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

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

Department of the Treasury Internal Revenue Service

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

| ΑF | or the | e 2022 calendar year, or tax year beginning and | ending | | | | | | | |
|---|--------------------------|--|--------------|------------------------------|---|--|--|--|--|--|
| | heck if | C Name of organization | | D Employer identifi | cation number | | | | | |
| | Addres | MOISHE HOUSE | | | | | | | | |
| | Name change | | | 26-25997 | 86 | | | | | |
| | Initial return | - | Room/suite | E Telephone numbe | r | | | | | |
| | Final return/ | | BARN 2 | (855)598 | | | | | | |
| | termin ated | 3 1 | | G Gross receipts \$ | 15,803,030. | | | | | |
| | Ameno return | ENCINITAS, CA 92024 | | H(a) Is this a group re | | | | | | |
| | Applic tion pendir | F Name and address of principal officer: NOBERT DONSET | | for subordinates | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) cte: WWW.MOISHEHOUSE.ORG | or 527 | 1 | list. See instructions | | | | | |
| | Vebsit | organization: X Corporation Trust Association Other | I Voor | H(c) Group exemption | n number M State of legal domicile: CA | | | | | |
| | rt I | Summary | L Year | or formation: 2000 r | A State of legal domicile; CA | | | | | |
| | | Briefly describe the organization's mission or most significant activities: SEE I | PART T | TT LINE 1. | | | | | | |
| 8 | ' | bliefly describe the organization's mission of most significant activities. | | II, DIND I. | | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | sets. | | | | | |
| Ver | | | | 3 | 18 | | | | | |
| ၓ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 18 | | | | | |
| Activities & | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 93 | | | | | |
| ļţį | | Total number of volunteers (estimate if necessary) | | | 1200 | | | | | |
| Ę | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. | | | | | |
| | | | | Prior Year | Current Year | | | | | |
| <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | | 19,900,482. | 15,171,403. | | | | | |
| enc | | Program service revenue (Part VIII, line 2g) | | 77,786. | 309,213. | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 148,884. | 216,165. | | | | | |
| - | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 31,982. | 33,428. | | | | | |
| \dashv | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 20,159,134. | 15,730,209. | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 6,205,235. | 0. 8,363,755. | | | | | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0,205,235. | 0,363,755. | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,018,64 | 12 | <u> </u> | 0. | | | | | |
| 찞 | 17 | Total fundraising expenses (Part IX, column (D), line 25) 2,018,64 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 7,870,953. | 10,619,728. | | | | | |
| | 17 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 14,076,188. | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 6,082,946. | | | | | | |
| L S | -10 | Toveride 1656 experiece: edistract line 16 from line 12 | Be | ginning of Current Year | End of Year | | | | | |
| ets (| 20 | Total assets (Part X, line 16) | | 19,041,073. | 13,476,086. | | | | | |
| Ass | 21 | Total liabilities (Part X, line 26) | | 2,764,431. | 1,252,757. | | | | | |
| Est | 20 21 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 16,276,642. | 12,223,329. | | | | | |
| Pa | rt II | Signature Block | | | | | | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is | | | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | | 3 | | | | | |
| | | Robert Jorsey, Roys, 2023 Robert Dorse(Novs, 2023 0815 PST) | | | | | | | | |
| Sigr | 1 | Signature of officer | | Date | | | | | | |
| Here | е | ROBERT DORSEY, CFAO Type or print name and title | | | | | | | | |
| | | | <u>, Ir</u> | Date Check | PTIN | | | | | |
| Paid | | Print/Type preparer's name RICHARD J. LOCASTRO, CPA Preparer's signature Preparer's s | | 11/08/2023 self-employ | P00288314 | | | | | |
| Paiu Prep | | Firm's name GELMAN, ROSENBERG & FREEDMAN | | Firm's EIN 5 | 2-1392008 | | | | | |
| Use | | Firm's address 4550 MONTGOMERY AVE SUITE 800N | | FIIIII S EIN J | <u> 1372000</u> | | | | | |
| JJ6 | O III y | BETHESDA, MD 20814-2930 | | Phone no 30 | 1-951-9090 | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | |

| Pai | Statement of Program Service Accomplishments | T |
|-----------|---|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | mira |
| | MOISHE HOUSE ENVISIONS A WORLD WHERE YOUNG ADULTHOOD IS ONE OF | |
| | MOST EXCITING AND VIBRANT STAGES OF JEWISH LIFE. MOISHE HOUSE'S | |
| | MISSION IS TO PROVIDE VIBRANT JEWISH COMMUNITY FOR YOUNG ADULTS | ВХ |
| | 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 | • |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex | penses, and |
| | revenue, if any, for each program service reported. | 200 010 |
| 4a | (Code:) (Expenses \$14 , 058 , 360 . including grants of \$) (Revenue \$) | 309,213. |
| | MOISHE HOUSE PROVIDES OPPORTUNITIES FOR YOUNG ADULTS TO BE COMM | |
| | BUILDERS AND ENGAGE THEIR PEERS IN JEWISH LIFE, JEWISH EDUCATIO | |
| | ANDCOMMUNITY SERVICE ON A REGULAR BASIS, INCREASING YOUNG ADULT | |
| | CONNECTIONS TO JEWISH COMMUNITY AND LIFE. THE PROGRAMS TAKE PLA | CE |
| | 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. | |
| | | |
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| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) |
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| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ | _) |
| <u>4e</u> | Total program service expenses 14,058,360. | Form 990 (2022) |
| | | Form 330 (2022) |

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Form 990 (2022) MOISHE HOUSE Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|-----|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | | x |
| 0 | Schedule D, Part III | l ° | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | v | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> X</u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | L |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | . <u> </u> | | _ _ _ |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | '' | | |
| 10 | | 10 | | х |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | v |
| 00- | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | _ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | _ | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

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Form 990 (2022) MOISHE HOUSE
Part IV Checklist of Required Schedules (continued)

| | · | | Yes | No |
|--------|---|-----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u>X</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | ١ | | v |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| | 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 | 24c | | |
| А | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 7.7 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 28a | | Х |
| h | "Yes," complete Schedule L, Part IV | 28b | | <u>x</u> |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | _X_ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | _X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 37 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | Х |
| 25.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | <u>X</u> |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| D- | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u></u> |
| 4. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 238 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| · | (gambling) winnings to prize winners? | 1c | х | |
| 232004 | 1 12-13-22 | | | 2022) |

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Form 990 (2022) MOISHE HOUSE

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

| | | | Yes | No |
|--------|---|------------|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 93 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Х | |
| b | If "Yes," enter the name of the foreign country UNITED KINGDOM | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 37 |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | , v |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | . | | х |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /11 | | |
| Ü | sponsoring organization have excess business holdings at any time during the year? N/A | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | Ľ | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders N/A 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | | 14a 14b | | |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 1-10 | | |
| 10 | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Form **990** (2022) 232005 12-13-22

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 |
|-----|---|--------|---------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 18 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed 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) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request X Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| | 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.

