

Form **990****Return of Organization Exempt From Income Tax****2023**Department of the Treasury  
Internal Revenue Service

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.Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**BOARD OF JEWISH EDUCATION, INC.**Doing business as **THE JEWISH EDUCATION PROJECT**

Number and street (or P.O. box if mail is not delivered to street address)

**520 EIGHTH AVENUE, 15TH FLOOR**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NEW YORK, NY 10018****F** Name and address of principal officer: **DR. DAVID BRYFMAN****SAME AS C ABOVE****D** Employer identification number**13-1632519****E** Telephone number**646-472-5375****G** Gross receipts \$ **28,534,723.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **HTTPS://WWW.JEWISHEDPROJECT.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1939** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	<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>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>31</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>31</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>69</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>32</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>37,274,828.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>2,119,391.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>253,490.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-117,208.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>39,530,501.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>8,149,255.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>1,435,831.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>7,941,812.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>35,960,278.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>3,570,223.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>34,939,226.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>20,425,184.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <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.

Sign Here	Signature of officer		Date		
	<b>DR. DAVID BRYFMAN, CHIEF EXECUTIVE OFFICER</b>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>EVA MRUK</b>	<b>EVA MRUK</b>	<b>05/15/25</b>		<b>P00543254</b>
Firm's name	Firm's name		Firm's EIN		
	<b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>		<b>33-1374517</b>		
Firm's address	Firm's address		Phone no.		
	<b>500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633</b>		<b>914-381-8900</b>		

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 14,467,172. including grants of \$ 5,244,155. ) (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 \$ 4,547,303. including grants of \$ 1,785,100. ) (Revenue \$ 10,221. )  
 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 \$ 2,357,463. including grants of \$ 10,558. ) (Revenue \$ 1,786,970. )  
 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 \$ 4,794,588. including grants of \$ 854,505. ) (Revenue \$ 1,071,188. )**4e** Total program service expenses 26,166,526.

**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</b> <b>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. See instructions</i>	<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)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 100	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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**

	1a	1b	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.	31			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		31		
<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? .....			<input checked="" type="checkbox"/>	
<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? .....				<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? .....				<input checked="" type="checkbox"/>
<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? .....				<input checked="" type="checkbox"/>
<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? .....				<input checked="" type="checkbox"/>
<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? .....			<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<input checked="" type="checkbox"/>	
<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 .....				<input checked="" type="checkbox"/>

**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? .....		<input checked="" type="checkbox"/>
<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>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<input checked="" type="checkbox"/>	
<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 .....	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<input checked="" type="checkbox"/>	
<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 .....	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<input checked="" type="checkbox"/>	
<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 .....	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization .....	<input checked="" type="checkbox"/>	
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? .....		<input checked="" type="checkbox"/>
<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? .....		

**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				421,890.	0.	64,232.
(2) SIMON AMIEL EXECUTIVE DIRECTOR, ROOTON	45.00				X			268,277.	0.	61,095.
(3) SUSAN WACHSSTOCK EXECUTIVE DIRECTOR	45.00			X				255,158.	0.	60,339.
(4) NESSA LIBEN CHIEF ADVANCEMENT OFFICER	45.00				X			251,207.	0.	61,316.
(5) STEVEN GOLDBERG CHIEF OPERATING OFFICER	45.00			X				262,848.	0.	46,872.
(6) REBECCA PORATH, SENIOR DIRECTOR LEGAL AND OPERATIONS	45.00					X		181,381.	0.	53,322.
(7) PAULA SINCLAIR, DIRECTOR OF INSTITUTIONAL GIVING	45.00					X		176,705.	0.	54,472.
(8) SARA SELIGSON SENIOR MANAGING DIRECTOR	45.00					X		175,751.	0.	43,133.
(9) JONATHAN FASS SENIOR MANAGING DIRECTOR	45.00					X		161,538.	0.	53,785.
(10) JENNIFER WEITZMAN MANAGING DIRECTOR, FINANCE	45.00			X				168,539.	0.	42,542.
(11) IVY SCHREIBER MANAGING DIRECTOR	45.00					X		159,608.	0.	11,996.
(12) AMY AMIEL, EXECUTIVE PROGRAM OFFICER	45.00			X				104,454.	0.	560.
(13) LOIS KOHN-CLAAR PRESIDENT	2.00	X		X				0.	0.	0.
(14) MARTINE FLEISHMAN CHAIRMAN	2.00	X		X				0.	0.	0.
(15) KAREN EVERETT VICE PRESIDENT	2.00	X		X				0.	0.	0.
(16) GARY WINGENS TREASURER	2.00	X		X				0.	0.	0.
(17) AMY YENKIN SECRETARY	2.00	X		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) NATALIE ALTERMAN DIRECTOR	1.00	X						0.	0.	0.
(19) MELISSA BUCKNER DIRECTOR	1.00	X						0.	0.	0.
(20) LOUISE CHAZEN BANON DIRECTOR	1.00	X						0.	0.	0.
(21) ELLA CHINITZ DIRECTOR	1.00	X						0.	0.	0.
(22) DAVID DABSCHECK DIRECTOR	1.00	X						0.	0.	0.
(23) IVY DASH DIRECTOR	1.00	X						0.	0.	0.
(24) MICHAEL FOREMAN DIRECTOR	1.00	X						0.	0.	0.
(25) JANE GREYF DIRECTOR	1.00	X						0.	0.	0.
(26) DAMMARA MARKOWITZ DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,587,356.	0.	553,664.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,587,356.	0.	553,664.

