

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOISHE HOUSE		D Employer identification number 26-2599786
	Doing business as		E Telephone number (855) 598-5509
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	441 SAXONY ROAD		G Gross receipts \$ 15,803,030.
	City or town, state or province, country, and ZIP or foreign postal code ENCINITAS, CA 92024		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: ROBERT DORSEY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.MOISHEHOUSE.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2008	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	93
	6 Total number of volunteers (estimate if necessary)	6	1200
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 19,900,482.	Current Year 15,171,403.
	9 Program service revenue (Part VIII, line 2g)	77,786.	309,213.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	148,884.	216,165.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,982.	33,428.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,159,134.	15,730,209.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,205,235.	8,363,755.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		2,018,642.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,870,953.	10,619,728.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,076,188.	18,983,483.	
19 Revenue less expenses. Subtract line 18 from line 12	6,082,946.	-3,253,274.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,041,073.	End of Year 13,476,086.
	21 Total liabilities (Part X, line 26)	2,764,431.	1,252,757.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,276,642.	12,223,329.

Part II Signature Block

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

Sign Here	<i>Robert Dorsey</i> Signature of officer	Nov 9, 2023 Date			
	ROBERT DORSEY, CFAO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 11/08/2023	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		
			Phone no. 301-951-9090		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MOISHE HOUSE ENVISIONS A WORLD WHERE YOUNG ADULTHOOD IS ONE OF THE MOST EXCITING AND VIBRANT STAGES OF JEWISH LIFE. MOISHE HOUSE'S MISSION IS TO PROVIDE VIBRANT JEWISH COMMUNITY FOR YOUNG ADULTS BY SUPPORTING LEADERS IN THEIR 20S AND EARLY 30S AS THEY CREATE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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? [] Yes [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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,058,360. including grants of \$) (Revenue \$ 309,213.) MOISHE HOUSE PROVIDES OPPORTUNITIES FOR YOUNG ADULTS TO BE COMMUNITY BUILDERS AND ENGAGE THEIR PEERS IN JEWISH LIFE, JEWISH EDUCATION AND COMMUNITY SERVICE ON A REGULAR BASIS, INCREASING YOUNG ADULTS' 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 69,000 UNIQUE YOUNG ADULTS IN JEWISH LIFE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,058,360.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	238
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROBERT DORSEY - (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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID CYGIELMAN CHIEF EXECUTIVE OFFICER	40.00			X			386,112.	0.	20,674.	
(2) ROBERT DORSEY CHIEF FIN & ADMIN OFFICER	40.00			X			201,694.	0.	12,423.	
(3) JENNIFER ROSEN CHIEF ADVANCEMENT OFFICER	40.00			X			191,491.	0.	22,463.	
(4) TIFFANY HARRIS CHIEF PROGRAM OFFICER	40.00			X			177,191.	0.	12,407.	
(5) ANN BAUMGARTEN CHIEF HUMAN RESOURCES OFFICER	40.00			X			159,415.	0.	14,563.	
(6) LANDER GOLD ASSOCIATE VICE PRES OF ADVANCEMENT	40.00					X	150,863.	0.	16,970.	
(7) FAITH LEENER EXECUTIVE DIRECTOR, BASE	40.00					X	134,754.	0.	18,413.	
(8) ANA BONNHEIM EXEC DIR. JEWISH LEARNING COLLABORAT	40.00					X	139,204.	0.	11,904.	
(9) LAURENCE GAST VP OF ADVANCEMENT (UNTIL 11/2022)	40.00					X	127,247.	0.	18,123.	
(10) ZINAIDA SEGAL SR. DIRECTOR, JEWISH EDUCATION	40.00					X	105,011.	0.	467.	
(11) STEPHEN COHEN BOARD CHAIR	15.00	X		X			0.	0.	0.	
(12) TINA PRICE VICE CHAIR	2.00	X		X			0.	0.	0.	
(13) SPENCER KALLICK TREASURER	2.00	X		X			0.	0.	0.	
(14) JARROD BECK BOARD MEMBER	2.00	X					0.	0.	0.	
(15) DOTTIE BENNETT BOARD MEMBER	2.00	X					0.	0.	0.	
(16) DANIEL BLASER BOARD MEMBER	2.00	X					0.	0.	0.	
(17) LAURIE BLITZER BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA CUTLER BOARD MEMBER	2.00	X						0.	0.	0.
(19) MICHAEL GODIN BOARD MEMBER	2.00	X						0.	0.	0.
(20) DAMMARA KOVNITZ BOARD MEMBER	2.00	X						0.	0.	0.
(21) BEN LUSHER BOARD MEMBER	2.00	X						0.	0.	0.
(22) TAMAR REMZ BOARD MEMBER	2.00	X						0.	0.	0.
(23) RUSS ROBINSON BOARD MEMBER	2.00	X						0.	0.	0.
(24) ELANA RODAN SCHULDT BOARD MEMBER	2.00	X						0.	0.	0.
(25) JIM SHANE BOARD MEMBER	2.00	X						0.	0.	0.
(26) STEFAN TEODOSIC BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,772,982.	0.	148,407.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,772,982.	0.	148,407.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FMT CONSULTANT'S 1808 ASTON AVE, CARLSBAD, CA 92008	CONSULTING	213,923.
BPM LLC, ONE CALIFORNIA ST; STE 2500, SAN FRANCISCO, CA 94111	ACCOUNTING	157,014.
IGNITE DIGITAL STRATEGY GROUP, INC, 4200 WINCONSIN AVE, NW, WASHINGTON, DC 20016	CONSULTING	141,556.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	810,619.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	14,360,784.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		15,171,403.			