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

- 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.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|--------------------------------------|------------------------|--------------------------------|---|---------|----------------|---------------------------------|--------------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box, unless persor | | rson is | son is both an | | compensation | compensation | amount of | |
| | week | _ | cer an | id a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | trust | | 96 | suedu | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | organizations below | ual tr | tional | | yoldı | t con | _ | 1099-NEC) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DAVID CYGIELMAN | 40.00 | | _ | | | 1 | | | | |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 386,112. | 0. | 20,674. |
| (2) ROBERT DORSEY | 40.00 | | | | | | | | | |
| CHIEF FIN & ADMIN OFFICER | | | | Х | | | | 201,694. | 0. | 12,423. |
| (3) JENNIFER ROSEN | 40.00 | | | | | | | | | |
| CHIEF ADVANCEMENT OFFICER | | | | Х | | | | 191,491. | 0. | 22,463. |
| (4) TIFFANY HARRIS | 40.00 | | | | | | | | | |
| CHIEF PROGRAM OFFICER | | | | X | | | | 177,191. | 0. | 12,407. |
| (5) ANN BAUMGARTEN | 40.00 | | | | | | | | | |
| CHIEF HUMAN RESOURCES OFFICER | | | | Х | | | | 159,415. | 0. | 14,563. |
| (6) LANDER GOLD | 40.00 | | | | | | | | _ | |
| ASSOCIATE VICE PRES OF ADVANCEMENT | | | | | | X | | 150,863. | 0. | 16,970. |
| (7) FAITH LEENER | 40.00 | - | | | | | | | | |
| EXECUTIVE DIRECTOR, BASE | 1.0.00 | | | | | X | | 134,754. | 0. | 18,413. |
| (8) ANA BONNHEIM | 40.00 | - | | | | l | | 122 224 | | 44 004 |
| EXEC DIR. JEWISH LEARNING COLLABORAT | 40.00 | | | | | X | | 139,204. | 0. | 11,904. |
| (9) LAURENCE GAST | 40.00 | - | | | | | | 100.040 | • | 10 100 |
| VP OF ADVANCEMENT (UNTIL 11/2022) | 40.00 | | | | | X | | 127,247. | 0. | 18,123. |
| (10) ZINAIDA SEGAL | 40.00 | - | | | | ,, | | 105 011 | | 467 |
| SR. DIRECTOR, JEWISH EDUCATION | 15 00 | | | | | X | | 105,011. | 0. | 467. |
| (11) STEPHEN COHEN | 15.00 | . , | | х | | | | | 0 | 0 |
| BOARD CHAIR (12) TINA PRICE | 2.00 | Х | | Α | | | | 0. | 0. | 0. |
| VICE CHAIR | 2.00 | Х | | х | | | | 0. | 0. | 0. |
| (13) SPENCER KALLICK | 2.00 | Δ | | _ | | | | · · | 0. | 0. |
| TREASURER | 2.00 | Х | | х | | | | 0. | 0. | 0. |
| (14) JARROD BECK | 2.00 | 77 | | | | | | | 0. | <u></u> |
| BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | 0. |
| (15) DOTTIE BENNETT | 2.00 | | | | | | | • | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (16) DANIEL BLASER | 2.00 | <u> </u> | | | | | | 1 | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (17) LAURIE BLITZER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | • | | | - | | - | | • | | Form 990 (2022) |

232007 12-13-22 Form **990** (2022)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | |
|---|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|--|
| (A) | (B) | | | ((| | | | (D) | (E) | (F) | |
| Name and title | Average hours per week | rage (do not che box, unless | | | son i | than o | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations | |
| (18) LAURA CUTLER | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (19) MICHAEL GODIN | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (20) DAMMARA KOVNITZ | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (21) BEN LUSHER | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (22) TAMAR REMZ BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | 0. | |
| (23) RUSS ROBINSON | 2.00 | | | | | | | • | • | • | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. | |
| (24) ELANA RODAN SCHULDT | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (25) JIM SHANE | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (26) STEFAN TEODOSIC | 2.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| 1b Subtotal | | | | | | | | 1,772,982. | 0. | 148,407. | |
| c Total from continuation sheets to Part V | I, 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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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.

| the organization. Report compensation for the calendar year ending with or with | if the organization's tax year. | |
|---|---------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| FMT CONSULTANTS | | |
| 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. |
| | | |
| | | |
| | | |
| | | |

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

06211108 745960 22942

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Form 990 MOISHE HOUSE 26-2599786

| Form 990 MOISHE HO | JUSE | | | | | | | | 26-259 | 9/00 | |
|---|---|-------------------|--|-----------|--|--|---|-----------------------------------|-----------------------------|--------------------------------|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest | | | | | | | | Compensated Employees (continued) | | | |
| (A) Name and title | (B) Average hours | | | (O Pos | C) ition | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | |
| | per week (list any hours for related organizations below line) | 1 = 1 = 1 = 1 = 1 | | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | | | | |
| (27) KYLIE UNELL BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0 . | |
| (28) JOE WOLF BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | 0 . | |
| | | | | | | | | | | | |
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26-2599786 Page **9**

