

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BOARD OF JEWISH EDUCATION, INC.</b> Doing business as <b>THE JEWISH EDUCATION PROJECT</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>520 EIGHTH AVENUE, 15TH FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10018</b> <b>F</b> Name and address of principal officer: <b>DR. DAVID BRYFMAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1632519</b> <b>E</b> Telephone number <b>646-472-5375</b> <b>G</b> Gross receipts \$ <b>39,799,987.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>HTTPS://WWW.JEWISHEDPROJECT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1939</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE AND EMPOWER EDUCATORS TO CREATE TRANSFORMATIVE JEWISH EXPERIENCES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>62</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>32</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>36,484,036.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>2,241,401.</b>	<b>2,119,391.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,259.</b>	<b>253,490.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-88,761.</b>	<b>-117,208.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38,642,935.</b>	<b>39,530,501.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,264,692.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,803,984.</b>	<b>8,149,255.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>1,227,611.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,070,461.</b>	<b>7,941,812.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>34,139,137.</b>	<b>35,960,278.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>4,503,798.</b>	<b>3,570,223.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>16,245,183.</b>	<b>34,939,226.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>5,708,285.</b>	<b>20,425,184.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>10,536,898.</b>	<b>14,514,042.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DR. DAVID BRYFMAN, CHIEF EXECUTIVE OFFICER</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>EVA MRUK</b>	Preparer's signature <b>EVA MRUK</b>
	Firm's name <b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>	Date <b>05/15/24</b>
	Firm's address <b>500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00543254</b>
		Firm's EIN <b>87-3231666</b>
		Phone no. <b>914-381-8900</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION WAS FOUNDED TO PROVIDE COMPREHENSIVE SERVICES TO JEWISH DAY, CONGREGATIONAL, AND NURSERY SCHOOLS AS WELL AS GROUP LEADERS FROM COMMUNITY CENTERS. IN THE ORGANIZATION'S NEW ITERATION, THE ORGANIZATION FOCUSES ON SPARKING AND SPREADING INNOVATIONS IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 25,446,628. including grants of \$ 19,292,437. ) (Revenue \$ ) ROOTONE - SEEDED BY A GENEROUS GRANT FROM THE MARCUS FOUNDATION AND POWERED BY THE ORGANIZATION, ROOTONE PROVIDES MAJOR SUBSIDIES FOR TRIP PARTICIPANTS (CALLED ROOTONE VOUCHERS), INVESTS IN ELEVATING TRIP CURRICULA AND EXPERIENCES, AND WORKS WITH ITS PARTNERS TO CREATE DEEPER PRE- AND POST-TRIP ENGAGEMENT OPPORTUNITIES TO HELP STRENGTHEN PARTICIPANTS' JEWISH IDENTITIES AND CONNECTIONS TO ISRAEL BEFORE THEY BEGIN COLLEGE.

4b (Code: ) (Expenses \$ 2,369,337. including grants of \$ 575,274. ) (Revenue \$ 25,300. ) CROSS AGENCY - AS THE ORGANIZATION WORKS TO ENSURE JEWISH EDUCATION REMAINS RELEVANT AND MEANINGFUL IN PEOPLE'S LIVES, WE OFFER JEWISH EDUCATIONAL OPTIONS OUTSIDE OF TRADITIONAL FRAMEWORKS. THESE PILOT PROGRAMS ARE TEACHING A GREAT DEAL ABOUT TODAY'S JEWISH FAMILIES AND, BY TRACKING IN A NEWLY IMPLEMENTED AGENCY-WIDE DATABASE, THE ORGANIZATION WILL ENSURE THAT IT IS BUILDING PROGRAMS GROUNDED IN CONCRETE DATA.

4c (Code: ) (Expenses \$ 1,944,104. including grants of \$ 524. ) (Revenue \$ 1,268,637. ) DAY SCHOOLS - THROUGH LEADERSHIP, INNOVATION, PROFESSIONAL NETWORKS, AND GOVERNMENT RELATIONS, THE ORGANIZATION TURNS GOVERNMENT FUNDING FOR PROFESSIONAL DEVELOPMENT INTO USABLE GOODS AND SERVICES FOR SCHOOL TEACHERS AND LEADERS. EXAMPLES OF THESE "GOODS AND SERVICES" INCLUDE PROFESSIONAL DEVELOPMENT FOR APPROXIMATELY 10,000 TEACHERS EVERY YEAR AND MANDATED SERVICES WITHIN SCHOOLS. ADDITIONALLY, WITH UNITED JEWISH APPEAL ("UJA") AND FOUNDATION SUPPORT, THE ORGANIZATION WORKS WITH SCHOOL LEADERS TO INTRODUCE EDUCATIONAL INNOVATIONS INTO THEIR SCHOOLS THAT WILL HAVE GREATER IMPACT ON STUDENT LEARNING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,050,914. including grants of \$ 976. ) (Revenue \$ 825,021. )