**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

26

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4	X	
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
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUC 78 RANDALL AVE, ROCKVILLE CENTER, NY 11570	EDUCATION SERVICES	1,104,000.
CRAFTSMAN TECHNOLOGY GROUP LLC, 186 LINCOLN STREET, STE 500, BOSTON, MA 02111	PROJECT MANAGEMENT	725,565.
ISRAEL EXPERIENCE-EDUCATIONAL TOURISM SERVI KIRIAT MORIA, HASKAN 3, JERUSALEM, ISRAEL 9	ISRAELI TOURISM SERVICES	690,751.
THE ICENTER, 95 REVERE DRIVE, SUITE D, NORTHBROOK, CA 60062	ISRAEL EDUCATIONAL SERVICES	641,690.
ROSOV CONSULTING, LLC, 2095 ROSE STREET, SUITE 101, BERKELEY, CA 94709	CENSUS DATA & SURVEYS SERVICES	601,740.

**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

12

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)



**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) SCOTT HARRIS DIRECTOR	1.00	X						0.	0.	0.
(28) CHESKY HOLTZBERG DIRECTOR	1.00	X						0.	0.	0.
(29) SAUL KAISERMAN DIRECTOR	1.00	X						0.	0.	0.
(30) MOSHE KLEIN DIRECTOR	1.00	X						0.	0.	0.
(31) ROSEMARIE KLIPPER DIRECTOR	1.00	X						0.	0.	0.
(32) MARK KRAVITZ DIRECTOR	1.00	X						0.	0.	0.
(33) HILLARY KUPFERBERG DIRECTOR	1.00	X						0.	0.	0.
(34) DAVID LEIT DIRECTOR	1.00	X						0.	0.	0.
(35) JAMI MOORE DIRECTOR	1.00	X						0.	0.	0.
(36) RICHARD MORSE DIRECTOR	1.00	X						0.	0.	0.
(37) CRAIG PADOVER DIRECTOR	1.00	X						0.	0.	0.
(38) IRINA RAKHLIS DIRECTOR, THRU 12/31/2023	1.00	X						0.	0.	0.
(39) MONIQUE RECHTSCHAFFEN DIRECTOR	1.00	X						0.	0.	0.
(40) STEPHEN RUTENBERG DIRECTOR	1.00	X						0.	0.	0.
(41) PETER STERN DIRECTOR	1.00	X						0.	0.	0.
(42) GISELLE WEISSMAN DIRECTOR	1.00	X						0.	0.	0.
(43) MERYL WIENER DIRECTOR	1.00	X						0.	0.	0.
(44) 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	4,013,285.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	222,104.				
	<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>	21,007,638.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 15,222.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> EDUCATIONAL SUPPORT SERVICES	<b>Business Code</b>	611710	2,179,516.	2,179,516.		
	<b>b</b> SCHOOL FOOD SERVICES		624210	688,863.	688,863.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			2,868,379.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			374,394.		
<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 9,723.				
<b>b</b> Less: rental expenses ...		<b>6b</b>	38,357.				
<b>c</b> Rental income or (loss) .....		<b>6c</b>	-28,634.				
<b>d</b> Net rental income or (loss) .....			-28,634.				
<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 \$ 222,104. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	39,200.				
<b>b</b> Less: direct expenses .....		<b>8b</b>	141,960.				
<b>c</b> Net income or (loss) from fundraising events .....			-102,760.				
<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>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			28,354,406.	2,868,379.	0.	243,000.

**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	7,834,318.	7,834,318.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	27,600.	27,600.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	32,400.	32,400.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,302,776.	1,172,436.	498,085.	632,255.
<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	6,761,010.	5,535,288.	819,976.	405,746.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	288,311.	247,463.	36,251.	4,597.
<b>9</b> Other employee benefits	883,418.	717,565.	116,873.	48,980.
<b>10</b> Payroll taxes	596,776.	465,298.	79,856.	51,622.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	33,565.		33,565.	
<b>c</b> Accounting	74,100.		74,100.	
<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.)	5,839,782.	5,691,984.	9,960.	137,838.
<b>12</b> Advertising and promotion	563,681.	526,584.	515.	36,582.
<b>13</b> Office expenses	173,408.	141,821.	22,024.	9,563.
<b>14</b> Information technology	1,108,011.	1,045,928.	29,150.	32,933.
<b>15</b> Royalties				
<b>16</b> Occupancy	352,644.	322,955.		29,689.
<b>17</b> Travel	1,344,318.	1,240,379.	92,410.	11,529.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	246,372.	179,152.	64,332.	2,888.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	25,117.		25,117.	
<b>23</b> Insurance	115,505.	59,203.	56,302.	
<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>	613,048.	584,043.	28,057.	948.
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	306,763.	222,522.	62,072.	22,169.
<b>c</b> <b>STAFF RECRUITMENT</b>	118,768.	106,726.	4,083.	7,959.
<b>d</b> <b>PROGRAM EXPENSE</b>	5,719.	5,719.		
<b>e</b> All other expenses	10,513.	7,142.	2,838.	533.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	29,657,923.	26,166,526.	2,055,566.	1,435,831.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,642,382.	<b>1</b>	818,952.
	<b>2</b> Savings and temporary cash investments .....	20,740,461.	<b>2</b>	11,205,367.
	<b>3</b> Pledges and grants receivable, net .....	5,137,617.	<b>3</b>	5,273,564.
	<b>4</b> Accounts receivable, net .....	204,058.	<b>4</b>	182,768.
	<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 .....	1,386.	<b>9</b>	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> 1,865,875.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,609,347.	<b>12</b>	6,070,830.
	<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 .....	1,578,860.	<b>15</b>	704,479.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	34,939,226.	<b>16</b>	24,256,346.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,726,975.	<b>17</b>	4,790,769.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	6,418,659.	<b>19</b>	5,585,569.
	<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 .....	279,550.	<b>25</b>	208,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	20,425,184.	<b>26</b>	10,584,338.
<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 .....	7,847,627.	<b>27</b>	8,970,726.
	<b>28</b> Net assets with donor restrictions .....	6,666,415.	<b>28</b>	4,701,282.
	<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> <b>Total net assets or fund balances</b> .....	14,514,042.	<b>32</b>	13,672,008.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	34,939,226.	<b>33</b>	24,256,346.

