Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For th	e 2020 calendar year, or tax year beginning a	nd ending		
В	Check is applicate	C Name of organization		D Employer identif	ication number
	Addr chan				
	Nam chan	ge Doing business as		26-25997	86
	Initia retur Final retur	Number and street (of P.U. DOX If mail is not delivered to street address)	Room/suite	E Telephone number (855)598	
_	termi		D 211111	G Gross receipts \$	9,381,574.
	Amer	ENCINITAS, CA 92024		H(a) Is this a group r	
	Appl tion	F Name and address of principal officer: DAVID CYGIELMAN		for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)((1) or 527		list. See instructions
		te: ► WWW.MOISHEHOUSE.ORG		H(c) Group exemption	n number 🕨
-	_	forganization: X Corporation Trust Association Other	∟ Year	of formation: 2008	M State of legal domicile: CA
P	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE	PART	III, LINE 1.	
rna	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of its net a	ssets
ove	3			3	18
S S	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	18
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	,	5	68
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	1085
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ne ne	8	Contributions and grants (Part VIII, line 1h)		16,150,457.	9,268,089.
Revenue	9	Program service revenue (Part VIII, line 2g)		245,415.	18,600.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		172,196.	72,987.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,379.	21,898.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		16,582,447.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	4,842,144.	5,327,233.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
쯦	_b	Total fundraising expenses (Part IX, column (D), line 25) 1,594,	558.	0.045.664	6 560 060
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,947,664.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,789,808.	12,097,102.
_ 5		Revenue less expenses. Subtract line 18 from line 12		1,792,639.	
Net Assets or Fund Balances	00	Total access (Dark V. Sec. 40)	Be	eginning of Current Year 13,737,956.	End of Year
ASS(Bal	20	Total assets (Part X, line 16)		951,528.	12,386,205.
let/	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	·····	12,786,428.	10,156,723.
_	art II	Signature Block		12,700,420.	10,130,723.
_		alties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the host of m	knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of			y knowledge and belief, it is
	,	Do I	Willow propurer	7/23/2	1
Sig	n	Signature of officer		Date	
Her		DAVID CYGIELMAN, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA Ruband & hoca	estro	07/15/21 if self-employe	P00288314
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	- 6 40	our omproje	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
May	the I	3S discuss this return with the preparer shown above? See instructions		1	X Voc No

	art III Statement of Program Service Accomplishments	Page 2
Го		177
1	Check if Schedule O contains a response or note to any line in this Part III	Х
	WE ENVISION MOISHE HOUSE AS THE GLOBAL LEADER OF PLURALISTIC JEWISH	ı
	LIFE FOR ADULTS IN THEIR 20S & 30S. WE FACILITATE A WIDE RANGE OF	1
	OPPORTUNITIES FOR PARTICIPANTS TO GAIN THE KNOWLEDGE, LEADERSHIP	
	SKILLS, AND RELATIONSHIPS NEEDED TO ENRICH (CONTINUED ON SCHEDULE O))
2	Did the organization undertake any significant program services during the year which were not listed on the	. ,
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a		600.
	MOISHE HOUSE PROVIDES OPPORTUNITIES FOR YOUNG ADULTS TO BE COMMUNITED AND ENCACE THEIR DEEDS IN TENTON TO BE COMMUNITED.	Ϋ́
	BUILDERS AND ENGAGE THEIR PEERS IN JEWISH LIFE, JEWISH EDUCATION AN COMMUNITY SERVICE ON A REGULAR BASIS, INCREASING YOUNG ADULTS'	עו
	CONNECTIONS TO JEWISH COMMUNITY AND LIFE. THE PROGRAMS TAKE PLACE	
	PRIMARILY IN HOMES, BUT ALSO IN OTHER PUBLIC SPACE AND RETREAT	
	LOCATIONS. THIS YEAR, MOISHE HOUSE ENGAGED NEARLY 60,000 UNIQUE YOU	MC
	ADULTS IN JEWISH LIFE. FOR MUCH OF 2020 RESTRICTIONS ON IN-PERSON	NG
	GATHERINGS RELATED TO COVID-19 REQUIRED THE SUSPENSION OF IN-PERSON	
	PROGRAMS.	U.
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,801,299.	
		90 (2020)

14580715 745960 22942

Form 990 (2020) MOISHE HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	10		
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
0.40	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			21
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	7		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- V	į.	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	7-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1)	-	
0	Schedule D, Part III	8	1	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?		5	х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	_	
	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	E SM		4.5
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	ž
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
·	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	, y 1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1,1	1	
h	Schedule D, Parts XI and XII	12a		<u>X</u>
D	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	401-	v	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	X.
	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	a - j 18	5.0	
	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	X LE		
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	3	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
.,	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	.,,		
	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? If "Yes,"	. "		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	9	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	- 41 I	j	37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) MOISHE HOUSE

Part IV Checklist of Required Schedules (continued)