4e Total program service expenses 32,810,983.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a 32		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 32		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**JENNIFER WEITZMAN - 646-472-5375**  
**520 EIGHTH AVENUE, 15TH FLOOR, NEW YORK, NY 10018**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DAVID BRYFMAN CHIEF EXECUTIVE OFFICER	45.00			X			379,286.	0.	59,439.	
(2) NESSA LIBEN CHIEF ADVANCEMENT OFFICER	45.00				X		277,337.	0.	56,233.	
(3) SIMON AMIEL EXECUTIVE DIRECTOR, ROOTONE	45.00					X	261,362.	0.	23,682.	
(4) STEVEN GOLDBERG CHIEF OPERATING OFFICER	45.00			X			241,310.	0.	43,513.	
(5) SUSAN WACHSTOCK CHIEF PROGRAM OFFICER	45.00				X		217,969.	0.	61,540.	
(6) SARA SELIGSON, MANAGING DIR., DAY SCHOOLS & YESHIVOT/SCHOOL FOOD	45.00					X	168,251.	0.	47,233.	
(7) REBECCA PORATH, SENIOR DIRECTOR, LEGAL AND BUSINESS OPS	45.00					X	170,936.	0.	40,001.	
(8) JENNIFER WEITZMAN MANAGING DIRECTOR OF FINANCE	45.00			X			160,476.	0.	47,731.	
(9) JUDITH TALESNICK, MANAGING DIRECTOR, DAY SCHOOLS & YESHIVOT	45.00					X	140,011.	0.	54,439.	
(10) HILA ROSENMMAN, DIRECTOR OF STRATEGY & PROGRAM FOR ROOTONE	45.00					X	146,228.	0.	11,998.	
(11) LOIS KOHN-CLAAR PRESIDENT	2.00	X		X			0.	0.	0.	
(12) MARTINE FLEISHMAN CHAIRMAN	2.00	X		X			0.	0.	0.	
(13) KAREN EVERETT VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(14) GARY WINGENS TREASURER	2.00	X		X			0.	0.	0.	
(15) AMY YENKIN SECRETARY	2.00	X		X			0.	0.	0.	
(16) NATALIE ALTERMAN DIRECTOR	1.00	X					0.	0.	0.	
(17) CAROL AUERBACH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOUISE CHAZEN BANON DIRECTOR	1.00	X					0.	0.	0.	
(19) ELLA CHINITZ DIRECTOR	1.00	X					0.	0.	0.	
(20) DAVID DABSHECK DIRECTOR	1.00	X					0.	0.	0.	
(21) STEVEN FASMAN DIRECTOR	1.00	X					0.	0.	0.	
(22) MICHAEL FOREMAN DIRECTOR	1.00	X					0.	0.	0.	
(23) DAMMARA KOVNATS HALL DIRECTOR	1.00	X					0.	0.	0.	
(24) SCOTT HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(25) CHESKY HOLTZBERG DIRECTOR	1.00	X					0.	0.	0.	
(26) SAUL KAISERMAN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							2,163,166.	0.	445,809.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,163,166.	0.	445,809.	