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	28,354,406.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	29,657,923.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,303,517.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	14,514,042.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	461,483.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,672,008.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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.	<b>2c</b>	<b>X</b>
<b>3a</b> 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>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form 990 (2023)

**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

**2023**

Open to Public  
Inspection

Name of the organization

BOARD OF JEWISH EDUCATION, INC.

Employer identification number

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7649101.	13489439.	36484036.	37274828.	25243027.	120140431
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	7649101.	13489439.	36484036.	37274828.	25243027.	120140431
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						64614887.
6 <b>Public support.</b> Subtract line 5 from line 4.						55525544.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 .....	7649101.	13489439.	36484036.	37274828.	25243027.	120140431
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	128,582.	78,889.	60,854.	305,768.	384,117.	958,210.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				100,000.		100,000.
11 <b>Total support.</b> Add lines 7 through 10						121198641
12 Gross receipts from related activities, etc. (see instructions) .....					12	14,431,421.
13 <b>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**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	45.81	%
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	45.00	%
16a <b>33 1/3% support test - 2023.</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 - 2022.</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"/>
17a <b>10% -facts-and-circumstances test - 2023.</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 - 2022.</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"/>
18 <b>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"/>

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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</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</b> <b>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? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<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 <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<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).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

BOARD OF JEWISH EDUCATION, INC.

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)

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

**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>		\$ <u>5,180,292.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>4,013,285.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>3,884,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,944,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,844,404.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <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

Employer identification number

BOARD OF JEWISH EDUCATION, INC.

13-1632519

**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		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 756,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization

Employer identification number

**BOARD OF JEWISH EDUCATION, INC.****13-1632519****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2023

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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 in 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.	100,000.	105,121.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					5,121.
f Administrative expenses					
g End of year balance	100,000.	100,000.	100,000.	100,000.	100,000.

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	450,189.	0.
e Other		451,754.	451,754.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) 2023

**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	6,070,830.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,070,830.	

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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) OPERATING LEASE LIABILITY	208,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	208,000.

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 ... ☒

Schedule D (Form 990) 2023

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	28,481,288.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	461,483.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	122,482.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	38,357.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	622,322.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,858,966.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	495,440.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	495,440.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	28,354,406.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	29,323,322.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	122,482.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	38,357.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	160,839.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	29,162,483.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	495,440.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	495,440.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	29,657,923.

**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, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 38,357.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOOD EXPENSES INCLUDED IN REVENUE IN AFS 495,440.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 38,357.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOOD EXPENSES INCLUDED IN REVENUE IN AFS 495,440.

**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

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

BOARD OF JEWISH EDUCATION, INC.

13-1632519

**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	4	PROGRAM SERVICES	TRAVEL TO ISRAEL TO BEAR WITNESS AND EDUCATE AFTER 10/7 TERRORIST ATTACKS	334,389.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL TO ISRAEL IN SUPPORT OF ROOTONE PROGRAM	110,692.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTS TO RECIPIENTS LOCATED IN THE REGION	32,400.
<b>3 a Subtotal</b> .....	0	4			477,481.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	4			477,481.

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

Schedule F (Form 990) 2023



**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	ROOTONE PROGRAM- ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR	32,400.	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 ..... 1

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2023



**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2023

**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:**

THE TRIP PROVIDER CONFIRMS THE PARTICIPATION OF THE TEEN. WE CONFIRM THAT THE TEEN IS ELIGIBLE FOR THE FUNDING. THEN WE PAY A PORTION OF THE VOUCHER AMOUNT BASED ON THE PERCENTAGE OF THE MILESTONE. THEN WE RECONCILE ALL FUNDS PROVIDED AT THE CONCLUSION OF THE GRANT AGREEMENT - CONFIRMING THAT THE FUNDS USED WERE USED FOR THE GRANTED ACTIVITIES. WE MONITOR ON SALESFORCE THE TEEN EDUCATIONAL REQUIREMENTS TO ENSURE THEY REMAIN ELIGIBLE FOR FUNDING THROUGH THE GRANTEE. WE ARE IN CONTINUOUS COMMUNICATION WITH THE TRIP PROGRAM PROVIDERS DURING THE GRANT PROCESS TO ENSURE THAT THE FUNDS ARE BEING USED AS GRANTED, AND WE CONDUCT SITE VISITS BEFORE AND DURING THE TRIPS TO ENSURE GRANT COMPLIANCE. GRANTEE ORGANIZATIONS ARE MONITORING THE GRANTS FUNDS BY SIGNING GRANT AGREEMENTS THAT ARTICULATE THE POINTS OF GRANT PERFORMANCE AND LEGAL PARAMETERS OF THE GRANT AND THE GRANTEE OBLIGATIONS.

THE GRANT FUNDS ARE PAID IN THE 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. 55% UPON SUCCESSFUL SUBMISSION OF UPDATED PROJECT BUDGET,

INFRASTRUCTURE REQUEST UPDATE REPORT, AND FINAL PARTICIPANT

LIST (MAY/JUNE)

C. 20% UPON RECEIPT OF FINAL REPORT AND SURVEYS (OCTOBER)

**PART I, LINE 3:**

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

**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 II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**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

# 2023

**Open to Public Inspection**

Name of the organization

BOARD OF JEWISH EDUCATION, INC.

Employer identification number

13-1632519

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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 (add col. (a) through col. (c))
		SPRING EVENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	261,304.			261,304.
	2 Less: Contributions .....	222,104.			222,104.
	3 Gross income (line 1 minus line 2) .....	39,200.			39,200.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	7,500.			7,500.
	7 Food and beverages .....	36,625.			36,625.
	8 Entertainment .....	7,110.			7,110.
	9 Other direct expenses .....	90,725.			90,725.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				141,960.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-102,760.	