22 Dit the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, coloring X, complete Schedule, Parts I and III. 23 Dit the organization server Yes' To Part XI, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustesse, key employees, and highest compensated employees? If Y'es', complete Schedule I, Part III and III. 24 Dit the organization have a tax-exempt bornd issue with an odestanding principal amount of more than \$100,000 as of the list day of the year, that was seculated after December 31, 2002? If Yes', instead fines \$2 \text{discription}\$ of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Dit the organization maintain an escoviv account other than a refunding secrow at any time during the year 0 defease any tax-exempt bonds? 26 Dit the organization maintain an escoviv account other than a refunding secrow at any time during the year 0 defease any tax-exempt bonds? 26 Dit the organization and as an 'on behalf or 'issuer for bonds outstanding at any time during the year 0 defease any tax-exempt bonds? 27 Dit the organization any any of the secret of the organization engage in an excess benefit transaction. It is the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report for members of the properties of the prop				Yes	No
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 V, 19 No. 19 to Inte 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 24		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Land to 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 in 190.000 as of the 25a Child the organization invest amy proceeds of tox-exempt bonds? Did the organization invest amy proceeds of tox-exempt bonds beyond a temporary period exception? 24b Land to organization invest amy proceeds of tox-exempt bonds? Did the organization marks and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization marks and are account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization account of the second of issuer for bonds outstanding at any time during the year? Did the organization account of the regaged in an excess benefit transaction has not been reported on any of the organizations. Did the regalization excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a X X X X X X X X X	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd the organization have a tax exempt bond lessue 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 \$24b\$ Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Dd the organization invest any proceeds of tax exempt bonds outstanding at any time during the year of defease any tax exempt bonds? 25a Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete \$2.6bbd L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware 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% 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for churder, substantial contributor or thereof prior from the organization provides with the organization described in line 28a of "Yes," complete Schedule L, Part IV 27b A Assist o		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Dit 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 proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization amintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 28d Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on may of the organization sprior forms 900 or 990E27 if "Yes," complete Schedule L, Part I 28d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of most premember of any of these persons? If "Yes," complete Schedule L, Part IV 28d Was the organization a party to a businesse transaction with one of the following parties (see Schedule L, Part IV 28d Was the organization a party to a businesse transaction with one of the following parties (see Schedule L, Part IV 28d A Tamily member of any individual described in line 28a? "Yes," complete Schedule L, Part IV 28d A Tamily member of any individual described in line 28a? "Yes," complete Schedule L, Part IV 28d A Tamily member of any individual described in line 28a? "Yes," complete Schedule N, Part I 28a		Schedule J	23	Х	
Schedule K. If "No.," por foline 256 b Did the organization misst any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization available parson during the year? 25a Section 50f(c)(3), 90f(c)(4), and 60f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person lin a prior year, and that the transaction with disqualified person during the year? b Is 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, auditating contribution, or 30% controlled entity of ramity member of any of these persons? If "Yes," complete Schedule L. Part II 25 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of robunder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for change and the payables of the payables of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 26b A Tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 27c A X 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 28d A X 29d Did the organization rece	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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any tax-exempt bonds? Did the organization act as an 'no behalf of 'issuer for bonds outstanding at any time during the year?			24b		
d Dd the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 28a 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 I., Part I	С				
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 (25b X) 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 prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I (25b X) and 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 forficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II (27b X) and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 93% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV (instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV (instructions): b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV (instructions): 2 Did the organization involved in secretary of the organization described in line 28a in the part of		any tax-exempt bonds?			
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24d		
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 E27 (** "Yes," complete Schedule L, Part I 25b X X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	25a		250		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III instructions, for applicable flight thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-ast 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, Part I 31 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization on will now the second of the second			25a		
Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization and provide a grant or other assistance to any current to former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any or these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive orntributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, Iline 2 35 Did the organization conduct more	b				
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 1c X X X X X X X X X X X X X	-		35b		
If "Yes," complete Schedule R, Part V, line 2 36	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			36		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No 10 Ves No 11 L Z		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V The 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? To 200 (2008)	Par				
ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			N. W.	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			20 GH	D/C	
(gambling) winnings to prize winners?		Enter the humber of Forms were included in line 1a. Enter 10-11 not applicable	1		
(9.000 (2000)	С		10	x	
	03300		_		(2020)

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Form 990 (2020) MOISHE HOUSE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	<u> </u>
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	Park Cold	X
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	The state of the s	5a	District Co.	X
b		5b		X
С		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		Х
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).	ALT A	HONE TO	
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	,	Х
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	9 .		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	j= 15 ₇₁	X
q	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		Λ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	KAR!	Sizessi	
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	- Selection	-9	
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	×	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	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 h	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	alex e-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	No.	5115
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	, is	
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	<u>X</u>
	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	Ţ.,		v
	excess parachute payment(s) during the year?	15	A Demokratik	X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		X
	If "Yes," complete Form 4720, Schedule O.	16	2500	Λ
		BUILD .	000	0000

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

						Λ
Sec	tion A. Governing Body and Management					
		1. 1	10	a yr a	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		1050	
	If there are material differences in voting rights among members of the governing body, or if the governing			0.001	ald.	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	1	10	1,73		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18	an vo	100	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other	e Inipit	37	
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					3,7
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhol	ders, 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	ar by the	following:	510.01	,u0	E
а	The governing body?			8a	X	
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 real					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before	filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			15080	10/8	5
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," des	cribe			
	in Schedule O how this was done			12c	X	
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 approve		ependent	0.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			e all ai	éwi J	¥
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	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 arranger	ment wit	h a	5 austi		
	taxable entity during the year?			16a	er and V	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				iol	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'	S	tatil.	u .	
	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 ►CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-1	(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					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy, an	d finai	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records >			
	RACHEL FRUCHTMAN - (855)598-5509					
	441 SAXONY ROAD, BARN 2, ENCINITAS, CA 92024					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	/		Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	than	th an	compensation	compensation	amount of
	week		er an	d a d	lirecto	or/trus	stee)	from	from related	other
	(list any	ector			.,	1		the	organizations	compensation
	hours for	or dir	93			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		go.	bens	-	(W-2/1099-MISC)		organization
	organizations below	ual tru	onal		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1	organizations
(1) DAVID CYGIELMAN	40.00	트	트	0	2	王吉	Ω.	The second second		
CHIEF EXECUTIVE OFFICER		1	Ч	х				332,549.	0.	18,910.
(2) JENNIFER ROSEN	40.00									
CHIEF OPERATING OFFICER				X		1. 1.		181,354.	0.	17,650.
(3) LANDER GOLD	40.00	le.						•		A 1 m
ASSOCIATE V.P. OF ADVANCEMENT	2					Х		140,092.	0.	14,071.
(4) ANN BAUMGARTEN	40.00	П					П		- 1 to ex	ъ
CHIEF HUMAN RESOURCES OFFICER				X				135,772.	0.	13,416.
(5) LAURENCE GAST	40.00								5 7 (36)	
VICE PRESIDENT OF ADVANCEMENT						X		122,026.	0.	18,250.
(6) TERRY WUNDER	40.00	- 1						1	1 1 24 1.0	
SENIOR DIRECTOR, HOUSE PROGRAMS						X		110,688.	0.	7,587.
(7) ROY KRUVI	40.00			110	-				,e v	
SENIOR DIR., IMMERSIVE EXPERIENCES	11					Х		108,331.	0.	9,801.
(8) ANA BONNHEIM	40.00								1 5	
DIRECTOR OF OPEN DOR PROJECT						Х		101,558.	0.	1,848.
(9) RACHEL FRUCHTMAN	40.00								The state of the s	
CONTROLLER	. 7/1		- 1	Х				85,626.	0.	12,661.
(10) JORDAN FRUCHTMAN	40.00						4	1 10 10 10 12	5 10 1	
CHIEF PROGRAM OFFICER (UNTIL 5/2020)			_	X				84,174.	0.	5,196.
(11) TIFFANY HARRIS	40.00								39	
CHIEF PROGRAM OFFICER (FROM 8/2020)			_	Х				54,810.	0.	1,698.
(12) BEN LUSHER	15.00									
CHAIR		X		Х	Ц			0.	0.	0.
(13) DOTTIE BENNETT	2.00									52
VICE CHAIR		X		X				0.	0.	0.
(14) SPENCER KALLICK	2.00		i						4	
VICE CHAIR		Х		Х				0.	0.	0.
(15) TAMAR REMZ	2.00									
VICE CHAIR		X		X		\Box		0.	0.	0.
(16) JARROD BECK	2.00		-	_					- Kr - 4	
TREASURER		Х	\perp	X	_		7	0.	0.	0.
(17) STEFAN TEODOSIC	2.00			_		-				
SECRETARY		Х		X				0.	0.	0.

