BOARD OF JEWISH EDUCATION INC. FORM 990 TAX YEAR 2018

Form	990
Departm	nent of the Treasury

# **Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

6 8 Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Servio	ce		Information	n about Form	990 and its	instruction	is is at w	ww.irs.go	v/form990.			Inspect	ion	
AF	or th	ne 2018	cale	ndar year, or t	ax year beg	jinning	07	/01, <b>2018</b>	3, and e	nding			5/30 <b>,2</b>	-		
<b>R</b> ~	heck if a			e of organization							D Employer	identific	cation nu	mber		
	_ `	Ľ		ARD OF JEW							4					
	Addre chang			g Business As TH					1		13-1632519					
	Name	e change		ber and street (or		is not delivered to	street addres	ss)	Room/su		E Telephone number					
	Initia	l return		) EIGHTH A'					15T	H FL.	(646) 4	72-5	375			
		inated	-	or town, state or p	-	, and ZIP or foreig	gn postal cod	e								
	Amer returi	n L		W YORK, NY							G Gross reco			_	,856.	
	pend	cation   ing		e and address of p	•		AVID BR				H(a) Is this a g subordina		irn for	Yes	XNC	
				) EIGHTH A'	VENUE, 19	5TH FL, N	EW YORK	, NY 10	018	1	H(b) Are all sub			Yes	No	
<u> </u>		empt stat		X 501(c)(3)	501(c) (	) ┥ (ins	ert no.)	4947(a)(1)	or	527	lf "No," a	tach a lis	st. (see instr	uctions)		
				SHEDPROJEC	T.ORG						H(c) Group ex					
		-		X Corporation	Trust	Association	Other	•	LY	ear of form	ation: 1910	State	of legal d	lomicile:	NY NY	
P	art I		nmary													
	1			be the organizat								ECT	INSPI	RES		
JCe		AND	EMPC	WERS EDUCA	ATORS TO	CREATE T	RANSFOR	MATIVE	JEWIS	H EXPE	RIENCES.					
rnaı																
Governance	2	Check			0	discontinued i		•				1 1			0.4	
Ğ	3			oting members o											24.	
es 2	4			dependent votin											24.	
Activities &	5			of individuals e			18 (Part V, I	ine 2a)							69.	
Vcti	6			of volunteers (e											24.	
4				ed business reve											0	
	b	Net un	related	l business taxab	le income from	n Form 990-1, I	line 34 🔒			<u></u>	Prior Year	7b		rrent Y	-	
		0									7,366,0	100			8,193	
ani	8	Contrib	outions	and grants (Part	VIII, line 1n)			COF	Y FOR		3,294,2				0,876	
Revenue	9			vice revenue (Parl				PUBLIC I	NSPECT	0N		754.			4,454	
Re	10			ncome (Part VIII,							-40,2				0,938	
	11			e (Part VIII, colu							10,624,8		1		4,461	
	12 13			e - add lines 8 th							415,				5,588	
	14			imilar amounts p to or for membe							1107	0.			0	
	4.5										6,305,9	989.		6.398	8,366	
Expenses	162	Profess	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Fotal fundraising expenses (Part IX, column (D), line 25) ►         554, 634.												0	
per	h	Total fi	Indrai	sing expenses (P	art IX, column	(D) line 25)	/ <b></b>	554.634	1.	••						
ы	17			sing expenses (i ses (Part IX, colu							4,331,3	174.		4,67	3,851	
				es. Add lines 13						••	11,052,4	170.			7,805	
				s expenses. Subt						••	-427,	584.		-52	3,344	
es es											inning of Currer		Er	nd of Yea	ar	
lanc	20	Total a	ssets (	Part X, line 16)							10,188,6	535.	10	0,532	1,510	
Net Assets or Fund Balances	21			s (Part X, line 26						••	3,366,5	524.		4,63	5,294	
Punet	22	Net as	sets or	fund balances.	Subtract line 2	21 from line 20					6,822,3	111.		5,890	6,216	
Pa	art II	Sig	natur	e Block												
Un	der pe	nalties of	perjury	/, I declare that I h	nave examined t	this return, inclu	ding accomp	anying sched	lules and s	statements,	and to the best	of my l	knowledg	e and b	elief, it is	
true	e, corre	ect, and c	omplet	e. Declaration of pr	eparer (other the	an officer) is base	ed on all infoi	mation of wh	lich prepa	er has any	knowledge.					
~.																
Sig		S S	Signatu	re of officer							Date					
Не	re															
		Т	ype or	print name and title	e											
Daia	J	Print/T	ype pre	eparer's name		Preparer's sig	gnature		Date		Check	if _ <sup>I</sup>	PTIN			
Paic	a parer	AARO	N S	SHAPIRO							self-emp		P0133		, )	
	e Only	Firm's	name	▶ BKD, LL	-P						Firm's EIN		01602			
		Firm's a		5 🕨 1155 AVENU							Phone no.	212	2.867.	4000		
Мау	/ the I	RS disc	uss th	is return with the	e preparer sho	wn above? (see	e instruction	s)				<u> </u>	-	Yes	No	
For	Pape	rwork R	Reduct	ion Act Notice,	see the separa	ate instruction	s.						Fc	orm <b>99</b>	<b>0</b> (2018)	