**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))
Revenue	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: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	--

[illegible]

**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

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISHCOLORADO /IN: 051622 300 S DAHLIA ST DENVER, CO 80246	01-0831698	501(C)(3)	95,650.	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)	21,200.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
SHALOH SCHOOL OHOLEI TORAH 29 CHESTNUT HILL AVENUE BRIGHTON, MA 02135	04-2319172	501(C)(3)	39,900.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE SHIR TIKVA 141 BOSTON POST ROAD WAYLAND, MA 01778	04-2658679	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CAMP MICAH, LLC 1101 LAGRANGE STREET CHESTNUT HILL, MA 02467	04-3488247	501(C)(3)	30,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CHABAD LUBAVITCH RUSSIAN CENTER OF S FLORIDA, INC. - 2221 NE 171 STREET - NORTH MIAMI BEACH, FL 33160	04-3758388	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **160.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) 2023**

**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
YESHIVA ACHEI TMIMIM LUBAVITZ 1148 CONVERSE STREET LONGMEADOW, MA 01106	04-6004494	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CAMP YAVNEH INC 321 WALNUT ST. #460 NEWTONVILLE, MA 02460	04-6004710	501(C)(3)	83,693.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
TEMPLE ALIYAH INC 1669 CENTRAL AVE NEEDHAM, MA 02492	04-6123458	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
ELI AND BESSIE COHEN CAMPS 888 WORCESTER ST. #350 WELLESLEY, MA 02482	04-6152862	501(C)(3)	59,100.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
BETH EL TEMPLE OF WEST HARTFORD 2626 ALBANY AVENUE WEST HARTFORD, CT 06117	06-0699241	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
NEW ENGLAND JEWISH ACADEMY 300 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-1455973	501(C)(3)	18,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
REFORM TEMPLE OF FOREST HILLS 71-11 112TH STREET FOREST HILLS, NY 11375	11-1808223	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
WEST END TEMPLE 147-02 NEPONSIT AVENUE ROCKAWAY PARK, NY 11694	11-1838121	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SOUTH HUNTINGTON JEWISH CENTER 2600 NEW YORK AVENUE MELVILLE, NY 11747	11-1967323	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
THE MARION & AARON GURAL JCC 207 GROVE AVE CEDARHURST, NY 11516	11-2546437	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SEPHARDIC COMMUNITY YOUTH CENTER INC - 1901 OCEAN PARKWAY - BROOKLYN, NY 11223	11-2567809	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
KINGS BAY YM-YWHA INC. 3495 NOSTRAND AVE BROOKLYN, NY 11229	11-3068515	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
PORT JEWISH CENTER 20 MANORHAVEN BLVD. PORT WASHINGTON, NY 11050	11-3140617	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MERKOS L'INYONEI CHINUCH INC. 770 EASTERN PARKWAY BROOKLYN, NY 11213	11-6001111	501(C)(3)	132,550.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CONGREGATION EMANU-EL OF THE CITY OF NY - 1 EAST 65TH STREET - NEW YORK, NY 10065	13-1623975	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
RAMAZ SCHOOL 60 E 78TH STREET NEW YORK, NY 10075	13-1635279	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH NATIONAL FUND KEREN KAYEMETH LEISRAEL, INC /IN: 071723 - 42 E 69TH STREET - NEW YORK, NY 10021	13-1659627	501(C)(3)	15,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM /IN: 090221 - 3080 BROADWAY, SUITE B208 - NEW YORK, NY 10027	13-1659707	501(C)(3)	34,200.	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
UNION FOR REFORM JUDAISM /IN: 103121 - 633 THIRD AVENUE, 7TH FL - NEW YORK, NY 10017	13-1663143	501(C)(3)	524,612.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CONGREGATION KOL AMI 252 SOUNDVIEW AVENUE WHITE PLAINS, NY 10606	13-1739991	501(C)(3)	15,500.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE ISRAEL OF NEW ROCHELLE 1000 PINEBROOK BLVD. NEW ROCHELLE, NY 10804	13-1740410	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BET AM SHALOM SYNAGOGUE 295 SOUNDVIEW AVE WHITE PLAINS, NY 10606	13-1913705	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CAMP RAMAH IN THE BERKSHIRES, INC 91 RAMAH ROAD WINGDALE, NY 12594	13-1997276	501(C)(3)	5,152.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
FRIENDS OF ISRAEL SCOUTS, INC 575 8TH AVE, 11TH FL NEW YORK, NY 10018	13-3843506	501(C)(3)	182,100.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
JEWISH COMMUNITY CENTER OF STATEN ISLAND INC - 1466 MANOR ROAD - STATEN ISLAND, NY 10314	13-5562256	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH COMMUNITY CENTERS ASSOC OF NORTH AMERICA /IN: 063022 - 520 8TH AVE, 4TH FL - NEW YORK, NY 10018	13-5599486	501(C)(3)	951,522.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
TUCSON JEWISH COMMUNITY CENTER, INC - 3800 E. RIVER ROAD - TUCSON, AZ 85718	86-0183578	501(C)(3)	18,578.	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
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA /IN: 052522 - 40 RECTOR, 4TH FLOOR - NEW YORK, NY 10006	13-5623717	501(C)(3)	65,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA /IN: 052522 - 40 RECTOR, 4TH FLOOR - NEW YORK, NY 10006	13-5623717	501(C)(3)	945,680.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
HASHOMER HATZAIR INC. /IN: 031722 500 7TH AVENUE, 8TH FL NEW YORK, NY 10018	13-5653335	501(C)(3)	7,900.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
NATIONAL RAMAH COMMISSION, INC. /IN: 062622 - 3080 BROADWAY - NEW YORK, NY 10027	13-6161110	501(C)(3)	386,654.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