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 22

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE ICENTER, 95 REVERE DRIVE, SUITE D, NORTHBROOK, CA 60062	EDUCATIONAL SERVICES	591,800.
ROSOV CONSULTING, LLC, 2095 ROSE STREET, SUITE 101, BERKELEY, CA 94709	CONSULTING SERVICES	520,883.
GIZRA USA, LLC 2518 N. FRANCISCO AVENUE, CHICAGO, IL 60647	INFORMATION TECHNOLOGY SERVICES	347,599.
TECHUNITY, LTD, KING GEORGE 48 STREET, JERUSALEM, ISRAEL 9426218	INFORMATION TECHNOLOGY SERVICES	310,855.
EASTERN SUFFOLK BOCES 201 SUNRISE HIGHWAY, PATCHOGUE, NY 11772	EDUCATIONAL SERVICES	299,496.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MOSHE KLEIN DIRECTOR	1.00	X						0.	0.	0.
(28) ROSEMARIE KLIPPER DIRECTOR	1.00	X						0.	0.	0.
(29) MARK KRAVITZ DIRECTOR	1.00	X						0.	0.	0.
(30) SAMARA MINKIN DIRECTOR	1.00	X						0.	0.	0.
(31) JAMI MOORE DIRECTOR	1.00	X						0.	0.	0.
(32) RICHARD MORSE DIRECTOR	1.00	X						0.	0.	0.
(33) CRAIG PADOVER DIRECTOR	1.00	X						0.	0.	0.
(34) IRINA RAKHLIS DIRECTOR	1.00	X						0.	0.	0.
(35) MONIQUE RECHTSCHAFFEN DIRECTOR	1.00	X						0.	0.	0.
(36) ANNA PROPP RIESENBERG DIRECTOR	1.00	X						0.	0.	0.
(37) STEPHEN RUTENBERG DIRECTOR	1.00	X						0.	0.	0.
(38) PHILIP SCHATTEN DIRECTOR	1.00	X						0.	0.	0.
(39) PETER STERN DIRECTOR	1.00	X						0.	0.	0.
(40) GISELLE WEISSMAN DIRECTOR	1.00	X						0.	0.	0.
(41) MERYL WIENER DIRECTOR	1.00	X						0.	0.	0.
(42) TIKVAH WIENER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	3,927,877.				
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	486,569.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	32,860,382.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			37,274,828.			
Program Service Revenue	<b>2 a</b>	EDUCATIONAL SUPPORT SERVICES	<b>Business Code</b>	611710	1,599,660.	1,599,660.		
	<b>b</b>	SCHOOL FOOD SERVICES		624210	519,731.	519,731.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			2,119,391.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			253,490.		253,490.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	52,278.			
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>		72,621.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>		-20,343.			
	<b>d</b>	Net rental income or (loss) .....			-20,343.		-20,343.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b>	Gain or (loss) .....	<b>7c</b>					
<b>d</b>	Net gain or (loss) .....							
<b>8 a</b>	Gross income from fundraising events (not including \$ 486,569. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>		196,432.				
<b>c</b>	Net income or (loss) from fundraising events .....			-196,432.		-196,432.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>		433.				
<b>c</b>	Net income or (loss) from sales of inventory .....			-433.	-433.			
Miscellaneous Revenue	<b>11 a</b>	BAD DEBT RECOVERY	<b>Business Code</b>	990009	100,000.		100,000.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			100,000.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			39,530,501.	2,118,958.	0.	136,715.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,420,292.	19,420,292.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	4,319.	4,319.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	444,600.	444,600.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,548,144.	873,239.	423,742.	251,163.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,229,939.	3,982,306.	735,260.	512,373.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	263,854.	201,908.	41,462.	20,484.
<b>9</b> Other employee benefits	638,676.	485,486.	98,802.	54,388.
<b>10</b> Payroll taxes	468,642.	353,792.	72,894.	41,956.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	22,311.		22,311.	
<b>c</b> Accounting	42,100.		42,100.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,409,583.	4,182,784.	121,237.	105,562.
<b>12</b> Advertising and promotion	781,681.	739,551.	1.	42,129.
<b>13</b> Office expenses	196,057.	156,661.	20,917.	18,479.
<b>14</b> Information technology	361,264.	245,227.	80,844.	35,193.
<b>15</b> Royalties				
<b>16</b> Occupancy	865,328.	764,450.		100,878.
<b>17</b> Travel	240,774.	191,263.	37,668.	11,843.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	123,087.	49,020.	72,858.	1,209.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	49,463.		49,463.	
<b>23</b> Insurance	74,112.	25,878.	48,234.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD EXPENSES</b>	483,697.	468,616.	13,928.	1,153.
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	148,907.	100,477.	34,978.	13,452.
<b>c</b> <b>STAFF RECRUITMENT</b>	125,994.	106,496.	3,959.	15,539.
<b>d</b> <b>MISCELLANEOUS EXPENSES</b>	11,258.	9,516.	354.	1,388.
<b>e</b> All other expenses	6,196.	5,102.	672.	422.
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,960,278.	32,810,983.	1,921,684.	1,227,611.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,193,401.	<b>1</b>	1,642,382.
	<b>2</b> Savings and temporary cash investments .....	6,740,177.	<b>2</b>	20,740,461.
	<b>3</b> Pledges and grants receivable, net .....	1,951,619.	<b>3</b>	5,137,617.
	<b>4</b> Accounts receivable, net .....	317,612.	<b>4</b>	204,058.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,051.	<b>9</b>	1,386.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,865,875.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,840,760.	74,578.	<b>10c</b> 25,115.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,952,426.	<b>12</b>	5,609,347.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,319.	<b>15</b>	1,578,860.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,245,183.	<b>16</b>	34,939,226.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,965,334.	<b>17</b>	13,726,975.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,550,521.	<b>19</b>	6,418,659.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	192,430.	<b>25</b>	279,550.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,708,285.	<b>26</b>	20,425,184.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,561,898.	<b>27</b>	7,847,627.
	<b>28</b> Net assets with donor restrictions .....	2,975,000.	<b>28</b>	6,666,415.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,536,898.	<b>32</b>	14,514,042.
	<b>33</b> Total liabilities and net assets/fund balances .....	16,245,183.	<b>33</b>	34,939,226.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,530,501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,960,278.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,570,223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,536,898.
5	Net unrealized gains (losses) on investments	5	406,921.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,514,042.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> BOARD OF JEWISH EDUCATION, INC.	<b>Employer identification number</b> 13-1632519
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7676153.	7649101.	13489439.	36484036.	37274828.	102573557
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7676153.	7649101.	13489439.	36484036.	37274828.	102573557
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						56055208.
<b>6 Public support.</b> Subtract line 5 from line 4.						46518349.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	7676153.	7649101.	13489439.	36484036.	37274828.	102573557
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	120,999.	128,582.	78,889.	60,854.	305,768.	695,092.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					100,000.	100,000.
<b>11 Total support.</b> Add lines 7 through 10						103368649
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	17,556,946.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	45.00 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	54.90 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