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Form 990 (2020) MOISHE HO					а U:	ada a	C	Sampanastad Employe	26-2599	/ 00) H	⊃age
Part VII Section A. Officers, Directors, Trus	(B)	pioy	ees		<u>а ні</u> С)	gne	StC			Т	/ E\	
(A)	Average			Pos		í		(D)	(E)	۱ ـ	(F)	e de
Name and title	hours per		not c	heck ss pe	more	than		Reportable compensation	Reportable compensation		stimat moun	
	week			d a d				from	from related	ª	othe	
	(list any	tor						the	organizations	cor	npens	
	hours for	direc				pa		organization	(W-2/1099-MISC)		from t	
	related	tee o	ustee			ensat		(W-2/1099-MISC)		or	ganiza	ition
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					nd rela	
	below	ividua	iitutio	cer	ешр	hest o	Former			org	ganiza	tions
	line)	밀	lsul	Officer	Key	를 를 등	쥰					
(18) BENJI FRIEND	2.00											_
BOARD MEMBER	0 00	Х				<u> </u>		0.	0.			0
(19) ILIA SALITA	2.00											
BOARD MEMBER (UNTIL 6/2020)		Х						0.	0.			0
(20) JILL SMITH	2.00											_
BOARD MEMBER		Х						0.	0.			0
(21) JIM HEEGER	2.00											
BOARD MEMBER (UNTIL 6/2020)		X						0.	0.			0
(22) JOE WOLF	2.00								_			
BOARD MEMBER		Х					_	0.	0.			0
(23) LAURA CUTLER	2.00								_			
BOARD MEMBER		Х						0.	0.			0
(24) MARK CHARENDOFF	2.00								_			
BOARD MEMBER (UNTIL 10/2020)		X					_	0.	0.			0
(25) MICHELLE LEBOWITZ	2.00								_			_
BOARD MEMBER (UNTIL 10/2020)		Х						0.	0.			0
(26) RUSS ROBINSON	2.00								_			_
BOARD MEMBER		Х					L	0.	0.	L.,		0
1b Subtotal								1,456,980.	0.	12	21,0	
c Total from continuation sheets to Part VI	I, Section A							0.	0.	L.,		0
d Total (add lines 1b and 1c)								1,456,980.	0.	12	21,0	188
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	no re	eceived more than \$100	,000 of reportable			
compensation from the organization				1								
											Yes	No
3 Did the organization list any former officer,			ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on	1771	27	131
line 1a? If "Yes," complete Schedule J for so										3	ē	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	doth	ner compensation from	the organization		0.8	
and related organizations greater than \$150	,000? If "Yes,	" cor	nple	ete S	Sche	dule	Jf	or such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fi	rom	any	unr	elate	ed organization or indivi	dual for services	Ide.	108	187
rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	ich p	oers	on .			***************************************	5		X
Section B. Independent Contractors												
Complete this table for your five highest cor	npensated inc	lepe	nde	nt c	ontr	acto	ors th	nat received more than	\$100,000 of compens	ation	from	
the organization. Report compensation for t	he calendar y	ear e	endir	ng w	ith c	or wi	ithin	the organization's tax	/ear.			
(A)								(B)			C)	
Name and business	address	NC	NE	;			\perp	Description of s	ervices C	Compe	ensatio	on

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including b	out not limited to those liste	ed above) who received more than	2MBTEREST

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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(A) (B) Average hours (check all that apply) from from related organizations (list any hours for related and related and related related and related compensation (W-2/1099-MISC) (B) (C) (C) (D) (E) Reportable compensation compensation from related organization (W-2/1099-MISC) from the organization and related and related and related and related compensation (W-2/1099-MISC) and related and related and related and related and related and related compensation (W-2/1099-MISC)	Form 990 MOISTE TO								ton 3.5	26-259	3700
Name and title Average hours per week (list any hours for related organizations below line) (27) SABRINA NAIM BOARD MEMBER (29) TINA PRICE BOARD MEMBER (30) LAURIE BLITZER BOARD MEMBER (31) LAURIE BLITZER BOARD MEMBER (31) LAURIE BLITZER BOARD MEMBER (32) JUNISCHAEL GODIN (32) JIM SHANE BOARD MEMBER (FROM 10/2020) (33) MICHAEL GODIN Average hours (check all that apply) (check all that apply) Reportable compensation from the compensation from the organization (W-2/1099-MISC) Average hours (check all that apply) Position (check all that apply) Reportable compensation from related organization (W-2/1099-MISC) Average hours (check all that apply) Average hours (check all that apply) Average hours (check all that apply) The compensation from related organization (W-2/1099-MISC) Average hours (check all that apply) Average hours (check all that apply) Average hours (check all that apply) The compensation from related organization (W-2/1099-MISC) Average hours (check all that apply) Average hours (w-2/1099-MISC) Average hours (w-2/109-MISC) Average hours		ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
Week (list any hours for related organizations below line) 2.00 X		Average hours	(cl		Pos	ition		oly)	Reportable compensation	Reportable compensation	Estimated amount of
BOARD MEMBER		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	other compensatior from the organization and related organizations
Company Comp		2.00	٠,			_				0	
BOARD MEMBER X	The second secon	2 00	X						0.	0.	0
(29) TINA PRICE		2.00	x						0.0	,	0
SOARD MEMBER X		2.00	21	\vdash				-	0.	0.	
(30) LAURIE BLITZER BOARD MEMBER (FROM 10/2020) X 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00	x					-	0.	0.	O
BOARD MEMBER (FROM 10/2020) X	(30) LAURIE BLITZER	2.00									
(31) ELANA RODAN SCHULDT BOARD MEMBER (FROM 10/2020) (32) JIM SHANE BOARD MEMBER (FROM 10/2020) X 0. 0. 0. 0. 0.	BOARD MEMBER (FROM 10/2020)		х						0.	0.	C
(32) JIM SHANE 2.00 X 0. (33) MICHAEL GODIN 2.00	(31) ELANA RODAN SCHULDT	2.00									
BOARD MEMBER (FROM 10/2020) X 0. 0. (33) MICHAEL GODIN 2.00			X						0.	0.	0
(33) MICHAEL GODIN 2.00		2.00				29				н —	j.
			X						0.	0.	0
BOARD MEMBER (FROM 10/2020) X 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00							20	- 4,	
	BOARD MEMBER (FROM 10/2020)		Х			-		-	0.	0.	0
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						6.			- 4	<u>.</u>	