| | | Check if Schedule O contains a response or | note to any line | e in this Part VIII | | | |
|--|------|--|--------------------|-----------------------|-------------------|------------------|--------------------|
| | | Officer if Ochedule O contains a response of | Tiole to arry in t | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| nts nts | 1 | a Federated campaigns1a | | | | | |
| iz a | - | b Membership dues 1b | | | | | |
| s, C | | c Fundraising events 1c | | | | | |
| äĤ | | d Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | e Government grants (contributions) 1e | 810,619. | | | | |
| i Si | • | f All other contributions, gifts, grants, and | | | | | |
| but | | similar amounts not included above 1f | 14,360,784. | | | | |
| ÖĘ | | g Noncash contributions included in lines 1a-1f | | | | | |
| Son | | h Total. Add lines 1a-1f | | 15,171,403. | | | |
| <u> </u> | | | Business Code | | | | |
| | 2 | | 900099 | 309,213. | 309,213. | | |
| je | _ | <u> </u> | | 332,223 | | | |
| er, ne | | b | | | | | _ |
| m S | | C | | | | | |
| ar Be | | d | | | | | |
| Program Service Revenue | | e | | | | | |
| ₾ | | f All other program service revenue | | | | | |
| | | g Total. Add lines 2a-2f | | 309,213. | | | |
| | 3 | Investment income (including dividends, interest | | | | | |
| | | other similar amounts) | | 184,006. | | | 184,006. |
| | 4 | Income from investment of tax-exempt bond pro | ceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 | a Gross rents 6a 17,477. | | | | | |
| | | b Less: rental expenses 6b | | | | | |
| | | c Rental income or (loss) 6c 17,477. | | | | | |
| | | d Net rental income or (loss) | | 17,477. | | | 17,477. |
| | | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 104,980. | | | | | |
| | | b Less: cost or other basis | | | | | |
| ō | | and sales expenses 7b72 ,821. | | | | | |
| ne | | c Gain or (loss) 7c 32,159. | | | | | |
| her Revenue | | d Net gain or (loss) | | 32,159. | | | 32,159. |
| E | | | | 32,133. | | | 32,133. |
| | 8 | a Gross income from fundraising events (not | | | | | |
| ğ | | 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 | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 | | | | | |
| | | b Less: direct expenses 9b | | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | 10 | a Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | | b Less: cost of goods sold 10b | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| snc | 11 : | a MISCELLANEOUS | 900099 | 15,951. | | | 15,951. |
| Miscellaneous Revenue | | b | | , | | | , |
| ella Ver | | _ | | | | | |
| Sce | | d All other revenue | | | | | |
| Σ | | e Total. Add lines 11a-11d | | 15,951. | | | |
| | 12 | Total revenue. See instructions | | 15,730,209. | 309,213. | 0. | 249,593. |
| | 12 | iotal lovoliuo. Oob ilioti ubtiolio | | _ , , . = 2 , 2 2 3 . | , | <u> </u> | , |