BAD DEBT RECOVERY

2022 AMOUNT: \$ 100,000.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**BOARD OF JEWISH EDUCATION, INC.**

Employer identification number

**13-1632519**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>BOARD OF JEWISH EDUCATION, INC.</b>	Employer identification number  <b>13-1632519</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>20,008,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>3,927,877.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>2,892,573.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>1,539,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOARD OF JEWISH EDUCATION, INC.</b>	Employer identification number  <b>13-1632519</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BOARD OF JEWISH EDUCATION, INC.</b>	Employer identification number  <b>13-1632519</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>BOARD OF JEWISH EDUCATION, INC.</b>	Employer identification number  <b>13-1632519</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization BOARD OF JEWISH EDUCATION, INC. Employer identification number 13-1632519

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, conservation contribution details (2a-2d), monitoring expenses, and reporting requirements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100,000.	100,000.	100,000.	105,121.	109,566.
b Contributions					
c Net investment earnings, gains, and losses					2,555.
d Grants or scholarships					
e Other expenditures for facilities and programs				5,121.	7,000.
f Administrative expenses					
g End of year balance	100,000.	100,000.	100,000.	100,000.	105,121.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		963,932.	963,932.	0.
d Equipment		450,189.	425,074.	25,115.
e Other		451,754.	451,754.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,115.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) UJA POOLED INVESTMENT	5,609,347.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,609,347.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	34,599.
(3) OPERATING LEASE LIABILITY	244,951.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	279,550.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	39,597,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	406,921.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	72,621.	
e	Add lines 2a through 2d	2e		479,542.
3	Subtract line 2e from line 1		3	39,117,908.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	412,593.	
c	Add lines 4a and 4b	4c		412,593.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	39,530,501.

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

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

1	Total expenses and losses per audited financial statements		1	35,620,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	72,621.	
e	Add lines 2a through 2d	2e		72,621.
3	Subtract line 2e from line 1		3	35,547,685.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	412,593.	
c	Add lines 4a and 4b	4c		412,593.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	35,960,278.

**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 ORGANIZATION'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS. INCOME FROM THE DONOR-RESTRICTED ENDOWMENT IS RESTRICTED FOR JEWISH FAMILY EDUCATION. DONOR-RESTRICTED ENDOWMENT FUNDS ARE NOT AVAILABLE FOR GENERAL EXPENDITURE.

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR

**Part XIII** Supplemental Information (continued)

PERIODS PRIOR TO JUNE 30, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 72,621.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOOD EXPENSES INCLUDED IN REVENUE IN AFS 412,593.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 72,621.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOOD EXPENSES INCLUDED IN REVENUE IN AFS 412,593.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>BOARD OF JEWISH EDUCATION, INC.</b>	Employer identification number <b>13-1632519</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	TRAVEL EXPENSES RELATED TO MEDICAL PRO: ROOTONE EXPENSES (\$2) AND CONGREGATIONAL SERVICE	181,434.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		444,600.
<b>3 a</b> Subtotal .....	0	1			626,034.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	1			626,034.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2022  
SEE PART V FOR COLUMN (E) DESCRIPTIONS



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

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)
		MIDDLE EAST AND NORTH AFRICA	SEE PART V	281,400.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SEE PART V	163,200.	WIRE	0.		

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 ..... **2**

3 Enter total number of other organizations or entities ..... **0**



Part IV Foreign Forms

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

GRANTEE ORGANIZATIONS SIGN A GRANT AGREEMENT THAT ARTICULATES THE POINTS OF GRANT PERFORMANCE AND LEGAL PARAMETERS OF THE GRANT AND THE GRANTEE OBLIGATIONS.