Form 990

1 6		V 11		ne a reenonee	or note to any	ine in this Part VIII			
			Check if Schedule O contain	ns a response	of flote to any i	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d		The part of the pa	1010)		
Contributions and Other Sin		f g	Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 15	and	268,089	9,268,089.		ATAM	MARRAD (CS) MARRAD (CS) MARRAD (CS)
0 10		n	Total. Add lines 1a-1f		Business Code		property annual contract	and the second second	DELINEAL CHARGE
ø	2	а	MEETINGS AND EVE	ENTS	900099	18,600.	18,600.		
e Ki		b						0	
Se		С							
ram eve		d							
Program Service Revenue		е							
Δ.			All other program service revenue			10 600			THE PARTY OF THE P
_		THE COLUMN	Total. Add lines 2a-2f			18,600.		1-1	March Applied Committee
	3		Investment income (including di			57,139.			57,139.
	4		other similar amounts)			31,133.			37,133
	5		Royalties						
	Ĭ		Tioyundoo	(i) Real	(ii) Personal	are to divine a		TA FIE WA	
	6	а	Gross rents 6a	9,049.					
			Less: rental expenses 6b	0.					
		С	Rental income or (loss) 6c	9,049.					
			Net rental income or (loss)		>	9,049.	Service Annual Control Science Control		9,049.
	7	а	100100000000 2A 1000000 07 00 00 00 00 00 00 00 00 00 00	(i) Securities	(ii) Other				
				15,848.					
<u>e</u>		D	Less: cost or other basis and sales expenses	0.					
ent		C	Gain or (loss) 7c	15,848.					
Revenue		d	Net gain or (loss)			15,848.			15,848.
ē	8		Gross income from fundraising even						
₽			including \$	of					
			contributions reported on line 10						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundra			Color Manager Color			
	9	а	Gross income from gaming active Part IV, line 19	I					
		h	Less: direct expenses						
			Net income or (loss) from gaming						
			Gross sales of inventory, less re-						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of	of inventory					
SI			MTGGELL AMEQUA		Business Code	12.040			12 040
Miscellaneous Revenue			MISCELLANEOUS		900099	12,849.			12,849.
Ven		b							
Re		d	All other revenue						
Σ			Total. Add lines 11a-11d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	12,849.			
	10		Total revenue See instructions			9.381.574.	18,600.	0.	94.885.

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	nse or note to any line in (A)	(B)	(C)	(D)
	8b, 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			type of all years along the fire	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			TOTAL STREET	ter cock. It is
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	31	,	SECOND TO SECOND	
5	Compensation of current officers, directors,			The second secon	
	trustees, and key employees	943,816.	366,283.	290,851.	286,682
6	Compensation not included above to disqualified				· · · · · · · · · · · · · · · · · · ·
	persons (as defined under section 4958(f)(1)) and		1	<u>.</u>	
	persons described in section 4958(c)(3)(B)	fi is a			
7	Other salaries and wages	3,541,209.	2,289,091.	479,954.	772,164
8	Pension plan accruals and contributions (include			1 1	1,8 + 2
	section 401(k) and 403(b) employer contributions)	49,231.	35,174.	4,495.	9,562 99,119
9	Other employee benefits	433,809.	272,031.	62,659.	
10	Payroll taxes	359,168.	213,884.	61,159.	84,125
11	Fees for services (nonemployees):			1 1 1 1 1 1 1	
	Management	0.415		0.445	se of the
	Legal	9,415.		9,415.	Pr. P
	Accounting	157,966.		157,966.	_ = 16 " u = 1 = 1"
	Lobbying				101 (34) / I
	Professional fundraising services. See Part IV, line 17	2,537.		2 527	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	2,337.		2,537.	
9	column (A) amount, list line 11g expenses on Sch 0.)	835,378.	541,673.	189,932.	103,773
12	Advertising and promotion	142,498.	84,832.	24,274.	33,392
13	Office expenses	240,418.	137,316.	73,307.	29,795
14	Information technology	499,166.	271,309.	121,351.	106,506
15	Royalties	133/12001	27273031	121,331.	100,500
16	Occupancy	157,256.	93,499.	26,316.	37,441
17	Travel	157,530.	114,983.	26,971.	15,576
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	- ×- ×	13. 54	4 4 4	
19	Conferences, conventions, and meetings		i i	17 5177 7 61	
20	Interest	5,763.		5,763.	- 61
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,026.	12,166.	5,061.	4,799
23	Insurance	49,312.	29,531.	8,157.	11,624
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.)		About the solution of the solu	o de libera da ateoria 1967 es able discussiva Lames volone comune	
а	RENT SUBSIDY (SCH. O)	2,878,891.	2,878,891.	e par metanete	
b	PROGRAMMING (SCH. 0)	1,339,141.	1,339,141.	_ 37 <u>_</u> 1 ± 1	-
C	RETREAT CNTR. (SCH. O)	70,038.	70,038.		
d	JEWISH LEARNING FUND	56,733.		56,733.	
е	All other expenses	145,801.	51,457.	94,344.	
25	Total functional expenses. Add lines 1 through 24e	12,097,102.	8,801,299.	1,701,245.	1,594,558
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)				

		Check if Schedule O contains a response or note to any line in this Part X			X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,122,769.	1	941,287
	2	Savings and temporary cash investments	6,816,373.		7,020,104
	3	Pledges and grants receivable, net	2 24 4 606	3	2,371,767
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	32 en	VENE	
		trustee, key employee, creator or founder, substantial contributor, or 35%	named or each	deles	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	The of box of sent	, di re	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
کة	9	Prepaid expenses and deferred charges		9	354,422
	10a	Land, buildings, and equipment: cost or other	pris ((1))) 8884 notion	rabni	
		basis. Complete Part VI of Schedule D 10a 657, 1		100	
	b	EF 0	67,810.	10c	601,185
	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
-	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	1,083,864.	15	1,097,440
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,737,956.	16	12,386,205
	17	Accounts payable and accrued expenses	951,528.	17	750,425
	18	Grants payable		18	
	19	Deferred revenue		19	1
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,	d - 28 and in Apr Phasest	10000	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	Tig to the tip secretar hit.		
ap		controlled entity or family member of any of these persons		22	444 000
1	23	Secured mortgages and notes payable to unrelated third parties		23	444,320
-1	24	Unsecured notes and loans payable to unrelated third parties		24	864,540
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			100 100
		of Schedule D		25	170,197
_	26	Total liabilities. Add lines 17 through 25	951,528.	26	2,229,482.
,		Organizations that follow FASB ASC 958, check here	in electric wilder terror	10.01	
2		and complete lines 27, 28, 32, and 33.	of a springer time at	almer)	C 000 400
<u> </u>	27	Net assets without donor restrictions	5,179,768.	27	6,090,422
	28	Net assets with donor restrictions	7,606,660.	28	4,066,301
		Organizations that do not follow FASB ASC 958, check here	nonstrong bru	molte	
-		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	·
200	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
iver Assets of Fund Dalances	31	Retained earnings, endowment, accumulated income, or other funds	10 506 100	31	10 156 500
Ne l	32	Total net assets or fund balances		32	10,156,723.
	33	Total liabilities and net assets/fund balances	13,737,956.	33	12,386,205.