BET SHRAGA HEBREW ACADEMY OF THE CAPITAL DISTRICT - 100 ACADEMY ROAD, SUITE 100 - ALBANY, NY 12208	14-1470222	501(C)(3)	20,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CLIFTON PARK CHABAD 495 MOE RD CLIFTON PARK, NY 12065	14-1831775	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE SINAI 363 PENFIELD ROAD ROCHESTER, NY 14625	16-0846079	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
VALLEY OUTREACH SYNAGOGUE 26668 AGOURA ROAD CALABASAS, CA 91302	20-4256980	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD LUBAVITCH OF LARCHMONT AND MAMARONECK - 101 MAMARONECK AVE - MAMARONECK, NY 10543	20-4500805	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 KOL TIKVAH 605 SOUTH STREET DAVIDSON, NC 28036	20-5226548	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD OF HILLSBORO OREGON INC. 965 SE BROOKWOOD AVE HILLSBORO, OR 97123	20-5837133	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
HILLEL YESHIVA 1025 DEAL ROAD ASBURY PARK, NJ 07712	21-0682028	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION BETH EL 8000 MAIN STREET VOORHEES, NJ 08043	21-0692981	501(C)(3)	14,120.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
THE JEWISH CENTER 435 NASSAU STREET PRINCETON, NJ 08540	21-6008282	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MORRISTOWN JEWISH CENTER BEIT YISRAEL - 177 SPEEDWELL AVE - MORRISTOWN, NJ 07960	22-1546172	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE EMANU-EL OF WESTFIELD, NJ 756 EAST BROAD STREET WESTFIELD, NJ 07090	22-1686929	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION BETH TIKVAH 115 EVESBORO-MEDFORD ROAD MARLTON, NJ 08053	22-2123874	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD LUBAVITCH OF DELAWARE 1811 SILVERSIDE RD WILMINGTON, DE 19810	22-2842237	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
SINAI SPECIAL NEEDS INSTITUTE, INC. - 240 FRISCH CT. SUITE 100 - PARAMUS, NJ 07652	22-2942402	501(C)(3)	13,038.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD CENTER OF PASSAIC COUNTY 194 RATZER ROAD WAYNE, NJ 07470	22-3134870	501(C)(3)	18,750.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
FOUNDATION FOR JEWISH CAMP, INC. 253 WEST 35TH SR, 4TH FL NEW YORK, NY 10001	22-3551013	501(C)(3)	105,000.	0.			EDUCATOR TRIP TO ISRAEL TO BEAR WITNESS TO AFTERMATH OF OCTOBER 7TH
JEWISH COMMUNITY CENTRE OF SUMMIT NJ - 67 KENT PLACE - SUMMIT, NJ 07901	22-6009059	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD-LUBAVITCH OF WESTERN MONMOUTH COUNTY, INC - 26 WICKATUNK RD. - ENGLISHTOWN, NJ 07726	22-2758181	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
HAR ZION TEMPLE 1500 HAGYS FORD ROAD NARBERTH, PA 19072	23-1365242	501(C)(3)	23,355.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE OHEV SHALOM 2345 N FRONT STREET HARRISBURG, PA 17110	23-1401522	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHISUK EMUNA CONGREGATION 3219 GREEN STREET HARRISBURG, PA 17110	23-1555413	501(C)(3)	24,050.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION BETH EL-NER TAMID 715 PAXON HOLLOW RD BROOMALL, PA 19008	23-1555443	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
KESHER ISRAEL CONGREGATION 1000 POTTSTOWN PIKE WEST CHESTER, PA 19380	23-1948656	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
THE UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC - 1920 SKIPPACK PIKE - BLUE BELL, PA 19422	23-2536273	501(C)(3)	25,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BETH TIKVAH BNAI JESHURUN 1001 PAPER MILL RD GLENSIDE, PA 19038	23-6050426	501(C)(3)	9,563.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
GREENVILLE JEWISH FEDERATION INC. PO BOX 5262 GREENVILLE, SC 29606	23-7038986	501(C)(3)	25,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE BETH ISRAEL 18 TEMPLE DRIVE PORT WASHINGTON, NY 11050	23-7152679	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH DAY SCHOOL OF THE LEHIGH VALLEY /IN: 020123 - 2313 W. PENNSYLVANIA STREET - ALLENTOWN, PA 18104	23-7344525	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD CENTER 122 SOUTH MAIN AVE ALBANY, NY 12208	23-7438519	501(C)(3)	35,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD LUBAVITCH OF SARATOGA COUNTY - 122 SOUTH MAIN AVE - ALBANY, NY 12208	23-7438519	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION DOR HADASH 4905 FIFTH AVENUE PITTSBURGH, PA 15213	25-6074323	501(C)(3)	12,973.	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
THE ICENTER 95 REVERE DRIVE SUITE D NORTHBROOK, IL 60062	26-1422898	501(C)(3)	441,690.	0.			EDUCATOR TRIP TO ISRAEL TO BEAR WITNESS TO AFTERMATH OF OCTOBER 7TH
TEMPLE BETH TZEDEK 1641 N FOREST ROAD BUFFALO, NY 14221	26-2794681	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD OF HOMESTEAD INC 8460 SW 198TH STREET MIAMI, FL 33189	26-3229985	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD LUBAVITCH OF WEST BOYNTON BEACH, INC. - 9406 WEST BOYNTON BEACH BLVD - BOYNTON BEACH, FL 33472	26-4098856	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
PERLMAN CAMP /IN: 0906232 11820 PARKLAWN DR. SUITE 380 ROCKVILLE, MD 20952	27-2025066	501(C)(3)	50,183.	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)	621,745.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
BARKAI HS INC. 5302 21ST AVENUE BROOKLYN, NY 11204	32-0709248	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
KEN JEWISH COMMUNITY /IN: 031722 11860 CARMEL CREEK RD, SUITE G SAN DIEGO, CA 92130	33-0070645	501(C)(3)	18,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
NER TAMID - NORTH COUNTY CONSERVATIVE SYNAGOGUE - 12348 CASE AVENIDA - POWAY, CA 92064	33-0235087	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