Program Service Revenue	2 a	MEETINGS AND EVENTS	Business Code				
			900099	309,213.	309,213.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		309,213.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		184,006.		184,006.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	17,477.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	17,477.			
	d	Net rental income or (loss)		17,477.		17,477.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	104,980.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	72,821.			
	c	Gain or (loss)	7c	32,159.			
d	Net gain or (loss)		32,159.		32,159.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code				
			900099	15,951.		15,951.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		15,951.				
12	Total revenue. See instructions		15,730,209.	309,213.	0.	249,593.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,198,431.	532,716.	443,991.	221,724.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,892,718.	4,074,592.	714,209.	1,103,917.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,775.	43,152.	34.	11,589.
9 Other employee benefits	644,507.	445,804.	77,151.	121,552.
10 Payroll taxes	573,324.	387,661.	79,477.	106,186.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,019.	2,261.	3,205.	553.
c Accounting	198,920.	4,145.	188,655.	6,120.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,967.		37,967.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,509,684.	1,023,119.	376,027.	110,538.
12 Advertising and promotion	191,221.	139,408.	24,914.	26,899.
13 Office expenses	469,523.	201,893.	202,958.	64,672.
14 Information technology	534,358.	335,117.	116,336.	82,905.
15 Royalties				
16 Occupancy	317,372.	93,873.	197,834.	25,665.
17 Travel	1,119,085.	787,956.	234,684.	96,445.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	8,692.	877.	7,613.	202.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,540.	27,485.	6,044.	7,011.
23 Insurance	69,640.	39,024.	20,614.	10,002.
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 O.)				
a RENT SUBSIDY (SCH. O)	3,180,541.	3,180,541.		
b PROGRAMMING (SCH. O)	2,059,124.	2,027,150.	20,998.	10,976.
c RETREAT CNTR. (SCH. O)	653,575.	610,798.	31,169.	11,608.
d JEWISH LEARNING FUND	100,929.	100,788.	63.	78.
e All other expenses	122,538.		122,538.	
25 Total functional expenses. Add lines 1 through 24e	18,983,483.	14,058,360.	2,906,481.	2,018,642.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,182,174.	1	2,700,221.
	2 Savings and temporary cash investments	5,772,778.	2	1,383,626.
	3 Pledges and grants receivable, net	4,488,407.	3	2,999,848.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	532,958.	9	556,777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,007,906.		
	b Less: accumulated depreciation	10b 137,010.	560,645.	10c 870,896.
	11 Investments - publicly traded securities	2,320,495.	11	3,989,080.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,183,616.	15	975,638.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,041,073.	16	13,476,086.	
Liabilities	17 Accounts payable and accrued expenses	1,027,961.	17	854,634.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	421,654.	23	398,123.
	24 Unsecured notes and loans payable to unrelated third parties	810,619.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	504,197.	25	0.
	26 Total liabilities. Add lines 17 through 25	2,764,431.	26	1,252,757.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,562,820.	27	5,949,415.
	28 Net assets with donor restrictions	9,713,822.	28	6,273,914.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,276,642.	32	12,223,329.
	33 Total liabilities and net assets/fund balances	19,041,073.	33	13,476,086.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,730,209.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,983,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,253,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,276,642.
5	Net unrealized gains (losses) on investments	5	-775,600.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-7,949.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-16,490.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,223,329.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15655745.	16150457.	9268089.	19900482.	15171403.	76146176.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15655745.	16150457.	9268089.	19900482.	15171403.	76146176.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24278169.
6 Public support. Subtract line 5 from line 4.						51868007.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15655745.	16150457.	9268089.	19900482.	15171403.	76146176.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,346.	146,451.	66,188.	134,487.	201,483.	573,955.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,304.	14,379.	12,849.	11,327.	15,951.	65,810.
11 Total support. Add lines 7 through 10						76785941.
12 Gross receipts from related activities, etc. (see instructions)					12	811,867.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	67.55 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	64.55 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