	BOARD OF JEWISH EDUCATION INC.	13-1632519
orm 99	90 (2018)	Page 2
art	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
Bri	efly describe the organization's mission:	
ΤH	E JEWISH EDUCATION PROJECT INSPIRES AND EMPOWERS EDUCATORS TO	
CR	EATE TRANSFORMATIVE JEWISH EXPERIENCES.	
	the organization undertake any significant program services during the year which were not listed	
	or Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	Yes X No
	d the organization cease conducting, or make significant changes in how it conducts, any p vices?	
lf "	Yes," describe these changes on Schedule O.	
ex	escribe the organization's program service accomplishments for each of its three largest program penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant total expenses, and revenue, if any, for each program service reported.	
•	ode:      ) (Expenses \$2,256,865 including grants of \$118,096 ) (Revenue \$]         TTACHMENT 1	1,363,733. )
_		
_		
b (Co	ode: ) (Expenses \$ 798,378. including grants of \$ ) (Revenue \$	26,494. )
ĊO	NGREGATIONAL LEARNING-THE CONGREGATIONAL LEARNING TEAM PROVIDES	^
CO	ACHING, CONSULTING, MICROGRANTS, PROFESSIONAL DEVELOPMENT, AND	
LE	ADERSHIP DEVELOPMENT TO EDUCATIONAL LEADERS IN OVER 175	
CO	NGREGATIONS THROUGHOUT THE GREATER NEW YORK AREA. THESE EFFORTS	
IN	CREASE THE ABILITY OF CONGREGATIONAL SCHOOLS TO DESIGN AND	
	LIVER INNOVATIVE AND HIGH-IMPACT JEWISH EDUCATIONAL EXPERIENCES	
	AT HELP CHILDREN AND FAMILIES THRIVE AS JEWS AND IN THE WORLD	
	DAY.	
_		
: (Co	ode:) (Expenses \$, s50, 200. including grants of \$, 133, 628. ) (Revenue \$)	62,133. )
	EN ENGAGEMENT PROVIDED PROFESSIONAL DEVELOPMENT AND NETWORKING	
	PORTUNITIES TO JEWISH TEEN ENGAGEMENT PROFESSIONALS IN OVER 100	
SY	NAGOGUES AND JEWISH COMMUNITY CENTERS THROUGHOUT THE GREATER NEW	
ΥO	RK REGION. IN ADDITION THIS TEAM WORKED WITH 6 ORGANIZATIONS	
IN	TENSIVELY TO DEVELOP NEW MODELS OF JEWISH TEEN ENGAGEMENT AND 38	
AD	DITIONAL SENIOR TEEN ENGAGEMENT PROFESSIONALS IN AN INTENSIVE	
CO	HORT-BASED LEADERSHIP DEVELOPMENT EXPERIENCE. TOGETHER THESE	
ĀC	TIVITIES GREATLY ENHANCED THE CAPACITY OF JEWISH ORGANIZATIONS	
	ENGAGE MORE JEWISH TEENAGERS IN QUALITY EDUCATIONAL EXPERIENCES,	
	RTHERING THEIR SENSE OF COMMITMENT TO THE JEWISH COMMUNITY AND	
	BROADER SOCIAL ACTION CAMPAIGNS.	
J Ot	her program services (Describe in Schedule O.) ATTACHMENT 2	
(E:	xpenses \$ 3,453,172. including grants of \$ 183,864. ) (Revenue \$ 1,698,516. )	
• To	tal program service expenses ► 9,358,615.	
1020	1.000 0865NT V01B 6/8/2020 10:26:42 AM V 18-8.6F 1384	Form <b>990</b> (2018

Form 9	90 (2018)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
-	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	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>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0	v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> . Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		л

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
~~		21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
01	complete Schedule N. Part II.	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		22		x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	1
Part				<u> </u>
-r-art	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	110
		-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	L
JSA		Form	990	(2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 69								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	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	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).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X					
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization								
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	v						
	and services provided to the payor?	7a	X X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x					
	required to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year	70		х					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g							
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. <b>. Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the								
0	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	-							
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
-	the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.	-							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

Form 9	BOARD OF JEWISH EDUCATION INC. 13	-16325	519	F	Page <b>6</b>
Part	<b>VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, a	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched				tions.
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year	24			
Ia	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				
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	24			
b		with			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	2	Х	
•	any other officer, director, trustee, or key employee?	· ·	-		
3	Did the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by organization delegate control over management duties customarily performed by organization delegate control over management duties customarily performed by organization delegate customarily performed by organizati		3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		6		X
6	Did the organization have members or stockholders?		•		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		7a		x
	one or more members of the governing body?	–	1a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem		76		x
	stockholders, or persons other than the governing body?	–	7b		<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	uring			
	the year by the following:		•	Х	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	••• ⊢	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				x
Saati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9 `odo	1	А
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C	Joue	.) Yes	No
		L	100	100	X
	Did the organization have local chapters, branches, or affiliates?	••• ⊢	10a		<u></u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such char				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	–	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	m?. 🗋	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could			v	
	rise to conflicts?	· • •   1	l2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			v	
	describe in Schedule O how this was done	–	12c	X	
13	Did the organization have a written whistleblower policy?	–	13	X	
14	Did the organization have a written document retention and destruction policy?	–	14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci			77	
а	The organization's CEO, Executive Director, or top management official	' <b>' '</b>	15a	X	
b	Other officers or key employees of the organization	· • •  1	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				37
	with a taxable entity during the year?	–	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguar				
	organization's exempt status with respect to such arrangements?	1	l6b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <sup>NY</sup> ,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	990-T (	Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inter	est p	oolicy	/, 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 JENNIFER WEITZMAN 520 EIGHTH AVENUE, 15TH FL NEW YORK, NY 10018 6464725375	records			

JSA

Part

Page 7

Ι	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

			(C)							
(A)	(B)	(10.11	4 1		ition	. then a		(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any			•		or/trust		compensation from	compensation from related	amount of other
	hours for	-	5	0	Z	₫т	Ţ	the	organizations	compensation
	related	- dire	stitu	Officer	ey ei	nplo	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	1 24 55	Institutional trustee	Ä	Key employee	Highest compensated employee	, ¥	(W-2/1099-MISC)		organization and related
	line)	rus	al tr		yee	mp				organizations
		tee	Jste			ssue				
			e			Ited				
(1)CRAIG PADOVER	2.00								0	0
PRESIDENT	0.	X		Х				0.	0.	0.
(2) TARA SLONE	2.00								0	0
CHAIRMAN OF THE BOARD	0.	X		Х				0.	0.	0.
(3)AMY YENKIN	2.00								0	0
TREASURER	0.	X		Х				0.	0.	0.
(4)LOUISE COHEN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(5)KAREN EVERETT	1.00	-						_		_
BOARD MEMBER	0.	X						0.	0.	0.
(6)MARTINE FLEISHMAN	1.00	-						_		_
BOARD MEMBER	0.	X						0.	0.	0.
(7)GISELLE WEISSMAN	1.00	-						_		_
BOARD MEMBER	0.	X						0.	0.	0.
(8)MARK HOENIG	1.00	_								
BOARD MEMBER	0.	X						0.	0.	0.
(9)DOROTHY TANANBAUM	1.00	_								
BOARD MEMBER	0.	Х						0.	0.	0.
(10) <sup>ALFRED</sup> KINGSLEY	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) TEMMA KINGSLEY	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)LOIS KOHN-CLAAR	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) <sup>ANDREW</sup> MEYERS	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14)RICHARD MORSE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
										000

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#### BOARD OF JEWISH EDUCATION INC.