232009 12-13-22

Form 990 (2022) MOISHE HOUSE Part IX Statement of Functional Expenses

| Check Schedule Contains a response or note to any line in this Part IX (A) Total expenses Programs provided in nine 5b, 95, and 10b of Part VIII Programs | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | | |
|--|--|---|------------------------------|-----------------|----------------|---------------------------------------|--|--|--|--|--|
| Total expenses Program service Program ser | | | | | | | | | | | |
| and domestic poverments. See Part IV, line 21 (2 Grants and other assistance to foreign organizations, foreign governments, and foreign 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 10 (4 Benefits paid to v for members) 5 Compensation of current orticers, directors, trustees, and key employees (and persons) (as detidend under scalino 4980(k1)) and persons described in section 4980(k1)(3)(8) (4 Particle 1980) (4 P | | | (A) Total expenses | Program service | Management and | (D) Fundraising expenses | | | | | |
| 2 Garants and other assistance to domestic inclividuals. See Part IV, line 17 inclivations. Foreign governments, and toreign organizations, foreign governments, and toreign inclividuals. See Part IV, line 17 incurrence of the protection of current officers, directors, trustees, and key employees complete of the protection inclined above to disqualified persons (as defined under section 4986(ff) (f) and persons | 1 | Grants and other assistance to domestic organizations | | | | | | | | | |
| Individuals See Part V, Ine 22 Grants and other assistance to troeign organizations, foreign governments, and foreign individuals. See Part V, Ines 15 and 16 Benefits pad to or for members | | and domestic governments. See Part IV, line 21 | | | | | | | | | |
| 3 Grants and other assistance to foreign organizations, foreign overments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits pad to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 4958(IV)) and persons described in section 4958(IV) and 4959 are also as a section 4918 and 4959 are al | 2 | Grants and other assistance to domestic | | | | | | | | | |
| 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 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Cother satings and wages 8 Pension plan accruals and contributions (include section 40 (k) and 403(k) employer contributions (include section 40 (k) and 403 | | individuals. See Part IV, line 22 | | | | | | | | | |
| Individuals See Part IV, lines 15 and 16 A Benefits paid to or for members Compensation of current Officers, directors, trustees, and key employees 1,198,431. 532,716. 443,991. 221,724. | 3 | Grants and other assistance to foreign | | | | | | | | | |
| ## Benefits paid to or for members 1,198,431. 532,716. 443,991. 221,724. | | | | | | | | | | | |
| 1,198,431. 532,716. 443,991. 221,724. | | | | | | | | | | | |
| 1,198,431. 532,716. 443,991. 221,724. | 4 | | | | | | | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(t)) employer contributions (include section 404(k) and 403(t) employer contributions (include section 404(k) and 403(t) employer contributions (include section 404(k) and 403(t) employer contributions (include section 404(k) and 404(k) | 5 | • | 4 400 404 | 500 546 | 442 004 | 001 504 | | | | | |
| persons (as defined under section 4988(I/11) and persons described in section 4988(I/11) and persons described in section 4988(I/11) and approaches and wages 7 Other employee benefits 8 Pension plan accruals and contributions (include section 4018) and 430(p) employer contributions) 9 Other employee benefits 6 44,507. 445,804. 77,151. 121,552. 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 6,019. 2,261. 3,205. 553. c Accounting 1 Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (Iline 1) an mount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 12,000, 12,0 | | | 1,198,431. | 532,716. | 443,991. | 221,724. | | | | | |
| Persons described in section 498(c)(3)(8) 5,892,718. | 6 | | | | | | | | | | |
| 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 11 CACCOUNTING 12 Advertising services. See Part IV, line 17 f Investment management fees 9 Other, (film 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0. 12 Advertising and promotion 13 Office expenses 14 COURDANCY 15 Royatiles 16 Occupancy 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 10 Coupancy 11 Conferences, conventions, and meetings 10 Interest 10 Coupancy 11 Conferences, conventions, and meetings 10 Interest 11 Conferences, conventions, and meetings 11 Interest 12 Conferences, conventions, and meetings 13 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | | | | | | | | | | |
| 8 | | . , , , , , | F 000 710 | 4 074 500 | 714 200 | 1 102 017 | | | | | |
| Section 401(k) and 403(h) employer contributions 54,775, | | | ე,ბ9∠,/18. | 4,0/4,592. | /14,209. | 1,103,91/. | | | | | |
| 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. 198,920. 4,145. 188,655. 6,120. 198,920. 4,145. 188,655. 6,120. 198,920. 4,145. 188,655. 6,120. 199,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,967. 37,967. 190,968. 1,023,119. 376,027. 110,538. 190,968. 1,023,119. 376,027. 110,538. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 194,933. 202,958. 64,672. 198,934. 358. 335,117. 116,336. 82,905. 19 Coupancy 317,372. 93,873. 197,834. 25,665. 17 Tavel 1,119,085. 787,956. 234,684. 96,445. 19 Conferences, conventions, and meetings 1,119,085. 787,956. 234,684. 96,445. 19 Conferences, conventions, and meetings 8,692. 877. 7,613. 202. 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,640. 39,024. 20,614. 10,002. 19 Payments of stillietes 8,692. 877. 7,613. 202. 10 Payments of travel or entertainment expenses of stillietes 8,692. 877. 7,613. 202. 10 Payments of stillietes 8,692. 877. 7,613. 202. 11 Payments of stillietes 8,692. 877. 7,61 | 8 | | 5 <i>1</i> 775 | 12 152 | 24 | 11 500 | | | | | |
| 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. 198,920. 4,145. 188,655. 6,120. 198,920. 4,145. 188,655. 6,120. 198,920. 4,145. 188,655. 6,120. 199,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,920. 4,145. 188,655. 6,120. 190,967. 37,967. 190,968. 1,023,119. 376,027. 110,538. 190,968. 1,023,119. 376,027. 110,538. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 194,933. 202,958. 64,672. 198,934. 358. 335,117. 116,336. 82,905. 19 Coupancy 317,372. 93,873. 197,834. 25,665. 17 Tavel 1,119,085. 787,956. 234,684. 96,445. 19 Conferences, conventions, and meetings 1,119,085. 787,956. 234,684. 96,445. 19 Conferences, conventions, and meetings 8,692. 877. 7,613. 202. 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,640. 39,024. 20,614. 10,002. 19 Payments of stillietes 8,692. 877. 7,613. 202. 10 Payments of travel or entertainment expenses of stillietes 8,692. 877. 7,613. 202. 10 Payments of stillietes 8,692. 877. 7,613. 202. 11 Payments of stillietes 8,692. 877. 7,61 | _ | | 54,//5· | 43,134. | 77 151 | 121 552 | | | | | |
| 11 Fees for services (nonemployees): a Management b Legal 6 | | | 572 201 | | | 106 196 | | | | | |
| a Management b Legal | | | 3/3,344. | 307,001. | 13,411. | 100,100. | | | | | |
| b Legal 6 | | - | | | | | | | | | |
| Company Comp | _ | | 6 019 | 2 261 | 3 205 | 553 | | | | | |
| d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 191,221. 139,408. 24,914. 26,899. 193 Office expenses 469,523. 201,893. 202,958. 64,672. Information technology 534,358. 335,117. 116,336. 82,905. 196 Royalties 197 Conferences, conventions, and meetings 198 Conferences, conventions, and meetings 199 Conferences, conventions, and meetings 190 Interest 191 Depreciation, depletion, and amortization 192 Depreciation, depletion, and amortization 193 Insurance 194 Depreciation, depletion, and amortization 195 PROGRAMMING (SCH. O) 196 PROGRAMMING (SCH. O) 207 RETTREAT CNTR. (SCH. O) 208 JEWISH LEARNING FUND 209 Learner of the properties of schedule 0.) 200 RETTREAT CNTR. (SCH. O) 201 Depreciation, depletion, and some sepanses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on schoule 0.) 219 PROGRAMMING (SCH. O) 220 September of the properties of the prop | | | 198 920. | 4 145. | | 6 120. | | | | | |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees gother. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 191, 221. 139, 408. 24, 914. 26, 899. 191, 221. 139, 408. 24, 914. 26, 899. 191, 221. 191, 22 | 4 | | 150,520. | 4,143. | 100,0331 | 0,120. | | | | | |
| f Investment management fees 37,967. 37,967. 37,967. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 1,509,684. 1,023,119. 376,027. 110,538. 12 Advertising and promotion 191,221. 139,408. 24,914. 26,899. 30 Office expenses 469,523. 201,893. 202,958. 64,672. 14 Information technology 534,358. 335,117. 116,336. 82,905. 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 8,692. 877. 7,613. 202. 19 Conferences, conventions, and meetings 8,692. 877. 7,613. 202. 10 Interest 40,540. 27,485. 6,044. 7,011. 13 Insurance 69,640. 39,024. 20,614. 10,002. 10 PROGRAMING (SCH. O) 2,059,124. 2,027,150. 20,998. 10,976. | u | | | | | _ | | | | | |
| Solumn (A), amount, list line 11g expenses on Sch 0.) 1,509,684. 1,023,119. 376,027. 110,538. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 191,221. 139,408. 24,914. 26,899. 110,738. 191,221. 139,408. 24,914. 26,899. 110,738. 191,221. 139,408. 24,914. 26,899. 110,738. 191,221. 139,408. 24,914. 26,899. 10,905. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 110,738. 120,205. 110,738. 137,372. 93,873. 197,834. 25,665. 111,908. 119,085. 787,956. 234,684. 96,445. 119,085. 787,956. 234,684. 96,445. 119,085. 119,785. 129, | f | - · · · · · · · · · · · · · · · · · · · | 37.967. | | 37.967. | | | | | | |
| Column (A), amount, list line 11g expenses on Sch 0. 1,509,684 | | | 3773071 | | 3.75071 | | | | | | |
| 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 | 9 | • | 1,509,684. | 1,023,119. | 376,027. | 110,538. | | | | | |
| 13 Office expenses | 12 | | 191,221. | 139,408. | | | | | | | |
| 14 | | | | 201,893. | | | | | | | |
| 15 | 14 | | | 335,117. | 116,336. | 82,905. | | | | | |
| 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 10 Conferences 10 Conferences 11 Conferences 11 Conferences 12 Conferences 13 Conferences 14 Conferences 15 Conferences 16 Conferences 17 Conferences 18 Conferences 19 Conferences 10 Conferences 10 Conferences 10 Conferences 11 Conferences 11 Conferences 12 Conferences | 15 | | | | | | | | | | |
| 1, 119, 085. 787, 956. 234, 684. 96, 445. | 16 | | | 93,873. | 197,834. | 25,665. | | | | | |
| for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) a RENT SUBSIDY (SCH. O) b PROGRAMMING (SCH. O) c RETREAT CNTR. (SCH. O) d JEWISH LEARNING FUND All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 in the line of the control of the con | 17 | | 1,119,085. | 787,956. | 234,684. | 96,445. | | | | | |
| 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 0.) a RENT SUBSIDY (SCH O) 3 180 541 3 180 541 . b PROGRAMMING (SCH O) 653 575 610 798 31 169 11 608 . 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 . 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 ir following SOP 98-2 (ASC 958-720) | 18 | | | | | | | | | | |
| 20 | | for any federal, state, or local public officials | | | | | | | | | |
| Payments to affiliates 22 Depreciation, depletion, and amortization 40,540 | 19 | Conferences, conventions, and meetings | _ | | | | | | | | |
| Depreciation, depletion, and amortization 40,540 | 20 | Interest | 8,692. | 877. | 7,613. | 202. | | | | | |
| 10 10 10 10 10 10 10 10 | 21 | | 40.540 | 0.7 4.0.5 | | | | | | | |
| 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 Schedulle 0.) a RENT SUBSIDY (SCH. O) b PROGRAMMING (SCH. O) c RETREAT CNTR. (SCH. O) d JEWISH LEARNING FUND e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a RENT SUBSIDY (SCH. O) b PROGRAMMING (SCH. O) c RETREAT CNTR. (SCH. O) d JEWISH LEARNING FUND e All other expenses 122,538. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) a RENT SUBSIDY (SCH. O) 2,059,124. 2,027,150. 20,998. 10,976. 653,575. 610,798. 31,169. 11,608. 63. 78. 122,538. 122,538. 122,538. 14,058,360. 2,906,481. 2,018,642. | | | 69,640. | 39,024. | 20,614. | 10,002. | | | | | |
| a RENT SUBSIDY (SCH. O) b PROGRAMMING (SCH. O) c RETREAT CNTR. (SCH. O) d JEWISH LEARNING FUND e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 3,180,541. 3,180,541. 2,027,150. 20,998. 10,976. 653,575. 610,798. 31,169. 11,608. 653,575. 610,798. 31,169. 11,608. 100,929. 100,788. 63. 78. 122,538. 122,538. | 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | | | | | | |
| PROGRAMMING (SCH. O) 2,059,124. 2,027,150. 20,998. 10,976. | а | | 3,180,541. | 3,180,541. | | | | | | | |
| 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 if following SOP 98-2 (ASC 958-720) 14,058,360. 2,906,481. 2,018,642. | | | | | 20,998. | 10,976. | | | | | |
| d JEWISH LEARNING FUND e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 100,788. 1122,538. 122,538. 122,538. 2,906,481. 2,018,642. | | | | | | | | | | | |
| e All other expenses 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 if following SOP 98-2 (ASC 958-720) | | | | | | | | | | | |
| 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 if following SOP 98-2 (ASC 958-720) | | | | | | | | | | | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | 14,058,360. | | 2,018,642. | | | | | |
| educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720) | 26 | Joint costs. Complete this line only if the organization | | | | | | | | | |
| Check here if following SOP 98-2 (ASC 958-720) | | reported in column (B) joint costs from a combined | | | | | | | | | |
| | | | | | | | | | | | |
| | | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | |

990 (2022) MOISHE HOUSE 26-2599786 Page 11

Form 990 (2022)
Part X Balance Sheet

| Ра | rt X | Balance Sneet | | | | | |
|-----------------------------|------|---|------------|---------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to | o any | line in this Part X | | | X |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 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 fo | | | | | |
| | | trustee, key employee, creator or founder, substan | tial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these | perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualified | d pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | sect | ion 4958(c)(3)(B) | | 6 | |
| Ś | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | B | | | 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 I | ine 3 | 3) | 19,041,073. | 16 | 13,476,086. |
| | 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 Par | rt IV c | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substan | | | | | |
| iab | | controlled entity or family member of any of these p | | | 401 654 | 22 | 200 102 |
| _ | 23 | Secured mortgages and notes payable to unrelated | | | 421,654. | 23 | 398,123. |
| | 24 | Unsecured notes and loans payable to unrelated the | | | 810,619. | 24 | |
| | 25 | Other liabilities (including federal income tax, payal | | | | | |
| | | parties, and other liabilities not included on lines 17 | 7-24). | Complete Part X | E04 107 | | 0 |
| | | | | | 504,197. | 25 | 1 252 757 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,764,431. | 26 | 1,252,757. |
| S | | Organizations that follow FASB ASC 958, check | here | · X | | | |
| JCe | | and complete lines 27, 28, 32, and 33. | | | 6 562 920 | 0= | E 0/0 /1E |
| <u>a</u> | 27 | | | ····· | 6,562,820. 9,713,822. | | 5,949,415. 6,273,914. |
| d B | 28 | Net assets with donor restrictions | | | 9,113,022. | 28 | 0,2/3,914. |
| ڃ | | Organizations that do not follow FASB ASC 958, | , cne | CK nere | | | |
| P | | and complete lines 29 through 33. | | | | 00 | |
| ţ | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or equip | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated incor | | | 16,276,642. | 31 | 12,223,329. |
| ž | 32 | Total net assets or fund balances | | | 19,041,073. | 32 | |
| | 33 | Total liabilities and net assets/fund balances | | | 19,041,013. | 33 | 13,476,086 |

| Pai | T XI Reconciliation of Net Assets | | | | | |
|-----|---|----------|---------|------|-----|-------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 730 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 98: | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3 | 25 | 3,2 | 74. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 16 | 27 | 5,6 | 42. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -77! | 5,6 | 00. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | -' | 7,9 | <u>49.</u> 90. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | -1 | 5,4 | 90. |
| 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 | 22 | 3,3 | 29. |
| Pai | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | 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: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| За | 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? | | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | Form | 990 | (2022) |