THE GRANT FUNDS ARE PAID IN FOLLOWING MANNER:

A. 25% UPON COMPLETING AND SIGNING THE GRANT AGREEMENT AND SUBMISSION OF PROGRAM BUDGET, PROGRAM PLAN, AND INITIAL PARTICIPANT LIST (NOV/DEC)

B. 65% UPON SUCCESSFUL SUBMISSION OF UPDATED PROJECT BUDGET, INFRASTRUCTURE REQUEST UPDATE REPORT, AND FINAL PARTICIPANT LIST (MAY/JUNE)

C. 10% UPON RECEIPT OF FINAL REPORT AND SURVEYS (OCTOBER)

**PART I, LINE 3:**

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

**PART I, LINE 3, COLUMN (E):**

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL EXPENSES RELATED TO MEDICAL PRO: ROOTONE EXPENSES (\$2) AND CONGREGATIONAL SERVICE EXPENSES (\$181,432)



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING EVENT		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	486,569.		486,569.
	2	Less: Contributions	486,569.		486,569.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	55,815.		55,815.
	7	Food and beverages	38,897.		38,897.
	8	Entertainment	11,429.		11,429.
	9	Other direct expenses	90,291.		90,291.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			196,432.
11	Net income summary. Subtract line 10 from line 3, column (d)			-196,432.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **BOARD OF JEWISH EDUCATION, INC.** Employer identification number **13-1632519**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA - 40 RECTOR, 4TH FLOOR - NEW YORK, NY 10006	13-5623717	501(C)(3)	3,636,600.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH COMMUNITY CENTERS ASSOC OF NORTH AMERICA - 520 8TH AVE, 4TH FL - NEW YORK, NY 10018	13-5599486	501(C)(3)	3,623,560.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
B'NAI B'RITH YOUTH ORGANIZATION INC - 800 EIGHTH STRET NW - WASHINGTON, DC 20001	31-1794932	501(C)(3)	3,228,065.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
UNION FOR REFORM JUDAISM 633 THIRD AVENUE, 7TH FL NEW YORK, NY 10017	13-1663143	501(C)(3)	2,297,900.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC - 78 RANDALL AVE - ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	936,600.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
MERKOS L'INYONEI CHINUCH INC. 770 EASTERN PARKWAY BROOKLYN, NY 11213	11-6001111	501(C)(3)	882,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **50.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ISRAEL SCOUTS, INC. 575 8TH AVE, 11TH FL NEW YORK, NY 10018	13-3843506	501(C)(3)	589,800.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
YOUNG JUDEA GLOBAL, INC. 575 EIGHTH AVE, 11TH FLOOR NEW YORK, NY 10018	45-2640858	501(C)(3)	498,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
MACCABI USA 1511 WALNUT STREET, SUITE 401 PHILADELPHIA, PA 19102	13-1810938	501(C)(3)	410,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
NATIONAL RAMAH COMMISSION, INC. 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	399,620.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
ELI AND BESSIE COHEN CAMPS 888 WORCESTER ST. #350 WELLESLEY, MA 02482	04-6152862	501(C)(3)	331,800.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISHCOLORADO 300 S DAHLIA ST DENVER, CO 80246	01-0831698	501(C)(3)	208,900.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM - 3080 BROADWAY, SUITE B208 - NEW YORK, NY 10027	13-1659707	501(C)(3)	186,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH RECONSTRUCTIONIST CAMPING CORPORATION - 1299 CHURCH RD - WYNCOTE, PA 19095	36-4478803	501(C)(3)	176,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
PERLMAN CAMP 11820 PARKLAWN DR. SUITE 380 ROCKVILLE, MD 20952	27-2025066	501(C)(3)	155,600.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP MICAH, LLC 1101 LAGRANGE STREET CHESTNUT HILL, MA 02467	04-3488247		147,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
FRIENDS OF YOUNG JUDEA PO BOX 57450 BABSON PARK, MA 02457	02-0241080	501(C)(3)	130,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
SEPHARDIC TRADITION AND RECREATION, INC. - 339 S ROBERTSON BLVD, #204 - BEVERLY HILLS, CA 90211	95-4692703	501(C)(3)	120,600.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH FEDERATION OF ST. LOUIS 12 MILLSTONE CAMPUS DR. ST LOUIS, MO 63146	43-0652643	501(C)(3)	113,300.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
ISRAEL LACROSSE ASSOCIATION 1501 BROADWAY 21ST FLOOR NEW YORK, NY 10036	45-3857764	501(C)(3)	97,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