UNIVERSITY SYNAGOGUE 3400 MICHELSON DRIVE IRVINE, CA 92612	33-0254944	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MANDEL JEWISH COMMUNITY CENTER OF CLEVELAND /IN: 081121 - 26001 SOUTH WOODLAND ROAD - BEACHWOOD, OH 44122	34-0714439	501(C)(3)	11,156.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320	34-0968632	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JOSEPH AND FLORENCE MANDEL JEWISH DAY SCHOOL - 26500 SHAKER BLVD - BEACHWOOD, OH 44122	34-1043767	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
AKIVA ACADEMY 505 GYPSY LANE YOUNGSTOWN, OH 44504	34-1288594	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
FUCHS MIZRACHI SCHOOL 26600 SHAKER BLVD BEACHWOOD, OH 44122	34-1400924	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BOARD OF JEWISH EDUCATION OF METROPOLITAN CHICAGO - 3320 DUNDEE ROAD - NORTHBROOK, IL 60062	36-2166978	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
IDA CROWN JEWISH ACADEMY 8233 CENTRAL PARK AVE. SKOKIE, IL 60076	36-2167009	501(C)(3)	18,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
EMANUEL CONGREGATION 5959 N. SHERIDAN ROAD CHICAGO, IL 60660	36-2167054	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
BETH TIKVAH CONGREGATION 300 HILLCREST BLVD HOFFMAN ESTATES, IL 60169	36-2442282	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
AM YISRAEL CONSERVATIVE CONGREGATION - 4 HAPP ROAD - WINNETKA, IL 60093	36-2649183	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
LUBAVITCH CHABAD OF SKOKIE INC /IN: 051123 - 4059 DEMPSTER STREET - SKOKIE, IL 60076	36-3908134	501(C)(3)	18,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH RECONSTRUCTIONIST CAMPING CORPORATION /IN: 051622 - 1299 CHURCH RD - WYNCOTE, PA 19095	36-4478803	501(C)(3)	41,700.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON, MI 48334	38-1437934	501(C)(3)	12,123.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
HILLEL DAY SCHOOL OF METROPOLITAN DETROIT - 32200 MIDDLEBELT RD - FARMINGTON, MI 48334	38-1586703	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
FRIENDSHIP CIRCLE 6892 W MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER /IN: 051022 - 6255 NORTH SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	9,900.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
MILWAUKEE JEWISH DAY SCHOOL, INC 6401 N. SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	12,250.	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
CHABAD OF LAKE WORTH 6450 MELALEUCA LN LAKE WORTH, FL 33463	41-2216661	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH FEDERATION OF ST. LOUIS /IN: 060322 - 12 MILLSTONE CAMPUS DR. - ST LOUIS, MO 63146	43-0652643	501(C)(3)	20,825.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
UNITED HEBREW CONGREGATION 13788 CONWAY ROAD SAINT LOUIS, MO 63141	43-0743415	501(C)(3)	12,913.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
H.F. EPSTEIN HEBREW ACADEMY 8645 OLD BONHOMME ROAD SAINT LOUIS, MO 63132	43-6001158	501(C)(3)	7,500.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
YOUNG JUDEA GLOBAL, INC /IN: 103121 - 575 EIGHTH AVE, 11TH FLOOR - NEW YORK, NY 10018	45-2640858	501(C)(3)	311,440.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CHABAD OF DALY CITY 1177 MISSION RD SUITE A SOUTH SAN FRANCISCO, CA 94080	45-3188059	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BETHLEHEM CHABAD INC 393 DELEWARE AVE DELMAR, NY 12054	45-3828519	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
ISRAEL LACROSSE ASSOCIATION /IN: 031722 - 1501 BROADWAY 21ST FLOOR - NEW YORK, NY 10036	45-3857764	501(C)(3)	25,600.	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)	15,000.	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
UNIVERSITY OF IOWA LOUIS SHULMAN HILLEL FOUNDATION - 122 E MARKET ST. - IOWA CITY, IA 52245	45-6084674	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BAIS YAAKOV OF WATERBURY 32 GOLDEN HILL ST. NAUGATUCK, CT 06770	46-2543348	501(C)(3)	16,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
STORAHTELLING LAB/SHUL 131 VARICK ST. SUITE #921 NEW YORK, NY 10013	46-3877785	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
FRIEDEL JEWISH ACADEMY 335 SOUTH 132 STREET OMAHA, NE 68154	47-0543661	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MAIMONIDES JEWISH DAYSCHOOL 6612 SW CAPITOL HWY PORTLAND, OR 97239	47-0914054	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD OF ROCK HILL, INC. 242 OLD SACKETT ROAD ROCK HILL, NY 12775	47-2491515	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SCHLC INC 450 KIMBER ROAD SYRACUSE, NY 13224	47-3976037	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD OF FOREST HILLS NORTH INC. 11040 70TH ROAD FOREST HILLS, NY 11375	47-4705121	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SAM & ESTHER MINSKOFF CULTURAL CENTER - PARK EAST DAY SCHOOL - NEW YORK, NY 10065	51-0243931	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
CHABAD OF HUNTERDON COUNTY 63 PAYNE RD LEBANON, NJ 08833	51-0451542	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
HILLEL FOUNDATION AT OHIO UNIVERSITY - 21 MILL STREET - ATHENS, OH 45701	52-1758797	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
VALLEY CHABAD INC. 100 OVERLOOK DR WOODCLIFF LAKE, NJ 07677	52-1991286	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MELVIN J BERMAN HEBREW ACADEMY 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	53-0208371	501(C)(3)	24,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE BETH-EL 3330 GROVE AVENUE RICHMOND, VA 23221	54-0546001	501(C)(3)	13,500.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE BETH OR, INC. 5315 CREEDMOOR ROAD RALEIGH, NC 27612	56-6055708	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH FEDERATION OF GREATER ATLANTA /IN: 111923 - 1440 SPRINT ST NW - ATLANTA, GA 30309	58-1021791	501(C)(3)	79,500.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