(B)

Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	rson	e than o is or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DR. MARK RAMER	1.00									
BOARD MEMBER	0.	Х						0.	0.	
MIKHAIL RATNER	1.00									
BOARD MEMBER	0.	X						0.	0.	
ANNA PROPP RIESENBERG	1.00									
BOARD MEMBER	0.	х						0.	0.	
PHILIP SCHATTEN	1.00									
BOARD MEMBER	0.	х						0.	0.	
	1 0 0									

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

(C)

(D)

		22		1			0.		0.
18) PHILIP SCHATTEN	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
19) SARENE SHANUS	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
20) DENISE KOHN	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
21) NATHAN GOLD	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
22) ABBY PAPPAS	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
23) RACHEL POUYAFAR	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
24) LOUISE CHAZEN BANON	1.00								
BOARD MEMBER	0.	Х					0.	0.	0.
25) ROBERT SHERMAN (THROUGH 6/19)	35.00								
CHIEF EXECUTIVE OFFICER	0.			Х			347,400.	0.	49,675.
1b Sub-total	1b Sub-total						0.	0.	0.
c Total from continuation sheets to Part VII, S	c Total from continuation sheets to Part VII, Section A						1,594,270.	0.	298,116.
d Total (add lines 1b and 1c)						1,594,270.	0.	298,116.	
								<u> </u>	

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 ► 14

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

#### 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>(B)</b> Description of services	<b>(C)</b> Compensation
A.	ftachment 3		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 1	e listed above) who received	

Yes No

Х

3

4

5

Х

Х

(E)

0.

0.

Ο.

(F)

# Form 990 (2018) Part VII S

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16)

( 17)

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(A)

Form 99	90 (20	)18)
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Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s pe I a d	ition more rson irect	e than o is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) ABBY KNOPP (THROUGH 12/18)	35.00	-		37				101 764	0	45 20
CHIEF OPERATING OFFICER	0.			Χ				191,764.	0.	45,29
/) JENNIFER WEITZMAN	35.00	-		v				120 770		41 00
DIRECTOR OF FINANCE	0.			Χ				139,772.	0.	41,89
CHIEF OPERATING OFFICER	35.00	-		х				0.	0.	
)) DR. DAVID BRYFMAN	35.00			Λ				0.	0.	
CHIEF INNOVATION OFFICER	0.	-			Х			194,599.	0.	45,29
)) SHELLIE DICKSTEIN	35.00									10,20
MNG. DIR. OF EARLY CHILDHOOD	0.	1				х		157,201.	0.	63,67
.) SARA SELIGSON	35.00									
MANAGING DIRECTOR, DAY SCHOOL	0.	1				Х		152,578.	0.	13,17
2) DEBORAH FRIEDMAN(THROUGH 6/18)	35.00	-				v		145 265	0	16 61
CHIEF OFFICER OF INST. DEV.	35.00					Х		145,265.	0.	16,61
MANAGING DIRECTOR, JEWISH EDU.	0.					х		139,144.	0.	12,10
ANAGING DIRECTOR, JEWISH EDU.	35.00		$\vdash$			Δ		,,,,	0.	12,10
DIRECTOR, EDUCATOR NETWORKS	0.	1				х		126,547.	0.	10,39
		_						,		.,
		-								
<ul> <li>b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organization</li> </ul>	ection A	· · ·	liste	• •	· ·		re	ceived more than	\$100,000 of	
· · · · · · · · · · · · · · · · · · ·										Yes N
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the	ule J for suc	ch ind portab	<i>ividu</i> le c	<i>ial</i> om	pen	satior	n ar	nd other compens	sation from the	3
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gra <i>individual</i> .	ule J for suc sum of rep eater than	ch ind oortab \$15	lividu de c 50,00	<i>ial</i> om 00?	pen <i>If</i>	satior "Yes	י ה," ו	nd other compens complete Schedu	sation from the le J for such	3
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gra <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i>	ule J for suc sum of rep eater than accrue co	ch ind portab \$15 mpen	lividu de c 50,00 satic	<i>ial</i> om 00? on f	pen <i>If</i> rom	satior <i>"Yes</i> any	n ar ;," ( uni	nd other compens complete Schedu related organizatio	sation from the <i>le J for such</i> on or individual	
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gre <i>individual</i> . Did any person listed on line 1a receive or	ule J for suc sum of rep eater than accrue con es," comple pensated in	ch ind portab \$15 mpen <u>te Sch</u> ndepe	ividu ile c 50,00 sationedu ende	om 20? 2n f <i>le J</i>	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( uni <i>per</i> st	nd other compens complete Schedu related organizations son	sation from the le J for such on or individual	4 X 5 2
Did the organization list any <b>former</b> offic employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gra <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If</i> "Yes Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of	ule J for suc sum of rep eater than accrue con es, " comple pensated in compensatio	ch ind portab \$15 mpen <u>te Sch</u> ndepe	ividu ile c 50,00 sationedu ende	om 20? 2n f <i>le J</i>	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( uni <i>per</i> st	nd other compens complete Schedu related organizations son	sation from the le J for such on or individual than \$100,000 of hin the organization	4 X 5 7
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sorganization and related organizations gra <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. (A)	ule J for suc sum of rep eater than accrue con es, " comple pensated in compensatio	ch ind portab \$15 mpen <u>te Sch</u> ndepe	ividu ile c 50,00 sationedu ende	om 20? 2n f <i>le J</i>	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( uni <i>per</i> st	nd other compens complete Schedu related organization son hat received more ending with or with (B)	sation from the le J for such on or individual than \$100,000 of hin the organization	4 X 5 5

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

Par	t VII			u line in this Deut VI			
		Check if Schedule O contains a resp	onse of note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$Total. Add lines 1a-1f	2,279,874.	7,708,193.			
ne			Business Code				
Program Service Revenue	2a b c d	SCHOOL FOOD SERVICES SERVICE FEES - OTHER	624210 611710	1,660,464. 1,490,412.	1,660,464. 1,490,412.		
Progra	e f g	All other program service revenue		3,150,876.			
	3 4 5		ends, interest, and proceeds	14,454. 0. 0.			14,454.
	6a b c	(i) Real (i) Real 106,54 Less: rental expenses Rental income or (loss)	(ii) Personal				
	d 7a b	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis	(ii) Other	0.			
	c d	and sales expenses	·	0.			
Other Revenue		Gross income from fundraising events (not including \$					
-	с 9а	Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19		-34,808.			-34,808.
	b c	Less: direct expenses Net income or (loss) from gaming activitie	<b>b</b> 0.	0.			
	10a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold	<b>b</b> 2,717,282.				
	c	Net income or (loss) from sales of inventory, Miscellaneous Revenue	Business Code	125,746.	125,746.		
	11a b c d	All other revenue					
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.	· · · · · · · · •	0.	3,276,622.		-20,354.
JSA							Form 990 (2018)