KEN JEWISH COMMUNITY 11860 CARMEL CREEK RD, SUITE G SAN DIEGO, CA 92130	33-0070645	501(C)(3)	93,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH NATIONAL FUND KEREN KAYEMETH LEISRAEL, INC. - 42 E 69TH STREET - NEW YORK, NY 10021	13-1659627	501(C)(3)	60,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CAMP YAVNEH, INC. 321 WALNUT ST. #460 NEWTONVILLE, MA 02460	04-6004710	501(C)(3)	55,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
KIMAMA NY, INC. 405 LEXINGTON AVENUE, 9TH FL NEW YORK, NY 10174	83-4079100		54,650.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMARACK CAMPS 6735 TELEGRAPH ROAD, SUITE 380 BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	48,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
HASHOMER HATZAIR, INC. 500 7TH AVENUE, 8TH FL NEW YORK, NY 10018	13-5653335	501(C)(3)	42,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH FEDERATION OF GREATER HOUSTON - 5603 SOUTH BRAESWOOD - HOUSTON, TX 77096	74-1109654	501(C)(3)	37,950.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
NEW JERSEY FEDERATION OF YOUNG MENS HEBREW ASSOC - 21 PLYMOUTH STREET - FAIRFIELD, NJ 07004	22-1478266	501(C)(3)	37,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
MANDEL JEWISH COMMUNITY CENTER OF CLEVELAND - 26001 SOUTH WOODLAND ROAD - BEACHWOOD, OH 44122	34-0714439	501(C)(3)	32,840.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
MOISE SAFRA COMMUNITY CENTER, INC. 130 EAST 82ND STREET NEW YORK, NY 10028	45-4001460	501(C)(3)	31,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CONGREGATION BETH ISRAEL OF PHOENIX - 10460 N. 56TH STREET - PARADISE VALLEY, AZ 85253	86-0113949	501(C)(3)	27,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
MICHAEL-ANN RUSSEL JEWISH COMMUNITY CENTER, INC. - 18900 NE 25TH AVENUE - MIAMI, FL 33180	59-2791269	501(C)(3)	25,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
SHALOM INSTITUTE CAMP AND CONFERENCE CENTER - 1014 S. WESTLAKE BLVD. - WESTLAKE VILLAGE, CA 91361	84-1652923	501(C)(3)	22,800.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER DALLAS - 7800 NORTHAVEN ROAD - DALLAS, TX 75230-3226	75-0800654	501(C)(3)	20,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH - 5738 FORBES AVENUE - PITTSBURGH, PA 15217	25-1094514	501(C)(3)	19,800.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH COMMUNITY CENTER OF ORANGE COUNTY - ONE FEDERATION WAY, SUITE 200 - IRVINE, CA 92603	33-0016661	501(C)(3)	17,800.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CONGREGATION BETH ISRAEL 5600 N BRAESWOOD BLVD HOUSTON, TX 77096	74-1143080	501(C)(3)	17,250.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
EDEN VILLAGE CAMP, INC. 392 DENNYTOWN ROAD PUTNAM VALLEY, NY 10579	26-4373931	501(C)(3)	14,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CAMP LIVINGSTON, INC. 8485 RIDGE ROAD CINCINNATI, OH 45236	31-6050765	501(C)(3)	12,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
B'NAI B'RITH CAMP, LLC 6443 SW BEAVERTONHILLSDALE HWY PORTLAND, OR 97221	91-1842787	501(C)(3)	11,603.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH DAY SCHOOL OF THE LEHIGH VALLEY - 2313 W. PENNSYLVANIA STREET - ALLENTOWN, PA 18104	23-7344525	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SUNSHINE CIRCLE 10116 SW 53RD ST FORT LAUDERDALE, FL 33328	81-1369686	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH TZEDEK 1641 N FOREST ROAD BUFFALO, NY 14221	26-2794681	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE EMANU-EL 2550 PALI HWY HONOLULU, HI 96817	99-6001133	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
PINEMERE CAMP ASSOCIATION 865 BARTONSVILLE WOODS ROAD STROUDSBURG, PA 18360	23-1429830	501(C)(3)	8,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
LUBAVITCH CHABAD OF SKOKIE, INC. 4059 DEMPSTER STREET SKOKIE, IL 60076	36-3908134	501(C)(3)	8,147.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MA'AYANOT YESHIVA HIGH SCHOOL FOR GIRLS - 1650 PALISADE AVE - TEANECK, NJ 07666	22-3383708	501(C)(3)	8,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MARGOLIN HEBREW ACADEMY 390 S. WHITE STATION RD MEMPHIS, TN 38117	62-6002000	501(C)(3)	8,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
ROBERT M. BEREN ACADEMY 11333 CLIFFWOOD DRIVE HOUSTON, TX 77035	74-1652136	501(C)(3)	8,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
KELLMAN BROWN ACADEMY 1007 LAUREL OAK ROAD VOORHEES, NJ 08043	58-2674116	501(C)(3)	7,986.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
THE MARION & AARON GURAL JCC 207 GROVE AVE CEDARHURST, NY 11516	11-2546437	501(C)(3)	7,925.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	7,800.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