FRIENDSHIP CIRCLE OF CHARLOTTE 6619 SARDIS ROAD CHARLOTTE, NC 28270	58-1482114	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD OF NORTH FULTON 10180 JONES BRIDGE ROAD ALPHARETTA, GA 30022	58-2432730	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
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC - 78 RANDALL AVE - ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	338,858.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
SOUTH FLORIDA ACADEMY OF LEARNING INC. - SOUTH FLORIDA JEWISH ACADEMY - POMPANO BEACH, FL 33066	65-0635581	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD JEWISH CENTER OF SOUTHERN OREGON - 1474 SISKIYOU BLVD - ASHLAND, OR 97520	72-1576550	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH FEDERATION OF GREATER HOUSTON /IN: 090121 - 5603 SOUTH BRAESWOOD - HOUSTON, TX 77096	74-1109654	501(C)(3)	15,300.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
CONGREGATION EMANU EL /IN: 68061 1500 SUNSET BOULEVARD HOUSTON, TX 77005	74-1109756	501(C)(3)	16,650.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
UNITED ORTHODOX SYNAGOGUES OF HOUSTON - 9001 GREENWILLOW ST - HOUSTON, TX 77096	74-1400815	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
GIDEON HAUSNER JEWISH DAY SCHOOL 450 SAN ANTONIO RD PALO ALTO, CA 94306	77-0245931	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH KIDS GROUPS FOUNDATION 675 PONCE DE LEON AVE NE, #8500 ATLANTA, GA 30308	80-0785628	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SUNSHINE CIRCLE 10116 SW 53RD ST FORT LAUDERDALE, FL 33328	81-1369686	501(C)(3)	15,000.	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
PRIZMAH: CENTER FOR JEWISH DAY SCHOOLS, INC - 254 WEST 54TH ST, 11TH FL - NEW YORK, NY 10019	81-1750864	501(C)(3)	77,805.	0.			EDUCATOR TRIP TO ISRAEL TO BEAR WITNESS TO AFTERMATH OF OCTOBER 7TH
MACCABIM HEBREW SCHOOL 3851 WHITE CLOUD DRIVE SKOKIE, IL 60076	82-1471608	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CHABAD OF ENGLEWOOD INC. 157 VAN NOSTRAND AVE ENGLEWOOD, NJ 07631	82-3902961	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SEACOAST CHABAD JEWISH CENTER 2299 WOODBURY AVE, STE 5 PORTSMOUTH, NH 03801	82-4555851	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
ASSOCIATION OF REFORM JEWISH EDUCATORS, INC - 5 STONE CREEK LANE - BRYN MAWR, PA 19010	83-0704188	501(C)(3)	58,000.	0.			EDUCATOR TRIP TO ISRAEL TO BEAR WITNESS TO AFTERMATH OF OCTOBER 7TH
CHABAD JEWISH CENTER OF NORTH S JOSE & MORGAN HILL - 16575 SAN RAMON DR #A - MORGAN HILL, CA 95037	83-2204658	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
THE JEWISH PEOPLEHOOD ALLIANCE, INC. - 249 ROYAL PALM WAY - PALM BEACH, FL 33480	83-3859068	501(C)(3)	25,000.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
KIMAMA NY INC. /IN: 052322 405 LEXINGTON AVENUE, 9TH FL NEW YORK, NY 10174	83-4079100	501(C)(3)	109,950.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS
TUCSON HEBREW ACADEMY 3800 E. RIVER ROAD TUCSON, AZ 85718	86-0183578	501(C)(3)	17,034.	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
TIFERET BET ISRAEL 3888 E RIVER ROAD TUCSON, AZ 85718	86-0274412	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
GESHER DISABILITY RESOURCES, INC. 12701 N SCOTTSDALE RD 205 SCOTTSDALE, AZ 85254	86-0626273	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION KOL AMI 2425 E. HERITAGE WAY SALT LAKE CITY, UT 84109	87-0293863	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TAG ACADEMY INC. 5960 SW 106TH AVE FORT LAUDERDALE, FL 33328	87-1309894	501(C)(3)	20,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BINAS HALEV EDUCATION CORP. 17410 NE 12TH CT MIAMI, FL 33162	87-3632542	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TAMPA TORAH ACADEMY 5209 TAMPA PALMS BLVD TAMPA, FL 33647	88-0799152	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
BAIS CHANA HIGH SCHOOL INC. 1811 SILVERSIDE RD WILMINGTON, DE 19810	88-1064897	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
TEMPLE B'NAI TORAH 15727 NE 4TH STREET BELLEVUE, WA 98008	91-0848001	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
NORTHEND JEWISH SCHOOL 7127 WOODLAWN AVE NE SEATTLE, WA 98115	91-1484966	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
CONGREGATION SHERITH ISRAEL 2266 CALIFORNIA ST SAN FRANCISCO, CA 94115	94-1156522	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CTEEN UPPER WEST SIDE INC. 166 WEST 97TH STREET NEW YORK, NY 10025	85-2672621	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION NER TAMID OF SOUTH BAY - 5721 CRESTRIDGE ROAD - RANCHO PALOS VERDES, CA 90275	95-2546462	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION SHMA KOLEINU PO BOX 1808 BELLAIRE, TX 77402	46-4271882	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SAN DIEGO JEWISH ACADEMY 11860 CARMEL CREEK ROAD SAN DIEGO, CA 92130	95-3287745	501(C)(3)	10,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
CONGREGATION BETH DAVID OF SAN LUIS OBISPO - 10180 LOS OSOS VALLEY RD - SAN LUIS OBISPO, CA 93405	95-3676876	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
JEWISH CREATIVITY INTERNATIONAL 2472 BROADWAY, #331 NEW YORK, NY 10025	95-4328467	501(C)(3)	15,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
MILKEN COMMUNITY SCHOOL 15800 ZELDIN'S WAY LOS ANGELES, CA 90049	95-4381008	501(C)(3)	26,000.	0.			BETTER TOGETHER INTERGENERATIONAL PROGRAM
SEPHARDIC TRADITION AND RECREATION, INC /IN: 050222 - 339 S ROBERTSON BLVD, #204 - BEVERLY HILLS, CA 90211	95-4692703	501(C)(3)	26,400.	0.			ROOTONE PROGRAM-ISRAEL EDUCATION/ISRAEL SPONSORED TRIPS FOR TEENAGERS