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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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 415,588 415,588 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,034,698. 735,642. 248,907 50,149. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 4,085,442. 3,342,222. 508,596 234,624. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 221,616. 184,400. 23,213 14,003. section 401(k) and 403(b) employer contributions) 714,114 597,449 72,420 44,245. 9 Other employee benefits 46,005. 20,035. 342,496. 276,456. 10 Payroll taxes 11 Fees for services (non-employees): 0 a Management 10,543. 7,714. 2,829 b Legal 53,481. 53,481. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,715,691. 99,562. 1,848,698. 33,445 (A) amount, list line 11g expenses on Schedule O.) $\ensuremath{ATCH}\xspace{4}$ 126,390. 13,522 32,960. 172,872. 12 Advertising and promotion 293,810. 69,274. 9,929. 373,013. 13 Office expenses 90,171. 90,171. 14 Information technology 0 15 Royalties 933,834. 749,677. 145,518 38,639. Occupancy 16 418,299. 400,196. 18,091 12. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 142,251. 130,822. 9,475 1,954. 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 180,511. 180,511 22 Depreciation, depletion, and amortization 41,066. 30,259. 9,035. 1,772. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BAD DEBT 89,460. 89,460 **b**FOOD 166,093. 146,515. 19,355 223. cMISCELLANEOUS 153,559 115,613. 31,419 6,527. d e All other expenses 11,487,805 9,358,615. 1,574,556 554,634. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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following SOP 98-2 (ASC 958-720)

Form	990	(2018)	

orm 9	990 (2	BOARD OF JEWISH EDUCATION INC. 2018)		10	1632519 Page <b>11</b>
Part		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,696,745.	1	2,035,129.
	2	Savings and temporary cash investments	58,049.	2	127,131.
	2	Pledges and grants receivable, net	554,179.	3	532,903.
	4	Accounts receivable, net	1,755,527.	4	1,764,474.
	- 5	Loans and other receivables from current and former officers, directors,	,,.		, - ,
	3	trustees, key employees, and highest compensated employees.			
			0.	5	0
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0
its	7		0.	7	0
Assets	7 0	Notes and loans receivable, net	27,075.	7 8	33,060
<	8	Inventories for sale or use Prepaid expenses and deferred charges	65,742.	8 9	63,517
4	9	Land, buildings, and equipment: cost or	05,712.	3	03,517
<b>'</b>	Ua	other basis. Complete Part VI of Schedule D <b>10a</b> 2,156,457.			
	h	Less: accumulated depreciation	693,156.	10c	512,645.
1	1	Investments - publicly traded securities		11	1,000
	2	Investments - other securities. See Part IV, line 11	5,337,162.	12	5,461,651.
	3	Investments - program-related. See Part IV, line 11	0.	13	0
	4	Intangible assets		14	0
	5	Other assets. See Part IV, line 11		15	0
	6	Total assets. Add lines 1 through 15 (must equal line 34)	10,188,635.	16	10,531,510.
	7	Accounts payable and accrued expenses	2,612,781.	17	2,785,171.
	8	Grants payable	0.	18	0
	9	Deferred revenue	241,012.	19	1,396,241
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0.	22	0
<u>2</u> اڌ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	512,731.	25	453,882.
2	26	Total liabilities. Add lines 17 through 25.	3,366,524.	26	4,635,294.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	6,696,873.	27	5,775,423.
	28	Temporarily restricted net assets	25,238.	28	20,793
	29	Permanently restricted net assets	100,000.	29	100,000
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
U	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,822,111.	33	5,896,216.
	34	Total liabilities and net assets/fund balances	10,188,635.	34	10,531,510.

BOARD OF JEWISH EDUCATION IN	NC.	
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Form 99	90 (2018)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1			305.
3	Revenue less expenses. Subtract line 2 from line 1	3				344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				111.
5	Net unrealized gains (losses) on investments	5		1	10,1	180.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		-5	12,	731.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10		5,8	96,2	216.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a		-			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	nin			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

1384

SCHEDULE A (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 6

		it of the Treasury venue Service	,	Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Name	of th	e organization						Employer identif	ication number
-		OF JEWISH						13-16325	
Par				•	<u> </u>			art.) See instructions	
	<u> </u>				t is: (For lines 1 throu	-		,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-	-	rganization described				
4			-	-	conjunction with a no	spital de	scribed ir	n section 170(b)(1)(A)	(III). Enter the
F		hospital's nam	-				d ar ana	rated by a gaugerous	antol unit described in
5		-	-	Complete Part II.)	a college of universi	ly Owned	u or ope	aled by a governme	ental unit described in
6		A federal, sta	te, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Х	An organizati	on that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in s	ection 170(b)	<b>)(1)(A)(vi).</b> (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	<b>b)(1)(A)(vi).</b> (Complete	e Part II.)			
9		-		-			-	I in conjunction with a	
		or university c	or a non-land-	grant college of ag	griculture (see instruc	tions). E	nter the i	name, city, and state o	f the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investme organizatio	ited to its exempt f nent income and u on after June 30, 1	functions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete		n 331/3 % of its
11		•	-	•	usively to test for publ				
12		•	•		•	•			carry out the purposes
									See <b>section 509(a)(3).</b> nes 12e, 12f, and 12g.
а		<b>Type I.</b> A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
				-				the directors or truste	
	_	_ supporting c	organization.	You must complet	te Part IV, Sections A	and B.			
b		<b>Type II.</b> A s	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	nanagement o	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	age the supported
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.				
С		_ Type III fun	ctionally integ	<b>grated.</b> A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	_	_ its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		_ Type III non	-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_			,	omplete Part IV, Sect				
е			•					hat it is a Type I, Type	II, Type III
					ionally integrated sup		organizat	ion.	
t				-					•••••
g			-		orted organization(s).	<i>a</i>			(-1)
	(I) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	1								
									1