Form **990** (2020)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,09	7,1	02.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,71	5,5	28.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1				28.
5					23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	2" . P		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- I,		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 12		
	column (B))	10	10,15	6,7	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				N
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		FASE!		
	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?	A	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1, 1,000		
	separate basis, consolidated basis, or both:		Vince		
	Separate basis Consolidated basis Both consolidated and separate basis		ű -		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:		- 1882		
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		1, 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			IT IN	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		2-110120-000		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	saded)		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			and the same of th	990 (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2020

Open to Public Inspection

Employer identification number Name of the organization 26-2599786 MOISHE HOUSE Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) **Total**

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

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

Se	ction A. Public Support	.s listed below, piez	ise complete Fait	m.)	61 " " 28 1	19 19 19	
	endar year (or fiscal year beginning in)	(a) 2016	/h) 2017	(a) 0010	(-1) 0040	(1)0000	(O.T.)
	Gifts, grants, contributions, and	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	membership fees received. (Do not						_
	include any "unusual grants.")	8,244,583.	9,311,907.	15,655,745.	16,150,457.	9,268,089.	58,630,781.
2	Tax revenues levied for the organ-	7	,,		10,100,107,	3,200,005,	30,030,701.
_	ization's benefit and either paid to	'			4		
	or expended on its behalf				-	- 8 8	
3	The value of services or facilities						
	furnished by a governmental unit to	- "	Ť				
	the organization without charge	1	*		Page 1	K 200 01 1415.1	
4	Total. Add lines 1 through 3	8,244,583.	9,311,907.	15,655,745.	16,150,457.	9,268,089.	58,630,781.
	The portion of total contributions						, , , , , , , , , , , , , , , , , , , ,
	by each person (other than a						
	governmental unit or publicly					in pedia i no fi	
	supported organization) included					The second second	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19,095,165.
6	Public support. Subtract line 5 from line 4.						39,535,616.
	ction B. Total Support				.15%		
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	8,244,583.	9,311,907.	15,655,745.	16,150,457.	9,268,089.	58,630,781.
	Gross income from interest,					9 95	
	dividends, payments received on		1 - 1 - 1			6 47	
	securities loans, rents, royalties,		* ** * * * * * * * * * * * * * * * * * *			1.0	
	and income from similar sources	5,270.	11,084.	25,346.	146,451.	66,188.	254,339.
9	Net income from unrelated business	1	5.1	Çiri ili		0. 12 1 1	
	activities, whether or not the					, -	
	business is regularly carried on					5 % at 1000	
10	Other income. Do not include gain					Print to the	-461
	or loss from the sale of capital						
	assets (Explain in Part VI.)		11,401.	11,304.	14,379.	12,849.	49,933.
11	Total support. Add lines 7 through 10					DO BREAT AND THE	58,935,053.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	465,281.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Per	centage		W		
	Public support percentage for 2020 (14	67.08 %
15	Public support percentage from 2019	Schedule A, Part I	II, line 14		,=	15	66.89 %
	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - 2019. If the orga	anization did not ch	neck a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	e organization qua	lifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
					Scho	dule A (Form 990	or 990-E7\ 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 business 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						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				Bernedie G	ana, vente, novalto	14
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	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				Λ.		
	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	м —					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1 T	-		
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and stop here						
Sec	tion C. Computation of Publ	c Support Per	rcentage				
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the					1.00	
							▶ □
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	Private foundation. If the organization						DESCRIPTION OF STREET AND STREET
20	rivate foundation. If the organization	T GIG HOL CHECK & I	JOA OIT IIITE 14, 19	a, or 190, check th	nis bux and see if	STUCTIONS	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		Market.
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9a		
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9c		201
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10a		*" F
10b		

Pa	rt IV Supporting Organizations (continued)			
		RUSHENT AN	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 lines 11b and	1068		
	11c below, the governing body of a supported organization?	11a	-	_
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	(S) (A) (A)	P. S.
Sec	tion B. Type I Supporting Organizations	1.10		
THE ST. OF			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	disas to the dra the dra disas and	gio gio gio	
2	Did the organization operate for the benefit of any supported organization other than the supported	est boll	THE	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	whealf	100	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		130	The state of
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1712 ta		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	other resi	dua :	
	or management of the supporting organization was vested in the same persons that controlled or managed	hard may	1-6/2-	- =
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		MALL C	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Per [1786	25718	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	A Francisco	resolvery.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	S TO BY		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	806938		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Branch.
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	o charles		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	A AMERICA	Meso
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) The organization satisfied the Activities Test. Complete line 2 below.)-		
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each on its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netructic	nne)	
c	Activities Test. Answer lines 2a and 2b below.	<i>ion done</i>	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	seen sel	103	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	Insuffice.		
	that these activities constituted substantially all of its activities.	2a	J. Ban Johnson	300000000000000000000000000000000000000
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		105	
	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	100000000000000000000000000000000000000	
2	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0	6173	
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Dell		
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	No.	
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	STEP SEED	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		et e si i
2	Recoveries of prior-year distributions	2	96, 17	I 1
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4	E of the second	-41
_5	Depreciation and depletion	5	*	
6	Portion of operating expenses paid or incurred for production or		E.h. e. v.	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		x ***
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		Districts materials and	control of the Market
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	n giraz * A	J 1 19 1 5 1
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		r
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		1 1
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		€ 11a c	50
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	s in any entry in	T ₁
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7	2000 G	
8	Minimum Asset Amount (add line 7 to line 6)	8	4	3-
Sect	ion C - Distributable Amount	-	Base Cal Scale and S	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	the area of the said	G .
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	nas sa rama a la comercia	
4	Enter greater of line 2 or line 3.	4		19
5	Income tax imposed in prior year	5	LEUG CLANKS ENDE AIN	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		of State water Walls	
	emergency temporary reduction (see instructions).	6		. ,-
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ns	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6	***		9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			11,77	
2	Underdistributions, if any, for years prior to 2020 (reason-	and the mental of the first			
	able cause required - explain in Part VI). See instructions.				Averagemonthly v
3	Excess distributions carryover, if any, to 2020		-2008	isden	io yldinom sparlovA_xt
а	From 2015		deza ekustomezenion	je(ito	o eutay leham skill 5
b	From 2016				er sens bady salvir b
С	From 2017		word or or or fands.	edicu	f begrieb topopalit & Life
d	From 2018		A	1 3 92	
е	From 2019	de d	example to non-exe	Table 1	ardebri mitikishaA - 3
f	Total of lines 3a through 3e		Management of the same	T STE	moust action or different feet
g	Applied to underdistributions of prior years	Inventoria referent sufficient to			bled bemes deal . A
h	Applied to 2020 distributable amount		terito de la projecto de	1,467	
i	Carryover from 2015 not applied (see instructions)		The total star as as	i Igm	An item to action the Miles
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			1.582	Digital on standing the broy D.
4	Distributions for 2020 from Section D,		edothadre	6 100	
	line 7: \$		Life and of Verill bits.	Javo	A teanA normalik 15
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.		withe Smorth Bey for	d sold	meant fon baleath// Tr
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater	(A amulus, 8 anii 32 no			
	than zero, explain in Part VI. See instructions.				are to remain which is
6	Remaining underdistributions for 2020. Subtract lines 3h		Toy v		
	and 4b from line 1. For result greater than zero, explain in	4, unices subject to	sal mon è enil tastio	ag Latini	
	Part VI. See instructions.		rollomieni seel polini	bayyı	
7	Excess distributions carryover to 2021. Add lines 3j		semo and all pay form	uc ort	
	and 4c.				(encitourina
8	Breakdown of line 7:	是 在 电影 化 医 医 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图			
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