**PART I, LINE 2:**

GRANTEE ORGANIZATIONS SIGN A GRANT AGREEMENT THAT ARTICULATES THE POINTS OF GRANT PERFORMANCE AND LEGAL PARAMETERS OF THE GRANT AND THE GRANTEE OBLIGATIONS.

THE GRANT FUNDS ARE PAID IN FOLLOWING MANNER:

- A. 25% UPON COMPLETING AND SIGNING THE GRANT AGREEMENT AND SUBMISSION OF PROGRAM BUDGET, PROGRAM PLAN, AND INITIAL PARTICIPANT LIST (NOV/DEC)



**Part IV** Supplemental Information

B. 65% UPON SUCCESSFUL SUBMISSION OF UPDATED PROJECT BUDGET,  
INFRASTRUCTURE REQUEST UPDATE REPORT, AND FINAL PARTICIPANT  
LIST (MAY/JUNE)

C. 10% UPON RECEIPT OF FINAL REPORT AND SURVEYS (OCTOBER)

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**BOARD OF JEWISH EDUCATION, INC.**

Employer identification number

**13-1632519**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. DAVID BRYFMAN CHIEF EXECUTIVE OFFICER	(i)	379,286.	0.	0.	24,480.	34,959.	438,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NESSA LIBEN CHIEF ADVANCEMENT OFFICER	(i)	277,337.	0.	0.	17,050.	39,183.	333,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SIMON AMIEL EXECUTIVE DIRECTOR, ROOTONE	(i)	261,362.	0.	0.	19,602.	4,080.	285,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN GOLDBERG CHIEF OPERATING OFFICER	(i)	241,310.	0.	0.	18,098.	25,415.	284,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN WACHSTOCK CHIEF PROGRAM OFFICER	(i)	217,969.	0.	0.	16,348.	45,192.	279,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARA SELIGSON, MANAGING DIR., DAY SCHOOLS & YESHIVOT/SCHOOL FOOD	(i)	168,251.	0.	0.	12,619.	34,614.	215,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) REBECCA PORATH, SENIOR DIRECTOR, LEGAL AND BUSINESS OPS	(i)	170,936.	0.	0.	2,120.	37,881.	210,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER WEITZMAN MANAGING DIRECTOR OF FINANCE	(i)	160,476.	0.	0.	12,036.	35,695.	208,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JUDITH TALESNICK, MANAGING DIRECTOR, DAY SCHOOLS & YESHIVOT	(i)	140,011.	0.	0.	10,501.	43,938.	194,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HILA ROSENMMAN, DIRECTOR OF STRATEGY & PROGRAM FOR ROOTONE	(i)	146,228.	0.	0.	10,967.	1,031.	158,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

BOARD OF JEWISH EDUCATION, INC.

Employer identification number

13-1632519

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

EDUCATION THAT MEET THE EVOLVING AND EVER-MORE DIVERSE NEEDS OF TODAY'S CHILDREN AND FAMILIES. IN DOING SO, THE ORGANIZATION HAS ALSO MOVED BEYOND TRADITIONAL FORMATS AND WORK TO DEVELOP NEW DELIVERY MODELS IN THE CLASSROOM AND BEYOND. THOUGH THE PRIMARY FOCUS IS TO SERVE EDUCATORS AND INSTITUTIONS IN METROPOLITAN NEW YORK, LONG ISLAND, AND WESTCHESTER, THE ORGANIZATION IS NOW WORKING NATIONALLY, AS WELL AS PROVIDING THOUGHT LEADERSHIP AND CONSULTING IN CUTTING-EDGE EARLY CHILDHOOD PROGRAMS, TEEN ENGAGEMENT, AND THE INTEGRATION OF EDUCATIONAL TECHNOLOGY, AMONG OTHERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOOL FOOD - THE ORGANIZATION ACTS AS A LIAISON BETWEEN NEW YORK STATE'S CHILD NUTRITION PROGRAM AND APPROXIMATELY 125 DAY SCHOOLS AND YESHIVAS TO FACILITATE THE DISTRIBUTION OF ENTITLEMENT FUNDS.