#### Schedule A (Form 990 or 990-EZ) 2018

13-1632519

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,644,643.	7,262,904.	6,812,107.	7,366,099.	7,708,193.	36,793,946.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,644,643.	7,262,904.	6,812,107.	7,366,099.	7,708,193.	36,793,946.
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)						3,823,457.
6	Public support. Subtract line 5 from line 4						32,970,489.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	7,644,643.	7,262,904.	6,812,107.	7,366,099.	7,708,193.	36,793,946.
_	similar sources	104,401.	103,859.	102,963.	106,773.	120,999.	538,995.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,502.				7,502.
11	Total support. Add lines 7 through 10						37,340,443.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	16,968,327.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (lin	ne 6. column (f)	divided by line	11. column (f)).		14	88.30 <b>%</b>
15	Public support percentage from 2017		•			15	91.43%
16a	331/3% support test - 2018. If the org	anization did n	ot check the box	x on line 13, ar	nd line 14 is 33 <sup>2</sup>	1/3 % or more, cl	heck this
	box and stop here. The organization qu	ualifies as a pub	licly supported o	organization.			▶ X
b	331/3% support test - 2017. If the org	anization did n	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or moi	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018

# 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.)

	tion A. Public Support Indar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
1 a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<b>6</b> 00	line 6.)						
	tion B. Total Support	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in) <b>&gt;</b>	(a) 2014	(b) 2015	(c) 2010	(u) 2017	(e) 2018	(1) 101ai
9 10 -	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	ation's first. seco	nd, third. fourth	or fifth tax ve	ear as a section	501(c)(3)
-	organization, check this box and <b>stop here</b> .	0					
Sec	tion C. Computation of Public Sup						
	•			mn (f))		. 15	%
15	Public support percentage for 2018 (line 8.	,				16	%
15 16	Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	dule A Part III li	ne 15				
16	Public support percentage from 2017 Sche					10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16 Sec	Public support percentage from 2017 Sche tion D. Computation of Investmen	t Income Per	centage				
16 <b>Sec</b> 17	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lin	t Income Perent ne 10c, column	(f), divided by line	13, column (f))		17	%
16 <b>Sec</b> 17 18	Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017	t Income Per ne 10c, column Schedule A, Part	<b>centage</b> (f), divided by line t III, line 17	13, column (f))		17 18	%
16 <b>Sec</b> 17 18	Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org	t Income Pere ne 10c, column Schedule A, Part ganization did n	centage (f), divided by line III, line 17 ot check the boy	13, column (f)) c on line 14, and	l line 15 is mor	17 18 e than 331/3%, a	% and line
16 Sec 17 18 19a	Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	t Income Per ne 10c, column Schedule A, Part ganization did n is box and sto	centage (f), divided by line t III, line 17 ot check the box <b>p here.</b> The org	13, column (f)) c on line 14, and anization qualifies	l line 15 is mor s as a publicly	17 18 e than 331/3%, a supported organi	% % and line zation . ►
16 Sec 17 18 19a	Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the organization	t Income Per ne 10c, column Schedule A, Part ganization did n is box and sto unization did not	(f), divided by line t III, line 17 ot check the box <b>p here.</b> The org check a box on	13, column (f)) c on line 14, and anization qualifies line 14 or line 19	d line 15 is mor s as a publicly 9a, and line 16 is	17       18       e than 331/3 %, a       supported organia       s more than 331/3	% and line zation .►
16 Sec 17 18 19a	Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	t Income Period ne 10c, column Schedule A, Part ganization did n is box and sto unization did not this box and s	centage (f), divided by line i III, line 17 ot check the box <b>p here.</b> The org check a box on top here. The or	13, column (f)) c on line 14, and anization qualifies line 14 or line 19 ganization qualifie	d line 15 is mor s as a publicly ba, and line 16 is es as a publicly	17       18       e than 331/3 %, a       supported organi       s more than 331/3       supported organi	% and line zation . ► □ 3 %, and zation ► □

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2018

Schedul	e A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <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.			
Soctio	on C. Type II Supporting Organizations	2		
380110			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	Tes	
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
U			Yes	
2	Activities Test. Answer (a) and (b) below.		. 00	
а	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 identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. Schedule A (Form	3b	000 F	2019
JSA	Schedule A (Porm	330 OF	330-24	-, 2010

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz	ations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (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		
<b>6</b> 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		
<b>8 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	• •		· · · ·

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		Carronic Four
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

BOARD OF JEWISH EDUCATION INC.

Employer identification number

13-1632519

Organization ty	<b>pe</b> (check	one)
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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Employer identification number 13-1632519

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$5,015,766.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,537,644.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$201,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$298,502.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Schedule B (Form	990, 990-EZ,	or 990-PF) (2018	)
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Name of organization BOARD OF JEWISH EDUCATION INC.

Employer identification number 13-1632519

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4
lame of org	ganization BOARD OF JEWISH EDUCAT	ION INC.		Employer identification number 13-1632519
	<b>Exclusively</b> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any o ions completing Part e year. (Enter this inf	one contributor. Co III, enter the total of ormation once. See	<b>bed in section 501(c)(7), (8), or</b> omplete columns <b>(a)</b> through <b>(e) and</b> f <i>exclusively</i> religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferrada nome address as	(e) Transfe		
	Transferee's name, address, ar	IU ZIF + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		er of gift		
	Transferee's name, address, ar			ship of transferor to transferee
SA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **4** 