14580715 745960 22942

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

МС	DISHE HOUSE	26-2599786				
Organization type (check o	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.				
General Rule						
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supported and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	a, or 16b, and that received from				
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
out it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
HA For Paperwork Reduction	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedul	e B (Form 990, 990-EZ, or 990-PF) (2020)				

Name of organization

Employer identification number

MOISHE HOUSE

26-2599786

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	d-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,089,443.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$552,173.	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		\$390,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$360,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$348,787.	Person X Payroll

Name of organization

Employer identification number

MOISHE HOUSE

26-2599786

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional space is r	needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 280,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 262,358.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 213,000.	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
10		\$ 200,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MOISHE HOUSE

26-2599786

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** 26-2599786 MOISHE HOUSE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

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

Name of the organization MOTSHE HOUSE Employer identification number

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Too our to our piete if the
	signification and the street of the street o	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(5), 1112 1112 1112
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	+2 + = 15
5	Did the organization inform all donors and donor advisors in w	witing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
		deficit advisor, or for any other purpose co	
Pa	rt II Conservation Easements. Complete if the organic		
1	Purpose(s) of conservation easements held by the organization		try, mile 7.
-	Preservation of land for public use (for example, recreati		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Treservation of a c	Settined filatoric structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	od conscivation contribution in the form of	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure.	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af		
_	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by the or	ganization during the tax
	year >	accu, cominguismou, or committee by the or	gamzation daming the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		11.
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easements during the year
	▶ \$	The second secon	•
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		F 7 3 1 3 4 1 3 4
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	1.2
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 publi	c exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public e	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		• \$
		•••••	
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB AS	•	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

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

032051 12-01-20

Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or	Other :	Similar Ass	sets(continued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that	make sign	ificant use of i	its
	collection items (check all that apply):						
а	Public exhibition	d	I Loan or exc	hange progran	า		
b	Scholarly research	е	Other				
С	Preservation for future generations		-				
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organizatior	n's exemp	t purpose in P	art XIII.
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's co	ollection?			Yes No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Y	es" on Fo	rm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other asse	ets not inc	luded _	
	on Form 990, Part X?					L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
							Amount
С	Beginning balance					1c	×
d	Additions during the year		••••			1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial accour	nt liability?	L	Yes No
b	If "Yes," explain the arrangement in Part XIII.						.,,
Pa	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV		****	
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years bac	k (e) Four years back
1a	Beginning of year balance	1,028,856.					
b	Contributions		1,000,000.				
С	Net investment earnings, gains, and losses	112,061.	74,407.				
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	40,940.	40,739.				
f	Administrative expenses	2,537.	4,812.				
g	End of year balance	1,097,440.	1,028,856.				
2	Provide the estimated percentage of the curr		e (line 1g, column (a	i)) held as:			
а	Board designated or quasi-endowment	.0000	_%				
b	Permanent endowment 100.0000	%					
С	Term endowment ▶						
	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	d for the o	organization	
	by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations	S 69 60 50 50					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza						3b
4	Describe in Part XIII the intended uses of the		wment funds.				
Pai	t VI Land, Buildings, and Equipm						
	Complete if the organization answered				20 VA 2		
	Description of property	(a) Cost or of			(c) Accu	CONTRACTOR OF THE	(d) Book value
		basis (investr	nent) basis (outer)	depred	iation	
1a	Land			5,400.	nis forda i	1,683.	553,717.
b	Buildings		35	5,400.		1,003.	333,111.
C	Leasehold improvements						
d	Equipment		10	1,716.	F	4,248.	17 160
	OtherAdd lines 1a through 1e (Column (d) must ex				3	1,440.	47,468.
LOTAL	AGG IDAS 13 INFOLIAN 14 IL OUITHU IOI MUST 86	war com 990 Part	A COMMONDIA IRA MINA I				

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			-t
962 774 0 244	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1) Financial derivatives		V 12	
(2) Closely held equity interests			
(3) Other		11 12 2	
(A) (B)			7.0
(C)			
(D)			-
(E)			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		A property of the second secon	
Complete if the organization answered "Yes"	on Form 900 Part IV line	11c See Form 000 Bort V line 10	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
(1)	(=, = 001, Fallato	(S) mountain of validation. Cost of end-	or your market value
(2)			
(3)			
(4)			
(5)			1
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			A STATE OF THE STA
(1) BENEFICIAL INTEREST IN ASS	on Form 990, Part IV, line Description SETS HELD BY	A TOTAL STATE OF THE STATE OF T	(b) Book value
(2) FEDERATION	r_ r n =		1,097,440
(3)			
(4)			
(5)		<u>-</u>	
(6)			
(7)	7		
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	1
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	1,097,440
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			450 405
(2) DUE TO RELATED PARTY	1	a a la	170,197
(3)			
		. 4.	
(4)			
(5)			
(5) (6)			- E
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	05)		100 100
(5) (6) (7) (8)		>	170,197

Schedule D (Form 990) 2020

43,477. 381,574

Sche	dule D (Form 990) 2020 MOISHE HOUSE				2599786 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		E		
1	Total revenue, gains, and other support per audited financial statements			1	9,860,255
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			25	
а	Net unrealized gains (losses) on investments	2a	85,823.	emin	
b	Donated services and use of facilities	2b	123,164.		
С		2c			
d	Other (Describe in Part XIII.)	2d	313,171.		
e	Add lines 2a through 2d			2e	522,158
3	Subtract line 2e from line 1			3	9,338,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			MARKET STATE	
т а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,537.		
а ь	Other (Describe in Port VIII)	4h	40.940.		