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MOISHE HOUSE 26-2599786 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec | ction A. Public Support | | | | | | |
|----------|--|------------------------|----------------------|---------------------|-----------------------|--------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 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 organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 15655745. | 16150457. | 9268089. | 19900482. | 15171403. | 76146176. |
| | | | | | | | |
| Ū | 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, | | | | | | |
| | . (6) | | | | | | 24278169. |
| • | *************************************** | | | | | | 51868007. |
| | Public support. Subtract line 5 from line 4. | | | | | | D1000007. |
| | ••• | (a) 2019 | /b) 2010 | (a) 2020 | (4) 2021 | (a) 2022 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2018 15655745. | (b) 2019 | (c) 2020 | (d) 2021 19900482. | (e) 2022 | (f) Total 76146176. |
| | Amounts from line 4 | 13033743. | 10130437. | 9200009. | 19900402. | 131/1403. | 70140170. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 25 246 | 146 451 | CC 100 | 124 407 | 201 402 | F72 OFF |
| | and income from similar sources | 25,346. | 146,451. | 66,188. | 134,48/ | 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. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 76785941. |
| | Gross receipts from related activities, | • | , | | | 12 | 811,867. |
| 13 | First 5 years. If the Form 990 is for the | | | | | | |
| _ | organization, check this box and sto | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (| line 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | 67.55 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 64.55 <u>%</u> |
| 16a | 33 1/3% support test - 2022. If the | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qua | lifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | ts-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances to | | | = | | | |
| b | 10% -facts-and-circumstances test | - | • | * | - | | |
| | more, and if the organization meets the | _ | | | | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| <u> </u> | realization in the organization | 2.2 onoon u | | , , | , and box u | | (Form 990) 2022 |

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 | | | | | | |
|---|---------------------|--|----------------------|---------------------|------------------------|-----------|
| 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | Ī | I | <u> </u> | 1 | 1 |
| alendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | | | | | 1 | |
| loa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 4 First 5 years. If the Form 990 is for the | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organization | on, |
| check this box and stop here | - | ······································ | <u></u> | <u></u> | <u></u> | <u></u> [|
| ection C. Computation of Public | Support Per | centage | | | | |
| 5 Public support percentage for 2022 (lii | ne 8, column (f), d | livided by line 13, o | column (f)) | | 15 | |
| 6 Public support percentage from 2021 | Schedule A, Part | III, line 15 | | | 16 | |
| ection D. Computation of Inves | | | | | | |
| 7 Investment income percentage for 20 | 22 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | |
| 8 Investment income percentage from 2 | • | | | | 18 | |
| 9a 33 1/3% support tests - 2022. If the | | | | | | 7 is not |
| more than 33 1/3%, check this box an | | | | | | · · · |
| b 33 1/3% support tests - 2021. If the | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | |
| line 18 is not more than 33 1/3%, chec | | | | | | _ |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see in: | structions | L |

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

MOISHE HOUSE

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| Par | TIV Supporting Organizations (continued) | | | |
|--------|--|----------|-----|-----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sact | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| OCOL | tion of Type it oupporting organizations | | V | NI. |
| 4 | Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors | | Yes | No |
| | 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)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | • | | |
| | <i>7</i> • • | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Caat | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | , | |
| с 2 | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below. | truction | yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 162 | NO |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organ | izations | |
|------|--|----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | • | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| _4 | Add lines 1 through 3. | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | d Type III supporting orga | nization (see |

Schedule A (Form 990) 2022

instructions).

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ıed) | |
|----------|---|---|-------------------------------|------|----------------------------------|
| Secti | ion D - Distributions | . , , , , , , , , , , , , , , , , , , , | (00///// | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2022 | ıs | Distributable Amount for 2022 |
| _1_ | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| <u>a</u> | From 2017 | | | | |
| b | From 2018 | | | | |
| c | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| <u> </u> | 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, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8_ | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 Excess from 2022 | | | | |
| _ | LAGGGG HOTH AUAA | | | | |

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Employer identification number

Name of the organization MOISHE HOUSE 26-2599786 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

| MOISH | E HOUSE | 26 | -2599786 |
|------------|---|----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 2,688,406. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Name, address, and Zir + + | \$2,606,109. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>1,116,000</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$510,700. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$352,413. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

26-2599786

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | Name, address, and Zir + + | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Page 3

Name of organization Employer identification number

MOISHE HOUSE 26-2599786

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

Page 4

Name of organization **Employer identification number** MOISHE HOUSE 26-2599786 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MOISHE HOUSE