	IEDULE D rm 990)						OMB No. 1545-0047
			8, 9, 10, 11a, 11b, 11c, <sup>2</sup>				2018
Depa	rtment of the Treasury		Attach to Form 9				Open to Public
	al Revenue Service	Go to www.irs.gov	/Form990 for instruction	is and the late		on. Employer identifica	Inspection
	Ū	EDUCATION INC.				13-16325	
_		tions Maintaining Donor Adv	ised Funds or Other	Similar Fu	inds or Ac		19
Га		e if the organization answered				counts.	
	Complete		(a) Donor adv			(b) Funds and	d other accounts
1	Total number at e	end of year				(),	
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		tion inform all donors and donor	advisors in writing th	hat the asset	ts held in	donor advised	
	-	anization's property, subject to the	-				
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in	writing that	grant fund	s can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or do	nor advisor, o	or for any	other purpose	
		nissible private benefit?					Yes No
Pa		ation Easements.	") <i>(</i> " <b>–</b> 000		-		
-		e if the organization answered			e /.		
1		nservation easements held by the				.  .:	
		on of land for public use (e.g., rec of natural habitat	reation or education)			a nistorically im a certified histo	portant land area
					rvation of a	a certined histo	inc structure
2		on of open space a through 2d if the organization h	ald a qualified conserv	vation contrib	ution in the	a form of a con	servation
2	-	last day of the tax year.					End of the Tax Year
а		conservation easements			2	a	
b		stricted by conservation easements					
c		rvation easements on a certified			· · · –		
d		rvation easements included in (		. ,		-	
		listed in the National Register				d	
3		ervation easements modified, trar				ed by the organ	nization during the
	tax year 🕨						
4	Number of states	where property subject to conse	rvation easement is loo	cated 🕨			
5	•	zation have a written policy reg				•	
	violations, and enf	forcement of the conservation ea	sements it holds?				📖 Yes 🔛 No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violatio	ons, and enfor	cing conser	vation easements	s during the year
_	►						
7		ses incurred in monitoring, inspec	ting, handling of violation	ons, and enfo	orcing cons	ervation easem	ients during the year
0		vation easement reported on line	(d) above enticify the r	oquiromonto	of contion ?	170(b)(4)(P)(i)	
8		n)(4)(B)(ii)?	· · ·	•		( )( )( )()	Yes No
9		ibe how the organization reports					
•		nd include, if applicable, the text of				•	
		counting for conservation easeme		5			
Pa		tions Maintaining Collections				imilar Assets	
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line	e 8.		
1a	If the organization works of art, hist public service, pro	n elected, as permitted under Sl torical treasures, or other simila ovide, in Part XIII, the text of the fo	FAS 116 (ASC 958), in ar assets held for pur potnote to its financial	not to report blic exhibitio statements t	in its revo n, educati hat describ	enue statemer ion, or researd bes these items	It and balance sheet ch in furtherance of 5.
b	works of art, hist	n elected, as permitted under to torical treasures, or other simila ovide the following amounts relat	ar assets held for pu				
		ided on Form 990, Part VIII, line 1					i
		ed in Form 990, Part X					
2	•	on received or held works of a				ets for financia	al gain, provide the
		s required to be reported under S					
a h		I on Form 990, Part VIII, line 1.					
b For l		n Form 990, Part X					nedule D (Form 990) 2018
1011	aper work Reduction	in Act Notice, see the instructions to	1 0/11/ 330.			301	Equie D (Forili 330) 2018

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13-1632510

<b>.</b> .		JF JEWISH E	DUCATION	INC.				13-163	2219	_	•
-	dule D (Form 990) 2018	allestions of				or 0th		Acceta /a	ontinu		Page 2
	rt III Organizations Maintaining C										4 14 -
3	Using the organization's acquisition, ac	cession, and o	iner records	, cneck	any or	the roll	owing that a	are a sign	incant	use d	n its
	collection items (check all that apply):		a 🗌	Loop	r ovobo		romo				
a			d		or exchai	nge prog	rams				
b	Scholarly research		e	Other							
c	Preservation for future generation										-
4	Provide a description of the organization	on's collections	and explain	how t	hey furt	her the	organization	i's exempt	purpo	se in	Part
_	XIII.										
5	During the year, did the organization sol										٦
	assets to be sold to raise funds rather that		lined as part	of the c	organiza	tion's col	lection?		Yes		No
Pa	rt IV Escrow and Custodial Arrang								. –		
	Complete if the organization a 990, Part X, line 21.	answered "Ye	s" on Form	990, P	art IV, I	ine 9, o	r reported a	an amour	nt on F	orm	
1a	Is the organization an agent, trustee, cu	stodian or othe	r intermedia	rv for c	ontributi	ons or ot	her assets no	ot			
	included on Form 990, Part X?			-				_	Yes		No
b	If "Yes," explain the arrangement in Par							•••• -			]
				ining tab	Γ			Amount			
с	Beginning balance				-	1c		7 1110 4111			
ь Ч	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount						al account li	ability2	Yes		No
	If "Yes," explain the arrangement in Par										
1	rt V Endowment Funds.			anation		ii piovide				••	
Га	Complete if the organization	answered "Ye	s" on Form	990 F	Part IV I	ine 10					
		) Current year	(b) Prior y			years back	(d) Three	vears back	(e) Fou	r voare	back
		109,566.		810.		04,009	. ,	1,009.			675.
1a	Beginning of year balance	100,000.	100,	.010.		01,002	/	1,005.		±±5,	<u>.</u>
b	Contributions										
С	Net investment earnings, gains,		7	756		11 001	.	1 272		2	224
	and losses	2,555.	/ ,	,756.		11,801		4,272.		, ۲	334.
d	Grants or scholarships										
е	Other expenditures for facilities	7 000	-	000		7 000		0 700		-	000
	and programs	7,000.	/,	,000.		7,000	J.	2,728.		/,	000.
f	Administrative expenses	105 101	1.0.0	566		00 01	1.0	1 0 0 0			
g	End of year balance	105,121.	109,	566.		08,810	). 10	4,009.		⊥⊥⊥,	009.
2	Provide the estimated percentage of the			line 1g,	column	(a)) held	as:				
а	Board designated or quasi-endowment		_%								
b	Permanent endowment  95.1300	-									
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2d										
3a	Are there endowment funds not in the p	ossession of th	e organizatio	on that	are held	and adr	ninistered for	r the	ſ		
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related org		•						3b		
4	Describe in Part XIII the intended uses of		ion's endowr	nent fur	nds.						
Pa	rt VI Land, Buildings, and Equipme Complete if the organization	ent.	on Form		Dort IV/	lino 11a	Soo Form	000 Po	rt V lir	o 10	
	Description of property	(a) Cost or			or other bas		Accumulated		) Book va		<u>.                                    </u>
		(invest			ther)		epreciation	(u	) DOOK V	alue	
1a	Land										
b	Buildings										
с	Leasehold improvements			9	63,93		715,817		2	48,1	.15.
d	Equipment				79,25	D.	70,358	•		8,8	392.
е	Other			1,1	13,27	5.	857,637		2	55,6	538.
Tota	I. Add lines 1a through 1e. (Column (d) n		n 990, Part X,	columr	n (B), line	9 10c.)			5	12,6	545.

Schedule D (Form 990) 2018

	BOARD OF JEWIS	H EDUCATION INC	2. 13-1632519
	Form 990) 2018		Pag
art 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
Financi	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D) (E)			
(E) (F)			
(G)			
(U) (H)			
( )	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
art VIII	Investments - Program Related.		
		I "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)			
<u>4)</u>			
5) ()			
6) 7)			
7) 8)			
<u>(9)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
art IX	Other Assets.		
		I "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	<b>(a)</b> De	scription	(b) Book value
(1)			
2)			
3)			
(4)			
5)			
6)			
7)			
(8)			
9) tal (Col	umn (b) must equal Form 990, Part X, col. (B) l	ino 15 )	►
art X	Other Liabilities.		· · · · · · · · · · · · · · · · · · ·
		I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	(a) Description of liability	(b) Book valu	e
1) Fede	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8) (9)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 8E1270 1.000

BOARD OF JEWISH	EDUCATION	INC.
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Schedu	le D (Form 990) 2018		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	11,181,186.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	.	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	216,725.
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,964,461.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,964,461.
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,594,350.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	•	
е	Add lines 2a through 2d	2e	106,545.
3	Subtract line 2e from line 1	3	11,487,805.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	11,487,805.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	mation.	