EARLY CHILDHOOD - THE ORGANIZATION WORKS TO ENSURE CONTINUAL IMPROVEMENT OF THE OVER 250 JEWISH EARLY CHILDHOOD CENTERS IN THE NEW YORK AREA AND TO ENSURE THAT THE CENTERS WILL ATTRACT AN INCREASINGLY DIVERSE JEWISH COMMUNITY. THE ORGANIZATION CONDUCTS PROFESSIONAL DAYS OF LEARNING AND IN-DEPTH CONSULTATIONS TO CREATE FAMILY AND CHILD-CENTERED APPROACHES TO EARLY LEARNING AND FAMILY ENGAGEMENT.

CONGREGATIONAL LEARNING - THE ORGANIZATION HELPS CONGREGATIONS CREATE NEW MODELS OF LEARNING THAT HELP TODAY'S FAMILIES AND CHILDREN BUILD MEANINGFUL LIVES GROUNDED IN JEWISH VALUES AND PRACTICE. THE

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

Schedule O (Form 990) 2022

232211 10-28-22

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ORGANIZATION HAS WORKED WITH APPROXIMATELY 175 CONGREGATIONS IN THE NEW YORK AREA OVER THE PAST DECADE AND WORKS WITH 300-400 CONGREGATIONAL SCHOOL EDUCATORS ON AN ANNUAL BASIS.

TEEN ENGAGEMENT - OVER THE PAST NUMBER OF YEARS, THE ORGANIZATION HAS TRAINED OVER 1,000 TEEN ENGAGEMENT PROFESSIONALS IN NEARLY 300 INSTITUTIONS 80 PERCENT OF THESE IN THE NEW YORK AREA. THE ORGANIZATION'S GOAL IS TO PROFESSIONALIZE THE FIELD OF JEWISH TEEN ENGAGEMENT TO ENSURE STRONGER AND MORE TEEN-FOCUSED PROGRAMMING. EXPENSES \$ 3,050,914. INCLUDING GRANTS OF \$ 976. REVENUE \$ 825,021.

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

THE JEWISH EDUCATION PROJECT HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE JEWISH EDUCATION PROJECT HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO OFFICERS, DIRECTORS, AND EMPLOYEES ("RESPONSIBLE PERSONS"). EACH RESPONSIBLE PERSON IS REQUIRED TO REVIEW A COPY OF THE POLICY AND ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. IN ADDITION, RESPONSIBLE PERSONS MUST ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF

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INTEREST. IF A CONFLICT OF INTEREST WERE TO ARISE, THE PERSON INVOLVED MUST NOTIFY THE CEO AND THE BOARD OF THE CONFLICT, AND MAY NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. THE ORGANIZATION'S COMPLIANCE OFFICER MONITORS COMPLIANCE OF THE POLICY.

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

THE COMPENSATION OF THE CEO OF THE ORGANIZATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA, INCLUDING THE FORMS 990 OF OTHER ORGANIZATIONS AND SALARY SURVEYS OF NONPROFIT ORGANIZATIONS IN SIMILAR INDUSTRIES, WAS UTILIZED DURING THE PROCESS. THE COMPENSATION DETERMINATION WAS CONTEMPORANEOUSLY DOCUMENTED AND FINALIZED THROUGH WRITTEN EMPLOYMENT CONTRACTS.

THE COMPENSATION FOR THE CEO IS REVIEWED ON AN ANNUAL BASIS, AND A MORE COMPREHENSIVE REVIEW IS CONDUCTED EVERY THREE YEARS TO RENEW THE CEO'S CONTRACT. THE CEO'S CURRENT CONTRACT EXPIRES AT THE END OF FISCAL YEAR 2025. THE COMPENSATION OF OTHER STAFF IS REVIEWED ANNUALLY WHEN PREPARING THE BUDGET AND THE BUDGET IS THEN APPROVED BY THE BOARD. THE PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION WAS LAST CONDUCTED DURING FISCAL YEAR 2023.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE FORM 990, AUDITED FINANCIAL STATEMENTS AND WHISTLEBLOWER POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ADDITIONALLY, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON

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REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

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

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	11,003.
MANAGEMENT AND GENERAL EXPENSES	409.
FUNDRAISING EXPENSES	1,606.
TOTAL EXPENSES	13,018.

CONSULTANTS & LECTURERS:

PROGRAM SERVICE EXPENSES	4,171,781.
MANAGEMENT AND GENERAL EXPENSES	120,828.
FUNDRAISING EXPENSES	103,956.
TOTAL EXPENSES	4,396,565.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,409,583.

FORM 990; PART XII; LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE  
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN  
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR  
YEAR.