Employer identification number 26-2599786

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | Similar Funds | or Accounts | Complete if th | е |
|-----|--|---------------------------|----------------------|---|------------------------------------|------------|
| | organization disenses to our our coo, raintry, mis | (a) Donor advi | sed funds | (b) Funds | and other accou | nts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets I | neld in donor advise | ed funds | | |
| | are the organization's property, subject to the organization's e | exclusive legal control | > | | Yes | ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor ac | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | |
| | impermissible private benefit? | | | | Yes | ☐ No |
| Pai | rt II Conservation Easements. Complete if the org | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizatio | n (check all that apply |). | | | |
| | Preservation of land for public use (for example, recreat | ion or education) | Preservation of | a historically imp | oortant land area | |
| | Protection of natural habitat | | Preservation of | a certified histor | ic structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contr | bution in the form | of a conservation | easement on th | e last |
| | day of the tax year. | | | He | ld at the End of th | e Tax Year |
| а | Total number of conservation easements | | | 2a | | |
| b | | | | | | |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | | 2c | | |
| d | Number of conservation easements included in (c) acquired at | fter July 25,2006, and | not on a | | | |
| | historic structure listed in the National Register | | | 2d | | |
| 3 | Number of conservation easements modified, transferred, rele | | | | ing the tax | |
| | year | | | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | | | |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspe | ction, handling of | | | |
| | violations, and enforcement of the conservation easements it | holds? | | | Yes | ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, | and enforcing cons | ervation easeme | nts during the ye | ear |
| | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and | enforcing conservat | ion easements d | uring the year | |
| | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | , , | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | and section 170(h)(4)(B)(ii)? | | | | Yes | No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its rev | enue and expense | statement and | | |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organization | 's financial stateme | ents that describe | es the | |
| Da | organization's accounting for conservation easements. | Aut Historiaal To | | O::I A | | |
| Pal | organizations Maintaining Collections of | | easures, or Ot | ner Similar A | ssets. | |
| | Complete if the organization answered "Yes" on Form | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | ' | | | | |
| | of art, historical treasures, or other similar assets held for publ | | | - | lic | |
| | service, provide in Part XIII the text of the footnote to its finance | | | | | |
| b | , , | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, | or research in furth | erance of public | service, | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | |
| | | | | \$_ | | |
| 2 | If the organization received or held works of art, historical trea | | | gain, provide | | |
| | the following amounts required to be reported under FASB AS | | | | | |
| | , | | | | | |
| | Assets included in Form 990, Part X | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | | Sc | hedule D (Form | 990) 2022 |

232051 09-01-22

| Pai | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Oth | er Sii | milar <i>i</i> | Assets | (contir | nued) | J |
|--|---|-----------------------|-------------------------|----------------------|------------------------------|----------------|------------|----------------|--------|--------------|
| 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): | | | | | | | | | |
| а | Public exhibition d Loan or exchange program | | | | | | | | | |
| b | Scholarly research e Other | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's ex | empt p | ourpose | in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations o | f art, historical treas | ures, or other simil | ar asse | ets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arrang | | ete if the organization | n answered "Yes" (| on Forr | m 990, I | Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | _ | - | _ | _ |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the foll | owing table: | | _ | <u> </u> | | | | |
| | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| | Did the organization include an amount on Fo | | | | - | | L | Yes | L | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | <u></u> |
| Pai | T V Endowment Funds. Complete it | | | | | Fl | 1 1. | /) F | | la a a la |
| | | (a) Current year | (b) Prior year | (c) Two years back | + ` _ | inree yea | ars back | (e) Four | years | раск |
| 1a | Beginning of year balance | 1,183,616. | 1,097,440. | 1,028,856 | | | | | | |
| b | Contributions | 227 272 | 104 550 | 110.051 | | 1,000 | | | | |
| С | Net investment earnings, gains, and losses | -207,979. | 134,558. | 112,061 | • | 7 | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | 10.501 | | | | | | | |
| | and programs | | 40,691. | 40,940 | · | | | | | |
| f | Administrative expenses | | 7,691. | 2,537 | | | 4,812. | | | |
| g | End of year balance | 975,637. | 1,183,616. | 1,097,440 | • | 1,028 | 8,856. | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | (line 1g, column (a) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment100 | % | | | | | | | | |
| С | | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | • | | | | | | | | |
| 3a | Are there endowment funds not in the possession of the organization that are held and administered for the | | | | | | | | | |
| | organization by: | | | | | | | $\overline{}$ | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | Х | 37 |
| _ | (ii) Related organizations | | | | | | | 3a(ii) | | <u>X</u> |
| | If "Yes" on line 3a(ii), are the related organization | | | | | | | 3b | | |
| Dai | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment | organization's endov | vment funds. | | | | | | | |
| Fai | | | Dort IV line 11e C | oo Form 000 Port | V line | 10 | | | | |
| | 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) Boo | k valu | е |
| | | ` | ient) Dasis (| (Otrier) | rebrec | ialiOH | | | | |
| | Land | I | | F 400 | 42,075. 513,325. | | | | 2 = | |
| | Buildings | | 35 | 5,400. | 4 2 | ٠, U / ١ | ٠. | Э1. | J, J. | <u> </u> |
| C | Leasehold improvements | | | | | | | | | |
| | Equipment | | 15 | 2,506. | ۵, | 1,93 | _ | 3 Ľ ' | 7,5' | 71 |
| e | Other | 1 | 1 40 | ⊿ , J∪∪• | 25 | ェ,シン. | J • I | JJ | , , , | <i>,</i> _ • |

Schedule D (Form 990) 2022

870,896.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

| Schedule D (Form 990) 2022 MOISHE HOUS | E | 2 | 6-2599786 _{Ра} | ige 3 |
|--|----------------------------|--|-------------------------|-------|
| 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 e | nd-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 e | nd-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" | | 11d. See Form 990, Part X, line 15. | T 63 | |
| | Description | 20101111 | (b) Book value | |
| (1) BENEFICIAL INTEREST IN ASS | SETS HELD BY (| COMMUNITY | 075 63 | |
| (2) FEDERATION | | | 975,63 | 8. |
| (3) | | | | |
| | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | 975,63 | 8. |
| 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 2 | | |
| 1. (a) Description of liability | | | (b) Book value | |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |

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

Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Sche | dule D (Form 990) 2022 MOISHE HOUSE | | | 26- | 2599786 Page 4 |
|------|--|------------|----------------|-------|----------------|
| Pai | t XI Reconciliation of Revenue per Audited Financial Staten | nents With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | |
| 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: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -775,600. | | |
| b | Donated services and use of facilities | 2b | 119,517. | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | 112,099. | | |
| е | 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: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 37,967. | | |
| b | Other (Describe in Part XIII.) | 4b | 43,986. | | |
| С | 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. |
| Pa | T XII Reconciliation of Expenses per Audited Financial State | ments With | Expenses per F | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | |
| 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: | | | | |
| а | Donated services and use of facilities | 2a | 119,517. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 190,065. | | |
| е | 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: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 37,967. | | |
| b | Other (Describe in Part XIII.) | 4b | 43,986. | | |
| С | 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.