SEE PAGE 5

Schedule D (Form 990) 2018	BOARD OF JEWISH	EDUCATION	INC.	13-1632519	Page 5
Part XIII Supplemental In	formation (continued)				
SCHEDULE D, PART XI, L	JINE 2D:				
RENTAL EXPENSES:		\$106,545			
SCHEDULE D, PART XII,	LINE 2D:				
RENTAL EXPENSES:		\$106,545			

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	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.						2018
Department of the Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public
Internal Revenue Service	G	o to www.irs.gov/Form	990 for instr	uctions and	the latest instructions		Inspection
Name of the organization						Employer identificat	
BOARD OF JEWISH			nization	noworod	"Voo" on Form	13 - 1632519	
	ing Activities. Com 0-EZ filers are not					990, Part IV, III	
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicita	tions	е			non-government g		
	email solicitations	f			government grant	S	
c Phone solici		g	Spec	cial fundra	ising events		
d 🔄 In-person so							
2a Did the organiza	tion have a written o						Yes No
<b>b</b> If "Yes," list the	10 highest paid indi least \$5,000 by the	viduals or entities					
<b>(i)</b> Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	which the organization which the organization of the organization			► d to solicit	contributions or	has been notified	d it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1281 1.000 0865NT V01B 6/8/2020 10:26:42 AM V 18-8.6F

### Schedule G (Form 990 or 990-EZ) 2018

	rt II Fundraising Events. Compl more than \$15,000 of fund events with gross receipts g	draising event contributi	answered "Yes" on F ons and gross incom	e on Form 990, Part IV, e on Form 990-EZ,	lines 1 and 6b. Lis
		(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
1)		(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1 Gross receipts	. 448,313.			448,313
2	<ol> <li>Less: Contributions</li> <li>Gross income (line 1 minus)</li> </ol>	412,553.			412,553
	line 2)				35,760
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	. 22,655.			22,655
	7 Food and beverages	46,265.			46,265
	8 Entertainment	1,648.			1,648
	9 Other direct expenses				
1	<ul> <li>10 Direct expense summary. Add I</li> <li>11 Net income summary. Subtract</li> </ul>	ines 4 through 9 in colu	mn (d)		70,568
1					
1 Par	rt III Gaming. Complete if the o	rganization answered "			
Par		rganization answered "			reported more than (d) Total gaming (add
Par	rt III Gaming. Complete if the o	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
	rt III Gaming. Complete if the o \$15,000 on Form 990-EZ, I	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
	rt III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1 Gross revenue       1	rganization answered "` ine 6a. (a) <sup>Bingo</sup>	Yes" on Form 990, F	Part IV, line 19, or	reported more than
	rt III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than
	rt III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more thar
	rt III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes         3       Noncash prizes	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than (d) Total gaming (add col. (a) through col. (c))
	rt III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Conternation (c) Other gaming	reported more than (d) Total gaming (add col. (a) through col. (c))
	rt III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor	rganization answered "` ine 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming 	reported more that (d) Total gaming (add col. (a) through col. (c))
	ft III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary. Add I         8       Net gaming income summary. S         Enter the state(s) in which the or         Is the organization licensed to come	rganization answered "` ine 6a.  (a) Bingo  (a) Bingo  (b) Bingo  (c) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming 	reported more than (d) Total gaming (add col. (a) through col. (c))
	ft III       Gaming. Complete if the o \$15,000 on Form 990-EZ, I         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary. Add I         8       Net gaming income summary. S         Enter the state(s) in which the or         Is the organization licensed to come	rganization answered "` ine 6a.  (a) Bingo  (a) Bingo  (b) Bingo  (c) Bingo  (c) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming 	reported more than (d) Total gaming (add col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2018

BOARD OF JEWIS	H EDUCATION	INC.
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	BOARD OF DEWISH EDUCATION INC.	T2-T02	2219	
Sched	lule G (Form 990 or 990-EZ) 2018			Page <b>3</b>
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 enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			/0
14	records:			
	Nama N			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
15 a	revenue?		Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the		
U	amount of gaming revenue retained by the third party $\triangleright$ \$	and the		
~	If "Yes," enter name and address of the third party:			
U	in res, enter hame and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
10	Caning manager mormation.			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	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 pro-	aconde to		
a			Yes	No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt orga		(62	
b		anizations		
Par	or spent in the organization's own exempt activities during the tax year <b>s s t IV Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns	(iii) and (	iv) and	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).		nauon	

Schedule G (Form 990 or 990-EZ) 2018

(Forr	orm 990) 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.					1545-0 <b>18</b> Pub	olic
	Revenue Service	Go to www.irs.gov/Forms		Employer identification	Inspe		n
	0	SH EDUCATION INC.		13-1632519	numbe	ſ	
Part		is Regarding Compensation		13-1032319			
Fari	Question	is Regarding compensation				Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde		ovided any of the following to or for a pers         provide any relevant information regarding         Housing allowance or residence for         Payments for business use of persor         Health or social club dues or initiation         Personal services (such as maid, character)	these items. personal use nal residence n fees			
b	or reimburse explain	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com to reimbursing or allowing expenses	plete Part III to	1b		
2 3	directors, trus 1a?	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line	2		
5	organization's related organ Comper Indepen	CEO/Executive Director. Check all the	Image: A comparison of the comparisation discussion of the comparison o	ds used by a art III.			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			ayment?		4a		X
b	Participate in,	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		X
С			ased compensation arrangement? rovide the applicable amounts for each ite		4c		X
5	For persons li compensation	isted on Form 990, Part VII, Section A, n contingent on the revenues of:	rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue a				v
-					5a		X
b	•	e 5a or 5b, describe in Part III.			5b		Λ
6	For persons li		, line 1a, did the organization pay or accrue	any			
а	The organizat	ion?			6a		Х
b	-	rganization? e 6a or 6b, describe in Part III.			6b		X
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization provi	ide any nonfixed			
8	Were any am	ounts reported on Form 990, Part VII,	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	it was subject	7		X
9	If "Yes" on I	line 8, did the organization also fol	low the rebuttable presumption proced	ure described in	8		X
For Pa		ction Act Notice, see the Instructions for Fo		Schedu		orm 990	0) 2018