MOISHE HOUSE

Employer identification number

26-2599786

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization MOISHE HOUSE	Employer identification number 26-2599786
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,688,406.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>2,606,109.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,116,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>510,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>430,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>352,413.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MOISHE HOUSE	Employer identification number 26-2599786
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>347,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MOISHE HOUSE	Employer identification number 26-2599786
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MOISHE HOUSE	Employer identification number 26-2599786
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization MOISHE HOUSE Employer identification number 26-2599786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,183,616.	1,097,440.	1,028,856.		
b Contributions				1,000,000.	
c Net investment earnings, gains, and losses	-207,979.	134,558.	112,061.	74,407.	
d Grants or scholarships					
e Other expenditures for facilities and programs		40,691.	40,940.	40,739.	
f Administrative expenses		7,691.	2,537.	4,812.	
g End of year balance	975,637.	1,183,616.	1,097,440.	1,028,856.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100 %
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		555,400.	42,075.	513,325.
c Leasehold improvements				
d Equipment				
e Other		452,506.	94,935.	357,571.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				870,896.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY	
(2) FEDERATION	975,638.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	975,638.

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,104,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-775,600.	
b	Donated services and use of facilities	2b	119,517.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	112,099.	
e	Add lines 2a through 2d	2e		-543,984.
3	Subtract line 2e from line 1		3	15,648,256.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,967.	
b	Other (Describe in Part XIII.)	4b	43,986.	
c	Add lines 4a and 4b	4c		81,953.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,730,209.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	19,211,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	119,517.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	190,065.	
e	Add lines 2a through 2d	2e		309,582.
3	Subtract line 2e from line 1		3	18,901,530.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,967.	
b	Other (Describe in Part XIII.)	4b	43,986.	
c	Add lines 4a and 4b	4c		81,953.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	18,983,483.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART V, LINE 3A(I):

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, 2022, 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 112,099.
CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM
MOISHE HOUSE FORM 990 REPORTING.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED 43,986.
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 190,065.
CONSOLIDATED AUDIT REPORT AND EXCLUDED FROM
MOISHE HOUSE FORM 990 REPORTING.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES MADE FROM ENDOWMENT FUND, NETTED 43,986.

Part XIII Supplemental Information *(continued)*

AGAINST INVESTMENT INCOME IN THE AUDIT REPORT

AND REPORTED ON FORM 990, PART IX.

Multiple horizontal lines for supplemental information.

**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

2022

Open to Public
Inspection

Name of the organization

MOISHE HOUSE

Employer identification number

26-2599786

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	138,546.
EUROPE	1	11	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	1,096,857.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	801,604.
NORTH AMERICA	0	1	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	114,177.
RUSSIA AND NEIGHBORING STATES	0	4	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	353,271.
SOUTH AMERICA	0	2	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	216,620.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS,	8,893.
3 a Subtotal	1	20			2,729,968.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	20			2,729,968.