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1 4	(A)				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	12,228,772.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	123,164.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	51,983.		
е	Add lines 2a through 2d			2e	175,147.
3	Subtract line 2e from line 1			3	12,053,625.
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	2,537.		
b	Other (Describe in Part XIII.)	4b	40,940.	DET H	n
С	Add lines 4a and 4b			4c	43,477.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,097,102.	
Pal	t 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 THEN THE FUND PAYOUT WILL PROVIDE FINANCIAL AVAILABLE IN ANY GIVEN YEAR, SUPPORT TO MOISHE HOUSE INTERNATIONAL FUND FOR ITS RELIGIOUS, CHARITABLE OR EDUCATIONAL PURPOSES.

PART V, LINE 3A(I):

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, 2020, 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

313,171.

CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM

MOISHE HOUSE FORM 990 REPORTING.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED

40,940.

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

51,983.

CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM

MOISHE HOUSE FORM 990 REPORTING.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED

40,940.

Schedule D (Form 990) 2020

22042

1/500715 7/5060 220/2

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization					Employer identif	ication number
MOISHE HOUSE					26-259978	16
	rmation on A	Activities Ou	tside the United States. Compl	ete if the organ	ization answered "	res" on
Form 990, Part I						
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
			the selection criteria used to award th			Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance out	side the
United States.						
3 Activities per Region. (T			an be duplicated if additional space is			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	13. 5	vity listed in (d)	(f) Total
	offices in the region	agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
		in the region	recipients located in the region)	Of Service	(s) in the region	in the region
				MOISHE HOUS	ES, LEARNING	
	-		<u> </u>	RETREATS, I		
EAST ASIA AND THE	-1		'	CONFERENCES		
PACIFIC	0	0	PROGRAM SERVICES	HOUSE WITHO		75,848.
					ES, LEARNING	
				RETREATS, I		1
HUDODE				CONFERENCES		
EUROPE	1	8	PROGRAM SERVICES	HOUSE WITHO		874,019.
					ES, LEARNING	
MIDDLE ENGE AND				RETREATS, T		_
MIDDLE EAST AND				CONFERENCES		
NORTH AFRICA	0	0	PROGRAM SERVICES	HOUSE WITHO		110,028.
					ES, LEARNING	
				RETREATS, T		
NORTH AMERICA	0	0	PROGRAMMA STANDARD ST	CONFERENCES	•	4.5
NORTH AMERICA	0	0		HOUSE WITHO		145,081.
				l	ES, LEARNING	-
RUSSIA AND				RETREATS, T		-
NEIGHBORING STATES	o	0		CONFERENCES	•	101 000
THE STATES	- "	U		HOUSE WITHO		181,899.
			l l		ES, LEARNING	
				RETREATS, T CONFERENCES		
SOUTH AMERICA	ا	1		HOUSE WITHO		122 010
						132,818.
					ES, LEARNING	
				RETREATS, T		_ 4
SUB-SAHARAN AFRICA	0	0		CONFERENCES HOUSE WITHO		10 512
	-		TROCKER BERVICES	HOOSE WITHO	OI WALLIS,	10,512.
	1					
			,			
			t			-
3 a Subtotal	1	9		(Figure) appropriate to	National Property Control	1,530,205.
b Total from continuation						1,330,203.
sheets to Part I	0	0				0.
c Totals (add lines 3a	-					
and 3b)	1	9				1,530,205.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2020

MOISHE HOUSE Schedule F (Form 990) 2020

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

r ⊏MV, ³r)		:		'		-				2020
(i) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2020
(h) Description of noncash assistance										Sched
(g) Amount of noncash assistance							-		A A	
(f) Manner of cash disbursement									recognized as a tax juivalency letter	
(e) Amount of cash grant									foreign country, ction 501(c)(3) eq	
(d) Purpose of grant									Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region									is listed above that are roor for which the grantee or entities	
(b) IRS code section and EIN (if applicable)	alak 100 S	DE BRIGAR		and then	erico de la			ED ED	recipient organizatior inization by the IRS, cother organizations o	D.
1 (a) Name of organization		SMO	TTA USDE	om wo.	e motions for COLUMN	HER THE THE	sapak jea s DRAR U	ndissection 12 Section 13 Section	 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whic 3 Enter total number of other organizations or entities 	1

Page 3

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
(g) Description of noncash assistance						
(f) Amount of noncash assistance			P v			
(e) Manner of cash disbursement				3 , A1		
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance						

Schedule F (Form 990) 2020

Page 4

Schedule F (Form 990) 2020 Part IV Foreign Forms

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

Schedule F (Form 990) 2020

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

032075 12-03-20

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

(estin	nated number of re	cipients), as applicable. A	lso complete ti	his part to p	rovide any additi	onal informati	on. See instructions.
ETREATS,	TRAINING	CONFERENCES,	MOISHE	HOUSE	WITHOUT	WALLS,	FUNDRAISING
							8
			-				
				1-21			
			0				-
-			*				
					-19		
							-
		c+					
				y			
	-						

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MOISHE HOUSE

Employer identification number 26-2599786

Р	art I Questions Regarding Compensation							
-			Yes	No				
18	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1.00	Beau	NEED TO				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?								
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:			NIVE C				
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				
С	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.							
	Only continue 504(a)(2) 504(a)(4) and 504(a)(6)							
5	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:			37				
a	The organization?	5a		$\frac{x}{x}$				
Ь	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	6133983					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
Ü	contingent on the net earnings of:							
а		C-	144.00	X				
b	The organization? Any related organization?	6a		X				
~	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		Λ				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
190	not described on lines 5 and 6? If "Yes," describe in Part III	7	х					
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	Po 1 - 1/0	X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		ki sining					
	Regulations section 53.4958-6(c)?	9	perace.					