Schedule J (Form 990) 2018

Page **2** 

# 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	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROBERT SHERMAN (THROUGH	(i)	347,400.	0.	0.	26,250.	23,425.	397,075.	
1 <sup>CHIEF EXECUTIVE OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	
DR. DAVID BRYFMAN	(i)	194,599.	0.	0.	14,974.	30,320.	239,893.	
2 <sup>CHIEF INNOVATION OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	
ABBY KNOPP (THROUGH 12/	(i)	191,764.	0.	0.	14,974.	30,320.	237,058.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
JENNIFER WEITZMAN	(i)	139,772.	0.	0.	11,501.	30,389.	181,662.	
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	
SHELLIE DICKSTEIN	(i)	157,201.	0.	0.	12,128.	51,542.	220,871.	
5 <sup>MNG. DIR. OF EARLY CHILDHOOD</sup>	(ii)	0.	0.	0.	0.	0.	0.	
SARA SELIGSON	(i)	123,280.	0.	29,298.	12,087.	1,091.	165,756.	
6 <sup>MANAGING DIRECTOR, DAY SCHOOL</sup>	(ii)	0.	0.	0.	0.	0.	0.	
DEBORAH FRIEDMAN(THROUG	(i)	145,265.	0.	0.	10,906.	5,706.	161,877.	
7 <sup>CHIEF OFFICER OF INST. DEV.</sup>	(ii)	0.	0.	0.	0.	0.	0.	
SUSAN HOLZMAN WACHSSTOC	(i)	139,144.	0.	0.	11,084.	1,022.	151,250.	
MANAGING DIRECTOR, JEWISH EDU.	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

JSA

Schedule J (Form 990) 2018

# Part III Supplemental Information

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

Page 3

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Information abo Name of the organization BOARD OF JEWISH EDUCATION INC.

Employer identification number 13-1632519

FORM 990, PART VI, SECTION A, LINE 2 ALFRED AND TEMMA KINGSLEY ARE HUSBAND AND WIFE.

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

THE 990 WAS EMAILED TO ALL BOARD MEMBERS AND EXECUTIVE STAFF BEFORE IT WAS FILED WITH THE IRS. ANY QUESTIONS OR ADJUSTMENTS TO THE 990 WERE HANDLED BEFORE FILING.

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

THE JEWISH EDUCATION PROJECT HAS A CONFLICT OF INTEREST POLICY IN PLACE THAT THE BOARD SIGNS. FORMS ARE REVIEWED ANNUALLY TO ENSURE NEW MEMBERS RECEIVED AND SIGNED THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS MARK OFF WHETHER THEY HAVE A CONFLICT OF INTEREST OR NOT. DEPENDING ON THE CONFLICT THEY WOULD BE HANDLED IN DIFFERENT MANNERS. IF A CONFLICT OF INTEREST WERE TO ARISE THE INTERESTED PARTY WOULD NOTIFY THE CEO AND THE BOARD OF THE CONFLICT, AND SHALL 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. IN ADDITION, THE JEWISH EDUCATION PROJECT HAS A COMPLIANCE OFFICER THAT INVESTIGATES ANY CONFLICT OF INTEREST SHOULD IT ARISE.

FORM 990, PART VI, SECTION B, LINE 15A THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO IS PERFORMED VIA A COMPENSATION SURVEY OF OTHER NONPROFIT ORGANIZATIONS IN SIMILAR INDUSTRIES. IT IS THEN FINALIZED THROUGH A WRITTEN EMPLOYMENT CONTRACT AND APPROVAL BY THE BOARD. THIS WAS LAST DONE IN JUNE 2017. THE CEO SIGNED A 3 YEAR CONTRACT THAT EXPIRED AT THE END OF THE FISCAL YEAR.

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS IS PERFORMED VIA A COMPENSATION SURVEY OF OTHER NONPROFIT ORGANIZATIONS IN SIMILAR INDUSTRIES. IT IS THEN FINALIZED THROUGH A WRITTEN EMPLOYMENT CONTRACT AND APPROVAL BY THE BOARD. THIS WAS LAST DONE IN FY 2019.

FORM 990, PART VI, SECTION C, LINE 19

THE JEWISH EDUCATION PROJECT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 1

Page 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE JEWISH EDUCATION PROJECT'S DAY SCHOOL EDUCATION TEAM SUPPORTS TEACHERS AND SCHOOL LEADERS IN JEWISH DAY SCHOOLS TO MAXIMIZE STUDENT LEARNING AND ACADEMIC EXCELLENCE, CONTRIBUTING TO ADULT SUCCESS IN LIFE-LONG LEARNING, VOCATION, AND HEALTHY LIVING AS JEWS AND CITIZENS. THROUGH LEADERSHIP, INNOVATION, PROFESSIONAL NETWORKS, ADVOCACY, AND GOVERNMENT RELATIONS, THE ORGANIZATION LEVERAGES APPROXIMATELY \$400 MILLION ANNUALLY IN GOVERNMENT FUNDING IMPLEMENTING STUDENT REMEDIATION PROGRAMS, SPECIAL EDUCATION SERVICES, HEALTH SUPPORTS, TRANSPORTATION, MANDATED REIMBURSEMENTS, UNIVERSAL PRE-K, FREE AND REDUCED LUNCH, ACQUIRING CLASSROOM MATERIALS AND TECHNOLOGY, PROVIDING PROFESSIONAL DEVELOPMENT AND

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JSA

Schedule O (Form 990 or 990-EZ) 2018	Page <b>2</b>
Name of the organization	Employer identification number
BOARD OF JEWISH EDUCATION INC.	13-1632519

ATTACHMENT 1 (CONT'D)

AFTER-SCHOOL PROGRAMS.

		ATTACHMENT 2	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	5		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAMS	183,864.	3,453,172.	1,698,516.
TOTALS	183,864.	3,453,172.	1,698,516.

ATTACHMENT 3

ATTACHMENT 4

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ROSOV CONSULTING LLC 2095 ROSE STREET, SUITE 101	RESEARCH	203,936.
BERKELEY, CA 94709		

JSA

## FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS AND LECTURERS	1,848,698.	1,715,691.	33,445.	99,562.
TOTALS	1,848,698.	1,715,691.	33,445.	99,562.