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

Schedule F (Form 990) 2022

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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 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 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 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 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 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 No

Part V Supplemental Information

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

PART I, LINE 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

Part V Supplemental Information

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

RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS, FUNDRAISING

Multiple horizontal lines for supplemental information.

**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

2022

Open to Public
Inspection

Name of the organization

MOISHE HOUSE

Employer identification number

26-2599786

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID CYGIELMAN	(i)	358,512.	27,600.	0.	9,173.	11,501.	406,786.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT DORSEY	(i)	186,894.	14,800.	0.	911.	11,512.	214,117.	0.
CHIEF FIN & ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER ROSEN	(i)	176,736.	14,755.	0.	5,727.	16,736.	213,954.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIFFANY HARRIS	(i)	167,291.	9,900.	0.	5,404.	7,003.	189,598.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANN BAUMGARTEN	(i)	150,607.	8,808.	0.	4,806.	9,757.	173,978.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LANDER GOLD	(i)	150,863.	0.	0.	4,735.	12,235.	167,833.	0.
ASSOCIATE VICE PRES OF ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FAITH LEENER	(i)	134,754.	0.	0.	4,182.	14,231.	153,167.	0.
EXECUTIVE DIRECTOR, BASE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANA BONNHEIM	(i)	139,204.	0.	0.	4,213.	7,691.	151,108.	0.
EXEC DIR. JEWISH LEARNING COLLABORAT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING EMPLOYEES RECEIVED BONUS PAYMENTS:

DAVID CYGIELMAN \$27,600

ROBERT DORSEY \$14,800

JENNIFER ROSEN \$14,755

TIFFANY HARRIS \$9,900

ANNA BAUMGARTEN \$8,808

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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:

MEANINGFUL JEWISH EXPERIENCES FOR THEMSELVES AND THEIR PEERS. FOUNDED
IN 2006, MOISHE HOUSE LAUNCHED WHEN FOUR JEWISH 20-SOMETHINGS BEGAN
HOSTING SHABBAT DINNERS IN OAKLAND, CALIFORNIA FOR THEIR FRIENDS
AND NETWORKS. FUELED BY ENORMOUS DEMAND FOR PEER-LED, HOME-BASED
PROGRAMMING FROM YOUNG ADULTS AND THEIR JEWISH COMMUNITIES, MOISHE
HOUSE HAS BECOME THE GLOBAL LEADER OF JEWISH LIFE FOR YOUNG ADULTS.
WITH 800+ COMMUNITY BUILDERS PLANNING MORE THAN 13,000 TOTAL PROGRAMS
EACH YEAR, MOISHE HOUSE'S MODELS TRAIN, SUPPORT AND EMPOWERS YOUNG
JEWISH LEADERS AS THEY CREATE MEANINGFUL EXPERIENCES IN THEIR LOCAL
COMMUNITIES FOR THEMSELVES AND THEIR PEERS.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE DRAFT IS
REVIEWED BY STAFF AND SENT TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE.
THOSE INDIVIDUALS REVIEW AND, IF APPLICABLE, DISCUSS ANY LINE ITEMS IN THE
RETURN WITH THE ACCOUNTANTS. WHEN ALL ITEMS ARE FOUND TO BE ACCEPTABLE, THE
ORGANIZATION AUTHORIZES THE OUTSIDE ACCOUNTING FIRM TO ELECTRONICALLY FILE
THE RETURN WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS ANNUALLY RE-VISITED WITH THE STAFF AND
THE BOARD OF DIRECTORS. EACH INDIVIDUAL NEEDS TO LIST CONFLICTS OF INTEREST
AND SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE WHEN THEY COME
ONBOARD. THE ORGANIZATION KEEPS THEM ON FILE WITH THE DEVELOPMENT TEAM WHO
OVERSEES THE BOARD ACTIVITIES. IF A CONFLICT ARISES, THE AFFECTED PERSON

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Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
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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 FEBRUARY 2023.