Schedule I (Form 990)

[illegible]

**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
FELLOWSHIPS & GRANTS	36	27,600.	0.		

**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:**

THE TRIP PROVIDER CONFIRMS THE PARTICIPATION OF THE TEEN. WE CONFIRM THAT  
 THE TEEN IS ELIGIBLE FOR THE FUNDING. THEN WE PAY A PORTION OF THE VOUCHER  
 AMOUNT BASED ON THE PERCENTAGE OF THE MILESTONE. THEN WE RECONCILE ALL  
 FUNDS PROVIDED AT THE CONCLUSION OF THE GRANT AGREEMENT - CONFIRMING THAT  
 THE FUNDS USED WERE USED FOR THE GRANTED ACTIVITIES.  
 WE MONITOR ON SALESFORCE THE TEEN EDUCATIONAL REQUIREMENTS TO ENSURE THEY  
 REMAIN ELIGIBLE FOR FUNDING THROUGH THE GRANTEE.

WE ARE IN CONTINUOUS COMMUNICATION WITH THE TRIP PROGRAM PROVIDERS DURING

**Part IV** Supplemental Information

THE GRANT PROCESS TO ENSURE THAT THE FUNDS ARE BEING USED AS GRANTED, AND WE CONDUCT SITE VISITS BEFORE AND DURING THE TRIPS TO ENSURE GRANT COMPLIANCE.

GRANTEE ORGANIZATIONS ARE MONITORING THE GRANTS FUNDS BY SIGNING GRANT AGREEMENTS THAT ARTICULATE THE POINTS OF GRANT PERFORMANCE AND LEGAL PARAMETERS OF THE GRANT AND THE GRANTEE OBLIGATIONS.

THE GRANT FUNDS ARE PAID IN THE 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. 55% UPON SUCCESSFUL SUBMISSION OF UPDATED PROJECT BUDGET,

INFRASTRUCTURE REQUEST UPDATE REPORT, AND FINAL PARTICIPANT

LIST (MAY/JUNE)

C. 20% 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

**2023**

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>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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)	421,890.	0.	0.	23,771.	40,461.	486,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SIMON AMIEL EXECUTIVE DIRECTOR, ROOTON	(i)	268,277.	0.	0.	20,121.	40,974.	329,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN WACHSSTOCK EXECUTIVE DIRECTOR	(i)	255,158.	0.	0.	19,137.	41,202.	315,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NESSA LIBEN CHIEF ADVANCEMENT OFFICER	(i)	251,207.	0.	0.	18,841.	42,475.	312,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEVEN GOLDBERG CHIEF OPERATING OFFICER	(i)	262,848.	0.	0.	20,089.	26,783.	309,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) REBECCA PORATH, SENIOR DIRECTOR LEGAL AND OPERATIONS	(i)	181,381.	0.	0.	13,604.	39,718.	234,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PAULA SINCLAIR, DIRECTOR OF INSTITUTIONAL GIVING	(i)	176,705.	0.	0.	13,253.	41,219.	231,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SARA SELIGSON SENIOR MANAGING DIRECTOR	(i)	175,751.	0.	0.	13,181.	29,952.	218,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JONATHAN FASS SENIOR MANAGING DIRECTOR	(i)	161,538.	0.	0.	13,901.	39,884.	215,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER WEITZMAN MANAGING DIRECTOR, FINANCE	(i)	168,539.	0.	0.	12,640.	29,902.	211,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) IVY SCHREIBER MANAGING DIRECTOR	(i)	159,608.	0.	0.	7,363.	4,633.	171,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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

**2023**

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 WORKS 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

BOARD OF JEWISH EDUCATION, INC.

Employer identification number

13-1632519

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 \$ 4,794,588. INCL GRANTS OF \$ 854,505. REVENUE \$ 1,071,188.

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

SIMON AMIEL AND AMY AMIEL HAVE FAMILY RELATIONSHIP.

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

Name of the organization

BOARD OF JEWISH EDUCATION, INC.

Employer identification number

13-1632519

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 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 2024.

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,

Name of the organization

BOARD OF JEWISH EDUCATION, INC.

Employer identification number

13-1632519

AUDITED FINANCIAL STATEMENTS AND WHISTLEBLOWER POLICY ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE. ADDITIONALLY, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

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

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	15,713.
MANAGEMENT AND GENERAL EXPENSES	601.
FUNDRAISING EXPENSES	1,172.
TOTAL EXPENSES	17,486.

CONSULTANTS & LECTURERS:

PROGRAM SERVICE EXPENSES	5,676,271.
MANAGEMENT AND GENERAL EXPENSES	9,359.
FUNDRAISING EXPENSES	136,666.
TOTAL EXPENSES	5,822,296.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,839,782.

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.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
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

**2023**

**Open to Public  
Inspection**

Name of the organization

**BOARD OF JEWISH EDUCATION, INC.**

**Employer identification number**  
**13-1632519**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ROOTONE, LLC - 13-1632519 520 EIGHTH AVENUE, 15 FL NEW YORK, NY 10018	TO MAKE CHARITABLE GRANTS TO YOUTH SERVING ORGANIZATIONS	DELAWARE	13945139.	8,216,335.	BOARD OF JEWISH EDUCATION INC

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.