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** MOISHE HOUSE 26-2599786 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? 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.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, (by type) (such as, fundraising, proexpenditures offices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE EAST ASIA AND THE PACIFIC 0 0 PROGRAM SERVICES HOUSE WITHOUT WALLS 138,546. MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE PROGRAM SERVICES HOUSE WITHOUT WALLS 1,096,857. EUROPE 1 11 MOISHE HOUSES, LEARNING RETREATS, TRAINING MIDDLE EAST AND CONFERENCES, MOISHE HOUSE WITHOUT WALLS NORTH AFRICA 0 2 PROGRAM SERVICES 801,604. MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE HOUSE WITHOUT WALLS NORTH AMERICA 0 1 PROGRAM SERVICES 114,177. MOISHE HOUSES, LEARNING RETREATS, TRAINING RUSSIA AND CONFERENCES, MOISHE HOUSE WITHOUT WALLS NEIGHBORING STATES 0 4 PROGRAM SERVICES 353,271. MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE SOUTH AMERICA 0 2 PROGRAM SERVICES HOUSE WITHOUT WALLS 216,620. MOISHE HOUSES, LEARNING RETREATS, TRAINING CONFERENCES, MOISHE SUB-SAHARAN AFRICA 0 0 PROGRAM SERVICES HOUSE WITHOUT WALLS 8,893. 20 2,729,968. 3 a Subtotal 1 **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 2,729,968. and 3b)

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

Schedule F (Form 990) 2022

232071 10-17-22

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | |
|--|---|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---|---|--|--|
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| | | | | | | | | | | |
| 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax | | | | | | | | | | |
| exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities | | | | | | | | | | |

Page 2

MOISHE HOUSE 26-2599786 Schedule F (Form 990) 2022 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022 MOISHE HOUSE 26-2599786 Page 4

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 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 Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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) 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 Yes X No Fund (see Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see Instructions for Form 8865) 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)

Schedule F (Form 990) 2022

Yes X 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

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

MOISHE HOUSE

| | MOISHE HOUSE | 26-259978 | 6 | |
|----|---|-----------|-----|----|
| Pa | art I Questions Regarding Compensation | | | |
| | · | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9 | 990, | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for person | nal use | | |
| | Travel for companions Payments for business use of personal res | sidence | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeu | r, chef) | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 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 | on to | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation co | ommittee | | |
| | | | | |
| 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | | | Х |
| | 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 | n l | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | l | | Х |
| | 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 | n | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | | | X |
| | 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 | | Х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

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 (D) Nontaxab benefits | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--|-------------------------------------|---|---|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) DAVID CYGIELMAN | (i) | 358,512. | 27,600. | 0. | 9,173. | 11,501. | 406,786. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ROBERT DORSEY | (i) | 186,894. | 14,800. | 0. | 911. | 11,512. | 214,117. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JENNIFER ROSEN | (i) | 176,736. | 14,755. | 0. | 5,727. | 16,736. | 213,954. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) TIFFANY HARRIS | (i) | 167,291. | 9,900. | 0. | 5,404. | 7,003. | 189,598. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ANN BAUMGARTEN | (i) | 150,607. | 8,808. | 0. | 4,806. | 9,757. | 173,978. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) LANDER GOLD | (i) | 150,863. | 0. | 0. | 4,735. | 12,235. | 167,833. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) FAITH LEENER | (i) | 134,754. | 0. | 0. | 4,182. | 14,231. | 153,167. | 0. |
| | (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) | | | | | | | |
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| | (i) | _ | | _ | | | | |
| | (ii) | | | | | | | |

Page 2

| 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 EM | PLOYEES RECEIVED BONUS PAYMENTS: | | | | |
| | | | | | |
| DAVID CYGIELMAN | \$27,600 | | | | |
| ROBERT DORSEY | \$14,800 | | | | |
| JENNIFER ROSEN | \$14,755 | | | | |
| TIFFANY HARRIS | \$9,900 | | | | |
| ANNA BAUMGARTEN | \$8,808 | | | | |
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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 CALIFORNIA FOR THEIR FRIENDS HOSTING SHABBAT DINNERS IN OAKLAND, 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 MOISHE HOUSE'S MODELS TRAIN, SUPPORTAND EMPOWERS YOUNG JEWISH LEADERS AS THEY CREATE MEANINGFUL EXPERIENCES IN THEIR LOCAL COMMUNITIES FOR THEMSELVES AND THEIR PEERS.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE DRAFT IS

REVIEWED BY STAFF AND SENT TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE.

THOSE INDIVIDUALS REVIEW AND, IF APPLICABLE, DISCUSS ANY LINE ITEMS IN THE

RETURN WITH THE ACCOUNTANTS. WHEN ALL ITEMS ARE FOUND TO BE ACCEPTABLE, THE

ORGANIZATION AUTHORIZES THE OUTSIDE ACCOUNTING FIRM TO ELECTRONICALLY FILE

THE RETURN WITH THE IRS.

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

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

THE BOARD OF DIRECTORS. EACH INDIVIDUAL NEEDS TO LIST CONFLICTS OF INTEREST

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization

MOISHE HOUSE

Employer identification number 26-2599786

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:

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization 26-2599786 MOISHE HOUSE 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 Schedule O (Form 990) 2022 Page 2

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

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.

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization MOISHE HOUSE

Employer identification number 26-2599786

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

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

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

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

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

PARTIES.

4HQ - 4HQ ISRAEL ENCOUNTERS IS A YEARLONG FELLOWSHIP OF WEBINARS,
IN-PERSON GATHERINGS, 1-ON-1 MENTORING SESSIONS AND ONE WEEKLONG TRIP
THROUGH ISRAEL. THE AIM OF THIS PROGRAM IS TO EQUIP PARTICIPANTS WITH
THE KNOWLEDGE, SKILLS AND CONFIDENCE NECESSARY TO CREATE AND FACILITATE
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.

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| 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: | |
| | _16_490 |
| 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

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