THE ORGANIZATION HAS A PERSONNEL COMMITTEE THAT IS RESPONSIBLE FOR REVIEWING AND APPROVING EXECUTIVE COMPENSATION. THE CEO MAKES COMPENSATION RECOMMENDATIONS FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON AVAILABLE MARKET DATA WHICH THE PERSONNEL COMMITTEE REVIEWS AND APPROVES.

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

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS. THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
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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 RENT SUBSIDY. ADDITIONAL PROGRAM COSTS INCLUDE REIMBURSEMENTS. REIMBURSEMENTS WOULD BE BOTH NON-PERISHABLE AND PERISHABLE CONSUMABLES AND EDUCATOR OR FACILITATOR HONORARIUMS. HOUSES/PODS ARE ALSO ABLE TO APPLY FOR OPTIONAL ADDITIONAL FUNDING FOR SPECIFIC HOLIDAYS, JEWISH LEARNING, LARGE SCALE PROGRAMING, OR SOCIAL JUSTICE/COMMUNITY SERVICE PROGRAMMING.

MHWOW - MHWOW HOSTS ARE PROGRAM VOLUNTEERS WHO HOST MEANINGFUL JEWISH EVENTS FOR THEIR SURROUNDING COMMUNITIES. COSTS FOR THIS PROGRAM INCLUDE TRAVEL FOR RETREATS, COSTS OF EVENTS (FOOD AND BEVERAGE, EDUCATORS, ART SUPPLIES, DECOR, EDUCATIONAL MATERIALS), TICKETS TO EVENTS (MUSEUMS, MOVIES, OTHER LOCAL ACTIVITIES), AND SCHOLARSHIPS (PRIMARILY FOR JEWISH LEARNING EXPERIENCES).

RETREATOLOGY AND PEER-LED RETREATS - PARTICIPANTS PARTAKE IN SPECIALIZED TRAINING DESIGNED TO HELP THEM CREATE AND EXECUTE THEIR OWN

Name of the organization

MOISHE HOUSE

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UNIQUE PEER-LED RETREAT. THIS PROGRAM GIVES GRANTS TO FACILITATORS GLOBALLY TO CREATE RETREATS AROUND ASPECTS OF JUDAISM THEY ARE PASSIONATE ABOUT IN THEIR LOCAL COMMUNITY. THROUGH THIS, FACILITATORS ARE ABLE TO BUILD LASTING CONNECTIONS THAT GO BEYOND THE RETREAT WEEKEND AND ENCOURAGE PARTICIPANTS TO EXPERIENCE JEWISHNESS IN NEW WAYS. COSTS FOR THIS PROGRAM INCLUDE GUEST EDUCATORS, LOGISTICAL SUPPORT, PROGRAM SUPPLIES (INCLUDING COPIES, BOOKS, NAMETAGS, SWAG, ART/OFFICE SUPPLIES, ONLINE PLATFORMS, MARKETING ETC.), FOOD (DURING EVENT), VENUES, AND FACILITATOR HONORARIUMS.

BASE - BASES ARE LED BY A RABBINIC COUPLE. BASE RABBIS ARE PAID STAFF MEMBERS. BASES PROVIDE SOCIAL, EDUCATIONAL, RECREATIONAL, AND SPIRITUAL PROGRAMMING EACH MONTH FOR PARTICIPANTS AGES 20-35. BASES ALSO SERVE AS A RESOURCE FOR JEWISH LIFE CYCLE EVENTS. MOISHE HOUSE PROVIDES A RENT SUBSIDY AND PROGRAMMING BUDGET FOR EACH BASE'S EVENTS.

STAFF-LED RETREATS ARE WEEKEND-LONG IMMERSIVE EXPERIENCES FOR PARTICIPANT IN THEIR 20S AND 30S. THESE EVENTS ARE HELD AT RETREAT CENTERS. THE PROGRAM IS FULLY SUBSIDIZED. PARTICIPANTS PAY FOR TRAVEL-RELATED EXPENSES TO ATTEND THE RETREATS. MOISHE HOUSE PROVIDES TRAVEL STIPENDS FOR CURRENT COMMUNITY BUILDERS AND ALUMNI. THE GOAL OF THE STAFF-LED RETREATS PROGRAM IS TO GIVE PARTICIPANTS THE KNOWLEDGE AND SKILLS THAT WILL HELP THEM CREATE INNOVATIVE PROGRAMMING FOR THEIR LOCAL JEWISH COMMUNITIES.

JLC - THE JEWISH LEARNING COLLABORATIVE IS FOR STAFF AND BOARD MEMBERS AT JEWISH ORGANIZATIONS. THIS PROGRAM MATCHES JEWISH EDUCATORS WITH INDIVIDUALS TO STUDY 1:1 WEEKLY, EVERY TWO WEEKS, EVERY THREE WEEKS, OR

Name of the organization

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ONCE A MONTH. EDUCATORS ARE PAID FOR EACH LEARNING SESSION, AND LEARNERS DO NOT PAY ANYTHING FOR THIS PROGRAM.

CAMP NAI NAI NAI IS A JEWISH SUMMER CAMP EXPERIENCE FOR YOUNG ADULTS IN THEIR 20S AND 30S THE CAMP OFFERS MANY ENRICHING JEWISH LEARNING PROGRAMS, DAYTIME ACTIVITIES (ROPES COURSES, KAYAKING, AND MORE) AND NIGHTLY SOCIALS COMPLETE WITH CAMPFIRES, SING-ALONGS, AND THEMED DANCE PARTIES.

4HQ - 4HQ ISRAEL ENCOUNTERS IS A YEARLONG FELLOWSHIP OF WEBINARS, IN-PERSON GATHERINGS, 1-ON-1 MENTORING SESSIONS AND ONE WEEKLONG TRIP THROUGH ISRAEL. THE AIM OF THIS PROGRAM IS TO EQUIP PARTICIPANTS WITH THE KNOWLEDGE, SKILLS AND CONFIDENCE NECESSARY TO CREATE AND FACILITATE MEANINGFUL PROGRAMS ABOUT ISRAEL. THROUGHOUT THE YEAR THE GROUP EXPLORES THE SOCIAL, HISTORICAL, AND POLITICAL LANDSCAPE OF ISRAEL FROM A MULTITUDE OF PERSPECTIVES AND TOGETHER. FOLLOWING THE PROGRAM, PARTICIPANTS USE THE KNOWLEDGE AND SKILLS THEY GAINED FROM THE TRIP TO RUN 5 PROGRAMS RELATED TO LEARNINGS FROM 4HQ.

FORM 990, PART X, LINE 24:

ON FEBRUARY 2, 2021, MOISHE HOUSE RECEIVED A PPP LOAN TOTALING \$810,619. THE TERM OF THE LOAN WAS FIVE YEARS AND BORE INTEREST OF 1%. DURING 2021, MOISHE HOUSE USED THE PROCEEDS FOR PURPOSES CONSISTENT WITH PPP, AND RECEIVED FULL FORGIVENESS BY THE SBA ON FEBRUARY 4, 2022. ACCORDINGLY, MOISHE HOUSE RECORDED THE FORGIVENESS AS "EXTINGUISHMENT OF DEBT" IN THE 2022 STATEMENT OF ACTIVITIES.

Name of the organization MOISHE HOUSE	Employer identification number 26-2599786
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EXCHANGE FLUCTUATION	-16,490.
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Moishe House 990 PD

Final Audit Report

2023-11-09

Created:	2023-11-09
By:	Erin Lowenthal (erin.lowenthal@moishehouse.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuV2QNyk7Umig1Uv9y5Jfe36o_9N0aLvw

"Moishe House 990 PD" History

-  Document created by Erin Lowenthal (erin.lowenthal@moishehouse.org)
2023-11-09 - 4:50:25 AM GMT
-  Document emailed to robert.dorsey@moishehouse.org for signature
2023-11-09 - 4:52:18 AM GMT
-  Email viewed by robert.dorsey@moishehouse.org
2023-11-09 - 4:18:26 PM GMT
-  Signer robert.dorsey@moishehouse.org entered name at signing as Robert Dorsey
2023-11-09 - 4:18:51 PM GMT
-  Document e-signed by Robert Dorsey (robert.dorsey@moishehouse.org)
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