN	QUESTION. THE
INSIDER WHO DISCLOSES A PONTENTIAL CONFLICT MAY MAKE A PR	ESENTATION AND
RESPOND TO QUESTIONS BY THE BOARD OR COMMITTEE, BUT AFTER	SUCH
PRESENTATION, HE OR SHE LEAVES THE MEETING DURING THE DIS	CUSSION 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 2019.

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:	SECTION C, LINE 19:
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932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

PART IX, LINES 24A, 24B, AND 24C REPORT RENT SUBSIDIES, DIRECT PROGRAMMING, AND RETREAT CENTER EXPENSES. THOSE EXPENSES WERE INCURRED IN PROVIDING THE FOLLOWING SERVICES:

MOISHE HOUSES AND PODS - MOISHE HOUSES AND PODS ARE MADE UP OF 2-5 VOLUNTEERS WHO LIVE IN HOUSES THAT ARE PARTIALLY SUBSIDIZED BY MOISHE HOUSE. THESE HOMES SERVE AS CENTERS OF JEWISH COMMUNAL LIFE FOR YOUNG JEWISH ADULTS (SPECIFICALLY IN THEIR 20S AND 30S). RESIDENTS CREATE MULTIPLE PROGRAMS EACH MONTH BASED ON THEIR OWN AND THEIR COMMUNITY'S INTERESTS WHILE REMAINING ROOTED IN JEWISHNESS. INDIVIDUAL HOUSES AND PODS CAN PARTNER WITH OTHER ORGANIZATIONS TO FURTHER BUILD LOCAL JEWISH COMMUNITY. A SIGNIFICANT COST FOR RUNNING THE HOUSE AND POD PROGRAMS IS RENT SUBSIDY. MOISHE HOUSE DOES NOT CO-SIGN ON ANY APARTMENT OR HOUSE LEASE. MOISHE HOUSES/PODS ARE ELIGIBLE TO RECEIVE UP TO ONE-THIRD (FOR PODS), THREE-FOURTHS (FOR HOUSES) OR \$3,000 (WHICHEVER COMES FIRST) IN RENT SUBSIDY. ADDITIONAL PROGRAM COSTS INCLUDE REIMBURSEMENTS. WE'VE STANDARDIZED THE MONTHLY MAXIMUM BASED ON THE NUMBER OF PROGRAMS EACH HOUSE RUNS (\$300-\$525). REIMBURSEMENTS WOULD BE BOTH NON-PERISHABLE AND PERISHABLE ITEMS (OFFICE SUPPLIES, EDUCATIONAL MATERIALS, DECORATIONS, FOOD) AND EDUCATOR OR FACILITATOR HONORARIUMS. HOUSES/PODS ARE ALSO ABLE TO APPLY FOR OPTIONAL ADDITIONAL FUNDING FOR SPECIFIC HOLIDAYS, JEWISH LEARNING, LARGE SCALE PROGRAMING (UP TO AN ADDITIONAL \$500), OR SOCIAL JUSTICE/COMMUNITY SERVICE PROGRAMMING. 932212 09-06-19

MHWOW - MHWOW HOSTS (FORMER MOISHE HOUSE RESIDENTS AND JEWISH LEARNING RETREAT ATTENDEES) 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).

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

FISCAL SPONSORSHIPS - WE CURRENTLY HAVE TWO FISCAL SPONSORSHIPS: THE OPEN DOR PROJECT AND RIGHTEOUS CROWD. THE OPEN DOR PROJECT IS DESIGNED TO FURTHER THE CREATION AND DEVELOPMENT OF NEW AND EMERGING MODELS OF JEWISH SPIRITUAL COMMUNITY AROUND THE COUNTRY. THIS IS DONE BY PROVIDING UP TO THREE YEARS OF OPERATIONAL FUNDING TO ENTREPRENEURIAL JEWISH CLERGY TO CREATE AND GROW INDEPENDENT, WELCOMING, AND ^{932212 09-06-19} 47

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
SUSTAINABLE SPIRITUAL COMMUNITIES THAT INSPIRE INDIVIDUAL	S, COUPLES,
AND FAMILIES TO ACTIVELY LIVE VIBRANT JEWISH LIVES. RIGHT	EOUS CROWD IS
A PLATFORM THAT CONNECTS THE JEWISH COMMUNITY TO SMALL AN	D INNOVATIVE
NOT-FOR-PROFITS DOING EXCEPTIONAL WORK. THEY CROWDFUND \$1	/DAY FROM
THEIR MEMBERS, AND EACH WEEK, DISTRIBUTE THE COLLECTIVE D	ONATIONS TO A
DIFFERENT ORGANIZATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK TO TAX REPORTING DIFFERENCE RELATING TO A MOISHE HOU	SE 1,000,000.
TRANSFER OF FUNDS TO AN AGENCY ENDOWMENT. THE TRANSFER IS	
REPORTED UNDER GAAP AS A BALANCE SHEET ACTIVITY ON THE	
FINANCIAL STATEMENTS AND, UNDER 990 REPORTING RULES, AS	
A GRANT EXPENSE ON THE 990.	
TOTAL TO FORM 990, PART XI, LINE 9	1,000,000.

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Schedule O (Form 990 or 990-EZ) (2019)