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

Schedule J (Form 990) 2020

MOISHE HOUSE Schedule J (Form 990) 2020

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 V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
	€	311,549.	21,000.	0	8,550.	10,360.	351,459.	0
F EXECUTIVE OFFICER	€		- 1	0.		1		0
-	Ξ	166,854.	14,500.	0.	5,360.	12,290.	199,004.	0
EF OPERATING OFFICER	(ii)			• 0	0		0	0
	(1)	136,592.	3,500.	• 0	4,202.	9,869.	154,163.	0
ASSOCIATE V.P. OF ADVANCEMENT	Ξ	0.	0 •	• 0	0	0	0	0
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information

PART I, LINE 7:		
THE FOLLOWING EM	THE FOLLOWING EMPLOYEES RECEIVED BONUS PAYMENTS:	
DAVID CYGIELMAN	\$21,000	
JENNIFER ROSEN	\$14,500	
LANDER GOLD	\$3,500	-
TERRY WUNDER	\$2,550	
JORDAN FRUCHTMAN \$10,250	\$10,250	*
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		a.
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Schedule J (Form 990) 2020

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Name of the organization

MOISHE HOUSE

Employer identification number 26-2599786

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR JEWISH JOURNEYS.

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.

JORDAN FRUCHTMAN AND RACHEL FRUCHTMAN HAVE A FAMILY 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.

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

Schedule O (Form 990 or 990-EZ) 2020

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

THE CONFLICT OF INTEREST POLICY IS ANNUALLY RE-VISITED WITH THE STAFF AND THE BOARD OF DIRECTORS. EACH INDIVIDUAL NEEDS TO LIST CONFLICTS OF INTEREST AND SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE WHEN THEY COME ONBOARD. THE ORGANIZATION KEEPS THEM ON FILE WITH THE DEVELOPMENT TEAM WHO OVERSEES THE BOARD ACTIVITIES. IF A CONFLICT ARISES, THE AFFECTED PERSON PROMPTLY DISCLOSES ANY DIRECT OR INDIRECT FINANCIAL, OR OTHER MATERIAL OF INTEREST, WHICH HE/SHE HAS KNOWLEDGE OF ANY PROPOSED OR EXISTING ARRANGEMENT WITH MOISHE HOUSE PRIOR TO THE START OF ANY NEGOTIATIONS WITH RESPECT TO SUCH MATTER. THE CHAIRPERSON OF THE BOARD REFERS THE ISSUE TO THE FULL BOARD, THE EXECUTIVE COMMITTEE, OR OTHER BOARD COMMITTEE HAVING DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN QUESTION. THE INSIDER WHO DISCLOSES A PONTENTIAL CONFLICT MAY MAKE A PRESENTATION AND RESPOND TO QUESTIONS BY THE BOARD OR COMMITTEE, BUT AFTER SUCH PRESENTATION, HE OR SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE ARRANGEMENT.

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

THE ORGANIZATION HAS A PERSONNEL COMMITTEE THAT IS RESPONSIBLE FOR

REVIEWING AND APPROVING EXECUTIVE COMPENSATION. THE CEO'S COMPENSATION IS

SET BY THIS COMMITTEE AND REVIEWED WITH THE BOARD BASED ON AVAILABLE MARKET

DATA. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2020.

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.

032212 11-20-20

Employer identification number 26-2599786

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

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

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

PROGRAMMING, AND RETREAT CENTER EXPENSES. THOSE EXPENSES WERE INCURRED

IN PROVIDING THE FOLLOWING SERVICES:

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

Schedule O (Form 990 or 990-EZ) 2020

OPTIONAL ADDITIONAL FUNDING FOR SPECIFIC HOLIDAYS, JEWISH LEARNING,

LARGE SCALE PROGRAMING (UP TO AN ADDITIONAL \$500), OR SOCIAL

JUSTICE/COMMUNITY SERVICE PROGRAMMING. DURING THE 2020 PROGRAM YEAR,

MOISHE HOUSES AND PODS DID A MIX OF VIRTUAL AND SMALL IN PERSON OUTDOOR

GATHERINGS BASED ON LOCAL COVID-19 ORDINANCES.

MHWOW - MHWOW HOSTS ARE PROGRAM VOLUNTEERS WHO HOST MEANINGFUL JEWISH

EVENTS FOR THEIR SURROUNDING COMMUNITIES. COSTS FOR THIS PROGRAM

INCLUDE TRAVEL FOR RETREATS, COSTS OF EVENTS (FOOD AND BEVERAGE,

EDUCATORS, ART SUPPLIES, DECOR, EDUCATIONAL MATERIALS), TICKETS TO

EVENTS (MUSEUMS, MOVIES, OTHER LOCAL ACTIVITIES), AND SCHOLARSHIPS

(PRIMARILY FOR JEWISH LEARNING EXPERIENCES). DURING THE 2020 PROGRAM

YEAR, MHWOW HOSTS DID A MIX OF VIRTUAL AND SMALL IN PERSON OUTDOOR

GATHERINGS BASED ON LOCAL COVID-19 ORDINANCES.

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. DURING THE 2020 PROGRAM YEAR,

FACILITATORS DID A MIX OF IN PERSON AND VIRTUAL RETREATS. IN PERSON

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Name of the organization MOISHE HOUSE

Employer identification number 26-2599786

RETREATS WERE PERMITTED IF LOCAL RESTRICTIONS ALLOWED FOR GATHERINGS OF

25+. VIRTUAL RETREATS ARE HELD ONLINE AND CAN TAKE PLACE OVER MULTIPLE

WEEKENDS.

FISCAL SPONSORSHIPS - WE CURRENTLY HAVE ONE FISCAL SPONSORSHIPS:

RIGHTEOUS CROWD. RIGHTEOUS CROWD IS A PLATFORM THAT CONNECTS THE JEWISH

COMMUNITY TO SMALL AND INNOVATIVE NOT-FOR-PROFITS DOING EXCEPTIONAL

WORK. THEY CROWDFUND \$1/DAY FROM THEIR MEMBERS, AND EACH WEEK,

DISTRIBUTE THE COLLECTIVE DONATIONS TO A DIFFERENT ORGANIZATION.

THE OPEN DOR PROJECT - 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 SUSTAINABLE SPIRITUAL COMMUNITIES

THAT INSPIRE INDIVIDUALS, COUPLES, AND FAMILIES TO ACTIVELY LIVE

VIBRANT JEWISH LIVES.

FORM 990, PART X, LINE 24:

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

CALLS FOR MONTHLY PRINCIPAL AND INTEREST (1%) PAYMENTS AMORTIZED OVER

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

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

SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE

SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. MOISHE HOUSE INTENDS

TO USE THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK