EXTENDED TO NOVEMBER 15, 2024

Form **990**

Department of the Treasury

A For the 2023 calendar year, or tax year beginning

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.

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

and ending

OMB No. 1545-0047
2023

Open to Public Inspection

Check if applicable: C Name of organization D Employer identification number Address change KEHILLAH JEWISH EDUCATION FUND Name change 26-3948613 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 224-470-2927 5215 OLD ORCHARD ROAD, SUITE 450 termin-ated 1,631,911. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended SKOKIE, IL 60077 H(a) Is this a group return Applica-F Name and address of principal officer: ELIZABETH WALDER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.KEHILLAHFUND.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 2009 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: MAKE AN AUTHENTIC JEWISH Activities & Governance EDUCATION, COUPLED WITH AN EXCELLENT SECULAR EDUCATION, AVAILABLE oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 75 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 1,481,409. 1,631,643. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 369. 268. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,481,778. 1.631.911. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 979,640. 970,001. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 432,464. 474,110. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 285,192. 324,721. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,697,296. 1,768,832. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -215,518. -136,921. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 298,333. 168,463. 20 Total assets (Part X, line 16) 3.420. 10,471. 21 Total liabilities (Part X, line 26) 294,913. 157,992. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign ELIZABETH WALDER, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature CHERYL K. ROHLFS, CPA P01387972 Paid Firm's EIN 36-3998687 CHERYL ROHLFS & ASSOCIATES, Preparer Firm's name Use Only Firm's address 401 HUEHL ROAD, SUITE 1E Phone no. 847 - 753 - 9200 NORTHBROOK, IL 60062 May the IRS discuss this return with the preparer shown above? See instructions Yes

Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	MAR	ly describe the organization's mission: KE AN AUTHENTIC JEWISH EDUCATION, COUPLED WITH AN EXCELLENT S		
		JCATION, AVAILABLE AND AFFORDABLE TO ALL JEWISH FAMILIES IN T	HE	
	CHI	ICAGOLAND COMMUNITY.		
2	Did th	he organization undertake any significant program services during the year which were not listed on the		
	prior	Form 990 or 990-EZ?	Yes X N	lo
		es," describe these new services on Schedule O.		
3	Did th	he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	lo
	If "Ye	es," describe these changes on Schedule O.		
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measured by e.	xpenses.	
	Secti	ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and	
	rever	nue, if any, for each program service reported.		
4a	(Code:		268	•)
		E ORGANIZATION WAS CREATED FOR THE PROMOTION AND ADVANCEMENT		
		IVATE, JEWISH ELEMENTARY SCHOOLS IN THE CHICAGOLAND AREA, AND		
		MMITTED TO PRESERVING JEWISH TRADITION AND SECURING JEWISH ED		
	FOF	R FUTURE GENERATIONS BY PROVIDING FUNDING TO SELECT JEWISH SC.	HOOLS.	
4b	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$)
	(, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- ′
4d	Othor	er program services (Describe on Schedule O.)		
-t u			1	
40	(Expen	nses \$ including grants of \$) (Revenue \$)	1	

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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
_	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		- 25
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	l		
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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
12a	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?			v
40	If "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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	טדו		
	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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04 -	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		- 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 4								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v					
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		۵.							
-	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		21					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76							
С	to file Form 8282?	•	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х					
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?		8							
9 Sponsoring organizations maintaining donor advised funds.										
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
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:	1								
а	Gross income from members or shareholders	11a								
р	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.415								
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	120							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU								
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or								
	excess parachute payment(s) during the year?		15		X					
If "Yes," see the instructions and file Form 4720, Schedule N.										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.		_	000	(0000)					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KRYSTAL LANGUELL - 847-983-8571			
	5215 OLD ORCHARD ROAD, SUITE 450, SKOKIE, IL 60077			

Form **990** (2023)

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

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

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

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

Check this box if neither the organization (A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
rame and the	hours per	(do box	not c , unle	heck ss pe	more rson	than is bot	one h an	compensation	compensation	amount of
	week		_	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	a)			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		gy.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) MAX DAYAN	40.00	=	=	0	~	工品	프			
EXECUTIVE DIRECTOR		1				x		164,051.	0.	8,140
(2) KATHLEEN COUGHLIN	2.00					∺		201,0010		0,210
TREASURER & SECRETARY	10.00	1		x				14,304.	93,988.	0.
(3) JOSEPH WALDER	1.00								20,200	
PRESIDENT EMERITUS	1.00	\mathbf{x}						0.	0.	0 .
(4) ELIZABETH WALDER	3.00							-		
PRESIDENT	30.00	x		х				0.	0.	0 .
(5) NICOLE WINNER	2.00									
DIRECTOR		X						0.	0.	0
		i								
		1								
		_								
	1	<u> </u>				_				
		4								
	1	<u> </u>	<u> </u>	_		_	<u> </u>			
		-								
							l			

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)	(C) Position			(D)	(E)		(F)				
	Name and title	Average	(do				than	one	Reportable	Reportable			
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	8	amount	
		week (list any	<u> </u>	501 all			21, u us	,	from	from related		othe	
		hours for	irecto						the	organizations (W-2/1099-MISC		mpens	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		from the organization	
		organizations	Individual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	10001120)		nd rela	
		below	idual	ution	 	sey employee	est co oyee	-E-	,		ı	ganizat	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
			<u> </u>				-						
			<u> </u>										
			l										
			L										
			ł										
			<u> </u>										
									178,355.	93,988	_	0 1	L40.
1b	Subtotal Total from continuation sheets to Part VI	I Cootion A							0.).	0,1	0.
	Total (add lines 1b and 1c)								178,355.	93,988		8 1	140.
2	Total number of individuals (including but n												
_	compensation from the organization	ot iiiiited to ti	036	iiste	su a	DOV	C) WI	10 1	eceived more than \$100	,,000 of reportable			1
	•											Yes	No
3	Did the organization list any former officer,			•		•		_		•			l
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su	=		-						the organization		177	
	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a										_		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	301	Or St	ucn	pers	SOII .				5		21
1	Complete this table for your five highest co	mpensated inc	dep:	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensatior	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.			
	(A) Name and business	address	N(INC	FC				(B) Description of s	services	Comp	(C) ensati	on
				<u> </u>				\dashv	· ·				
								\dashv					
								_					
								\perp					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	above) who received m	nore than			
	+ . 15,000 or componication from the organi						•				Forr	n 990	(2023)

Pa	I L V	4111			aa ia thia Dart VIII			
			Check if Schedule O contains a respons	e or note to any III	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant			1 3		_			
٦٩					-			
ifts			Fundraising events 1c Related organizations 1d		-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e		-			
Sir			All other contributions, gifts, grants, and		-			
her		٠		,631,643.				
햦		~	Noncash contributions included in lines 1a-1f	703170131	-			
Son		_	Total. Add lines 1a-1f		1,631,643.			
<u> </u>		<u></u>	Total Add lines to the	Business Code				
a	2	2		Buomese code				
Program Service Revenue		b	-					
Ser		C	-					
E S		d	-					
Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, inte					
	_		other similar amounts)	,	268.	268.		
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
			assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Be			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	а				
		b	Less: direct expenses8	b				
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	_				
			Less: direct expenses					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10					
		b	Less: cost of goods sold10)b				
		С	Net income or (loss) from sales of inventory					
ရှ				Business Code				
Miscellaneous Revenue	11							
llar /en		b						
Re		С						
Ĕ			All other revenue					
		е	Total. Add lines 11a-11d		1 621 011	260		_
	12		Total revenue. See instructions		1,631,911.	268.	0.	0.

Form 990 (2023)	KEHILLAH	JEWISH	EDUCATION	FUND	26						
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 respons		this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0.50 0.01	0.70 001		
	and domestic governments. See Part IV, line 21	970,001.	970,001.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	264 722		264 722	
7	Other salaries and wages	364,722.		364,722.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	82,238.		02 220	
9	Other employee benefits	27,150.		82,238. 27,150.	
10	Payroll taxes	41,130.		41,130.	
11	Fees for services (nonemployees):				
a	Management	37,089.		37,089.	
b	-	9,894.		9,894.	
С.	5 ······	3,034.		3,034.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	`	76,945.		76,945.	
	column (A), amount, list line 11g expenses on Sch O.)	78,300.		78,300.	
12	Advertising and promotion	70,300.		70,300.	
13	Office expenses	9,877.		9,877.	
14	Information technology	9,011.		9,011.	
15	Royalties	17,989.		17,989.	
16	Occupancy	17,505.		17,505.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	16,750.		16,750.	
22 23	I				
23 24	Other expenses. Itemize expenses not covered				
4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) WOMEN OF KEHILLAH EVENT	48,776.	48,776.		
a	DANK AND ODEDIM CARD OH	15,387.	40,//0•	15,387.	
b	MISCELLANEOUS EXPENSES	4,563.		4,563.	
c C	FUNDRAISING	4,389.		4,303.	4,389
d		4,762.		4,762.	- ,509
	All other expenses	1,768,832.	1,018,777.	745,666.	4,389
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,700,032.	1,010,777.	, = 5 , 000 •	- ,509
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-21-23				Form 990 (202

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			258,066.	1	143,921.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ontributor, or 35%				
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons descri	ibed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	30,262.	40,267.	10c	24,542.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	298,333.	16	168,463.		
	17	Accounts payable and accrued expenses			3,420.	17	10,471.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
abi		controlled entity or family member of any of t				22	
=	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,420.	26	10,471.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			235,482.	27	136,569.
Ва	28	Net assets with donor restrictions			59,431.	28	21,423.
ဋ		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	ıds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			294,913.	32	157,992.
_	33	Total liabilities and net assets/fund balances			298,333.	33	168,463.

Pa	rt 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	1,6					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7					
3	Revenue less expenses. Subtract line 2 from line 1	3				21.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u> 194</u>	, 9:	13.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1	L57	, 99	92.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/es	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2	2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	x			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C	o. 🗍					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		a	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

KEHILLAH JEWISH EDUCATION FUND 26-3948613 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1143282.	1846939.	1523601.	1481409.	1631643.	7626874.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1111000	1016000	4500604	4 4 9 4 4 9 9	1601610	5606054
4	Total. Add lines 1 through 3	1143282.	1846939.	1523601.	1481409.	1631643.	7626874.
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)						347,417.
	Public support. Subtract line 5 from line 4.						7279457.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021 1523601.	(d) 2022	(e) 2023	(f) Total 7626874.
	Amounts from line 4	1143282.	1846939.	1523601.	1481409.	1631643.	/6268/4.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	005	F 4 F	250	260	260	2 265
	and income from similar sources	825.	545.	258.	369.	268.	2,265.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						7629139.
11			,				7049139.
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the				-		
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2023 (column (f))		14	95.42 %
	Public support percentage from 2022					15	94.92 %
	33 1/3% support test - 2023. If the o					<u> </u>	,,,
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2022. If the o						
-	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					•
	meets the facts-and-circumstances to			=		g	
b	10% -facts-and-circumstances tes	-		*	-		
~	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				
			,	. ,			(Earm 000) 2022

Schedule A (Form 990) 2023

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

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

Sec	qualify under the tests listed beating A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	incon under coation E12						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	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 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						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` , ,	, ,	, ,		.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
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 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2023 (line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	6		
	7		
	8		
	0		
	9a		
	O.		
	9b		
	9с		
	40-		
	10a		
	10b		
dula		~ 000	2000

332024 12-21-23 Schedule A (Form 990) 2023

Par	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	3,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	٠ ا		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea {see instructi on used to satisfy the Integral Part Test during the yea {see instructi on used to satisfy the Integral Part Test during the yea {see instruction }	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 KEHILLAH JEWISH EDUCATI	ON F	UND	26-3948613 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	•		,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	'	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A. line 8. column A)	4		

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

Schedule A (Form 990) 2023

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

2

3 4

5

6

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions		•		Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3						
4	Amounts paid to acquire exempt-use assets			4						
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.		-	6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2023 from Section C, line 6		!	9						
10	Line 8 amount divided by line 9 amount			0						
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023						
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
а	From 2018									
b	From 2019									
c	From 2020									
d	From 2021									
е	From 2022									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2023 distributable amount									
i_	Carryover from 2018 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2023 distributable amount									
c	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2023, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2023. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
a	Excess from 2019									
b	Excess from 2020									
c	Excess from 2021									
d	Excess from 2022									

Schedule A (Form 990) 2023

e Excess from 2023

Part VI	Supplemental Information Describe the evaluations required by Dark II like 10. Dark II like 175 or 176. Dark III like 10.
T GIT 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 D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

KEHILLAH JEWISH EDUCATION FUND

Employer identification number 26-3948613

Pai		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) Bonor advised failes	(b) I dilab and other accounts
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	Learning that the assets held in donor advis	ed funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	·	,
	Preservation of land for public use (for example, recrea	` ' ' '	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of avanage incurred in manitoring inspecting has	lling of violations, and enforcing concerve	tion accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170/b	5)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ŭ	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.	Total to the organization of infantial statem	
Pai		f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		·
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	,	
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of A				r Othe	Similar /	Asset	S (continu		age Z
3	Using the organization's acquisition, accession		-						•		
	collection items (check all that apply).	,		,	· ·	`	•				
а	Public exhibition	d		Loan or exc	change progra	ım					
b	Scholarly research	e		Other	0 . 0						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizatio	on's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.		_							
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	r contributio	ons or other as	sets not	ncluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds Complete if	the organization and	swered '	"Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two years	s back (d	i) Three years	back	(e) Four y	/ears	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment9	6									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administer	red for the	Э		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	V, line 11a.	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated eciation		(d) Book	value	Э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	0,955.		4,209	•	6	,7	46.
	Other			4	13,849.		26,053	•			96.
	. Add lines 1a through 1e. (Column (d) must ed		X, line 1	0c, columr	ı (B))				24	, 5	42.
	, , ,	. ,					Sob	ماديام	D /Eorm	000)	2022

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023 KEHILLAH JE	WISH EDUCATIO	N FUND	26-3948613 Page
Part VII	(*			i ago
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)	b) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
T GIT VIII	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 1:	3
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)	(1)	(,	(0)	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 1	5.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)	(D))		
Part X	ımn (b) must equal Form 990, Part X, line 15, co Other Liabilities	ol. (B))		
Part A	Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Soo Form 000 Bort V	line 25
	(a) Description of liability	on Form 990, Fart IV, line	THE OF THE SEE FORM 990, FAREA,	(b) Book value
1. (1) Foo	* * * * * * * * * * * * * * * * * * * *			(b) Dook value
	deral income taxes			
(2)				
(3)				
(4) (5)				
(6)				
(7)				

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

Schedule D (Form 990) 2023

(8)

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

Par				-					ts With	Revenue per	Returr	1	
	Comple	te if the orga	nization ansv	vered "Ye	s" on For	m 990, P	art IV, lin	e 12a.					_
1	Total revenue,	gains, and o	her support	per audite	ed financia	al statem	ents				1	1,765,45	<u>3.</u>
2	Amounts inclu	ded on line 1	but not on F	orm 990, I	Part VIII, I	line 12:							
а	Net unrealized	gains (losses	s) on investm	ents					2a				
b	Donated service								2b	133,542	<u>-</u>		
С	Recoveries of								2c				
d	Other (Describ	e in Part XIII.							2d			400 54	_
е	Add lines 2a th										2e	133,54	
3											3	1,631,91	<u> </u>
4	Amounts inclu		,	,				ı					
	Investment ex							1	4a				
	Other (Describ								4b				^
	Add lines 4a a												<u>0.</u>
										h Fynansas na	5	1,631,91	<u> </u>
Par			-	-					nts wit	h Expenses pe	r Retu	rn	
			nization ansv								1.1	1,902,37	_
											1	1,902,37	4 •
	Amounts inclu							ı	ا ۔	122 5/2			
	Donated service							I	2a	133,542	-		
	Prior year adju								2b		_		
С.									2c		_		
	Other (Describ							-	2d		ا ۱	133,54	2
_												1,768,83	
3											3	1,700,03	
	Amounts inclu			-				ı	ا مه				
	Investment ex							1	4a 4b		-		
	Other (Describ	1.41						-			4c		0.
												1,768,83	
	t XIII Suppl				aar onn	000, 1 411	1, 11110 10	<i></i>				= 7 : : : 7 : :	_
ines :	2d and 4b; and	Part XII, line:	2d and 4b.	Also comp	plete this	part to p	rovide ar	ny addition	onal infor	mation.			

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VEUTII AU TEMTCU EDIICAMTON EIIND

Employer identification number

KEHILLAH	JEWISH EI	DUCATION FUN	1D				26-3948613	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec		
criteria used to award the grants or assis	stance?						X Yes No	
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the United	d States.				
Part II Grants and Other Assistance to recipient that received more than S	_				anization answered "	es" on Form 990, Part	: IV, line 21, for any	
<u> </u>	· ,	, '	· · · · · · · · · · · · · · · · · · ·		(f) Method of	(a) Description of	(In) Down and of sweet	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
AKIBA-SCHECHTER DAY SCHOOL								
5235 S. CORNELL AVE.								
CHICAGO, IL 60615	36-2600926	501(C)(3)	28,928.	0.	воок		CHARITABLE	
ARIE CROWN HEBREW DAY SCHOOL								
4600 MAIN ST.								
SKOKIE, IL 60076	36-2129620	501(C)(3)	195,450.	0.	воок		CHARITABLE	
CHEDER LUBAVITCH HEBREW DAY SCHOOL								
5201 HOWARD STREET								
SKOKIE, IL 60077	36-3332947	501(C)(3)	108,804.	0	BOOK		CHARITABLE	
BROKIL, IL GUOT,	30 3332317	301(0)(3)	100,001.	<u>.</u>	, poor			
HILLEL TORAH NORTH SUBURBAN DAY								
SCHOOL - 7120 LARAMIE AVENUE, -								
SKOKIE, IL 60077	36-2436314	501(C)(3)	104,839.	0.	воок		CHARITABLE	
JOAN DACHS BAIS YAAKOV HEBREW DAY								
SCHOOL - 3200 W. PETERSON AVE								
CHICAGO, IL 60659	36-6009172	501(C)(3)	392,606.	0.	воок		CHARITABLE	
YESHIVA OHR BORUCH/THE VEITZNER								
CHEDER - 2620 W. TOUHY - CHICAGO,	26 2011455	E01/G)/3)	00 610	2	DOOK		CHARTMARI E	
IL 60645	36-3811457		98,612.		воок	<u> </u>	CHARITABLE 9.	
2 Enter total number of section 501(c)(3) a							·····	
3 Enter total number of other organizations listed in the line 1 table 0.								

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	er Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	address of (b) EIN government		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMA GU							
PTACH 2828 W. PRATT BLVD							
CHICAGO, IL 60645	36-2169123	501(C)(3)	10,888.	0.	воок		CHARITABLE
SHAAREI CHINUCH DAY SCHOOL							
2740 W. TOUHY AVE.							
CHICAGO, IL 60645	46-2625888	501(C)(3)	9,113.	0.	воок		CHARITABLE
TORAH ACADEMY OF BUFFALO GROVE							
720 ARMSTRONG DR.							
BUFFALO GROVE, IL 60089	26-3968843	501(C)(3)	17,081.	0.	воок		CHARITABLE
·			·				
		<u> </u>					Schedule I (Form

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the informat	tion required in Part I, line	e 2; Part III, colum	h (b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KEHILLAH JEWISH EDUCATION FUND

Employer identification number 26-3948613

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any parson listed on Form 000 Part VII. Coation A. line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			- v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of V	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAX DAYAN	(i)	164,051.	0.	0.	0.	0.	164,051.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						I .	1

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.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KEHILLAH JEWISH EDUCATION FUND

Employer identification number 26-3948613

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND AFFORDABLE TO ALL JEWISH FAMILIES IN THE CHICAGOLAND COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 2:
TWO OF THE BOARD MEMBERS ARE A MARRIED COUPLE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY REPRESENTATIVES OF THE BOARD OF DIRECTORS
BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organizati		Employer ide	entification number
	KEHILLAH JEWISH EDUCATION FUND	26-39	48613

(a)	(b)	(c)	(d)		(e)			(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome	End-of-year	assets		controlling ntity	g		
art II Identification of Related Tax-Exempt Organizations during the tax year.	ganizations. Complete if the organizat	ion answered "Yes" on Form 99	00, Part IV, line 34,	becaus	e it had one	or more	e related tax-exe	empt			
art II Identification of Related Tax-Exempt Orgonizations during the tax year. (a) Name, address, and EIN of related organization	rganizations. Complete if the organizat (b) Primary activity	ion answered "Yes" on Form 99 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status	(e) lic charity s (if section		(f) ct controlling entity	Section cont	rolled tity?		
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	Publ status	(e) lic charity		(f)	Section cont	rolled		
organizations during the tax year. (a) Name, address, and EIN of related organization LDER FOUNDATION - 46-4092041	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	rolled tity?		
organizations during the tax year. (a) Name, address, and EIN of related organization LDER FOUNDATION - 46-4092041 1 SILVERSIDE ROAD	(b)	(c) Legal domicile (state or	(d) Exempt Code	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	rolled		
organizations during the tax year. (a) Name, address, and EIN of related organization LDER FOUNDATION - 46-4092041 1 SILVERSIDE ROAD	(b) Primary activity PRIVATE GRANTMAKING	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	tity?		
organizations during the tax year. (a) Name, address, and EIN of related organization LDER FOUNDATION - 46-4092041 I SILVERSIDE ROAD	(b) Primary activity PRIVATE GRANTMAKING	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	tity?		
organizations during the tax year. (a) Name, address, and EIN of related organization LDER FOUNDATION - 46-4092041 1 SILVERSIDE ROAD	(b) Primary activity PRIVATE GRANTMAKING	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	tity?		
organizations during the tax year. (a) Name, address, and EIN of related organization LDER FOUNDATION - 46-4092041 1 SILVERSIDE ROAD	(b) Primary activity PRIVATE GRANTMAKING	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	tity?		
organizations during the tax year. (a) Name, address, and EIN	(b) Primary activity PRIVATE GRANTMAKING	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))		(f)	Section cont	tity?		

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

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	oportionate Code V-UBI		Gene	al or Pe	ercentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	wnersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
									l		——	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with	one or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
-									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11		X		
m	Performance of services or membership or fundraising solicitations by related organization				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
	o Sharing of paid employees with related organization(s)								
	• • • • • • • • • • • • • • • • • • • •								
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q		X		
					•				
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who mu								
	(a)	(b)	(c)	(d)					
	(a) Name of related organization Tr	ransaction	Amount involved	Method of determining amount inv	olved				
	t	type (a-s)							
(1)									
(2)									
(3)									
(4)									
<i>,</i> _,									
<u>(5)</u>									
(6)									
	3 09-28-23	39		Schedule F	R (Form	990)	2023		
552.0				Stricture	. ,	,			

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0
										\sqcup	
										Ш	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER	04/15/20	SL	5.00	нү1	7 1,030.				1,030.	566.		206.	772.
2	COMPUTER	05/15/20	SL	5.00	ну1	7 1,010.				1,010.	539.		202.	741.
3	COMPUTER	06/01/21	SL	5.00	MQ1	7 1,045.				1,045.	331.		209.	540.
4	WEBSITE DEVELOPMENT	11/29/21	SL	3.00	MQ1	7 28,375.				28,375.	10,246.		9,458.	19,704.
5	COMPUTER	11/03/22	SL	5.00	MQ1	7 1,463.				1,463.	49.		292.	341.
6	SECURITY SYSTEM	08/12/22	SL	5.00	MQ1	6,407.				6,407.	534.		1,282.	1,816.
7	WEBSITE DEVELOPMENT	06/29/22	SL	3.00	MQ1	7 4,000.				4,000.	667.		1,333.	2,000.
8	WEB PLATFORM	11/08/22	SL	3.00	MQ1	7 10,449.				10,449.	580.		3,483.	4,063.
9	WEB PLATFORM	02/28/23	SL	3.00	нү1	9A 1,025.				1,025.			285.	285.
	* TOTAL 990 PAGE 10 DEPR					54,804.				54,804.	13,512.		16,750.	30,262.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					53,779.			0.	53,779.	13,512.			29,977.
	ACQUISITIONS					1,025.			0.	1,025.	0.			285.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					54,804.			0.	54,804.	13,512.			30,262.
	ENDING ACCUM DEPR										30,262.			
	ENDING BOOK VALUE										24,542.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

ΚE	HILLAH JEWISH EDUCA'	TION FUND		FOR	м 990	PAGE 10			26-3948613
Pa	rt Election To Expense Certain Prope	rty Under Section 1	79 Note: If you	ı have any lis	ted property	, complete Pa	rt V befo	re y	ou complete Part I.
1	Maximum amount (see instructions)							1	1,160,000.
2	Total cost of section 179 property plac							2	
3	Threshold cost of section 179 property	before reduction	in limitation				📑	3	2,890,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0-				4	
5	Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filin	g separately, see	instructions			5	
6	(a) Description of pro	operty		(b) Cost (busine	ess use only)	(c) Electe	d cost	\Box	
								_	
	Listed property. Enter the amount from							_	
	Total elected cost of section 179 prope							8	
	Tentative deduction. Enter the smaller							9	
	Carryover of disallowed deduction from							10	
	Business income limitation. Enter the s							11	
	Section 179 expense deduction. Add li						1	12	
	Carryover of disallowed deduction to 2 : Don't use Part II or Part III below for				13				
	rt II Special Depreciation Allowa				listed prop	erty)			
	Special depreciation allowance for qua		- '						
						-	,	14	
	tne tax year Property subject to section 168(f)(1) ele							15	
	Other depreciation (including ACRS)							16	
	rt III MACRS Depreciation (Don't								
		· ·		ction A					
17	MACRS deductions for assets placed i	n service in tax ye	ears beginning	before 2023	3		1	17	16,465.
	MACRS deductions for assets placed if you are electing to group any assets placed in serv	•	•	•			1	17	16,465.
	•	vice during the tax year	into one or more g	general asset acco	ounts, check her	e		1	-
	f you are electing to group any assets placed in sen Section B - Assets	Placed in Service (b) Month and	into one or more go e During 202 (c) Basis for	general asset according to the second according to the second according to the second asset acco	Jsing the G	eDepred	iation S	yste	em
	f you are electing to group any assets placed in serv	vice during the tax year	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	Jsing the G (d) Recover period	eneral Depred (e) Convention	iation S	yste	em (g) Depreciation deduction
	f you are electing to group any assets placed in sen Section B - Assets	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second	Jsing the G	eneral Depred (e) Convention	iation S	yste	em
18	f you are electing to group any assets placed in sen Section B - Assets (a) Classification of property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	Jsing the G (d) Recover period	eneral Depred (e) Convention	iation S	yste	em (g) Depreciation deduction
18 19a	f you are electing to group any assets placed in service of the se	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	Jsing the G (d) Recover period	eneral Depred (e) Convention	iation S	yste	em (g) Depreciation deduction
18 19a b	Section B - Assets (a) Classification of property 3-year property 5-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	Jsing the G (d) Recover period	eneral Depred (e) Convention	iation S	yste	em (g) Depreciation deduction
19a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	Jsing the G (d) Recover period	eneral Depred (e) Convention	iation S	yste	em (g) Depreciation deduction
19a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	Jsing the G (d) Recover period	eneral Depred (e) Convention	iation S n (f) Meth	yste	em (g) Depreciation deduction
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	ounts, check her Jsing the G (d) Recover period 3 YRS 25 yrs.	e eneral Deprec	iation S n (f) Meth	yste	em (g) Depreciation deduction
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	unts, check her Jsing the G (d) Recover period 3 YRS 25 yrs. 27.5 yrs	e eneral Deprec (e) Convention HY . MM	siation S n (f) Meth	yste	em (g) Depreciation deduction
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	unts, check her Jsing the G (d) Recover period 3 YRS 25 yrs. 27.5 yrs 27.5 yrs	e	SL S/L S/L S/L S/L	yste	em (g) Depreciation deduction
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and year placed	into one or more go e During 202 (c) Basis for (business/inv	general asset according to the second according to the second asset according to the second according	unts, check her Jsing the G (d) Recover period 3 YRS 25 yrs. 27.5 yrs	e	SL S/L S/L S/L S/L S/L	yste	em (g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more g ee During 202 (c) Basis for (business/inv only - see ii	general asset according to the second	unts, check her Jsing the G (d) Recover period 3 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs.	e	SL S/L S/L S/L S/L S/L S/L S/L		em (g) Depreciation deduction 285.
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets F	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more g ee During 202 (c) Basis for (business/inv only - see ii	general asset according to the second	unts, check her Jsing the G (d) Recover period 3 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs.	e	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L	ysteodod	em (g) Depreciation deduction 285.
19a b c d e f g h i 20a	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets F Class life	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more g ee During 202 (c) Basis for (business/inv only - see ii	general asset according to the second	25 yrs. 27.5 yrs 39 yrs.	e	S/L	yste	em (g) Depreciation deduction 285.
19a b c d e f g h i 20a b	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // // Placed in Service	into one or more g ee During 202 (c) Basis for (business/inv only - see ii	general asset according to the second	25 yrs. 27.5 yrs 39 yrs. sing the Alto	e eneral Deprec	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S		em (g) Depreciation deduction 285.
19a b c d e f g h i 20a b c c	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // // // // // // //	into one or more g ee During 202 (c) Basis for (business/inv only - see ii	general asset according to the second	25 yrs. 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs.	e	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	yste	em (g) Depreciation deduction 285.
19a b c d e f g h i 20a b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // // Placed in Service	into one or more g ee During 202 (c) Basis for (business/inv only - see ii	general asset according to the second	25 yrs. 27.5 yrs 39 yrs. sing the Alto	e eneral Deprec	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	yste	em (g) Depreciation deduction 285.
19a b c d f g h i 20a b c d d Pa	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // // // // // // // // // // /	into one or more g e During 202 (c) Basis for (business/in) only - see in	Jeneral asset according to the control of the contr	25 yrs. 27.5 yrs 39 yrs. sing the Alte 12 yrs. 30 yrs.	e	SL S/L S/L S/L S/L S/L S/L S/L	Sys	em (g) Depreciation deduction 285.
19a b c d e f g h i Paa 21	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year TIV Summary (See instructions.) Listed property. Enter amount from lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // // // // // // // // // // /	into one or more gree During 202 (c) Basis for (business/inv only - see in	Jeneral asset according to the control of the contr	25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs.	e	SL S/L S/L S/L S/L S/L S/L S/L	yste	em (g) Depreciation deduction 285.
19a b c d Pa 21 22	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // // // // // // // // // // /	into one or more gree During 202 (c) Basis for (business/invonly - see in particular of the particula	peneral asset according to the control of the contr	25 yrs. 27.5 yrs 27.5 yrs 39 yrs. 30 yrs. 40 yrs.	e	S/L	Sys	em (g) Depreciation deduction 285.
19a b c d Pa 21 22	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year It IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // // // // // // // // // // /	into one or more give During 202 (c) Basis for (business/in) only - see in	Tax Year Use in column (g) and S corporate	25 yrs. 27.5 yrs 27.5 yrs 39 yrs. 30 yrs. 40 yrs.	e	S/L		em (g) Depreciation deduction 285.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns	(a) through (c) of Section A,	all of S	ection B	, and Se	ection C	if app	licable.						
	Section A	- Depreciation	on and Other I	nforma	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for	passeng	ger autor	nobiles.)		
24a	Do you have evidence to	support the bu	siness/investme	nt use cla	aimed?	Y	es	No	24b If "Y	es," is tl	ne evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	Ot!	(d) Cost or her basis	(hus	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	Me	(g) Method/ Convention		(h) Depreciation deduction		i) ted n 179 st
<u></u>	Special depreciation all	owance for q	ualified listed	property	placed	in servic	ce durin	g the t	ax year an	ıd					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more that											•			
		: :	%	5											
		: :	%	5											
		: :	%	5											
27	Property used 50% or l	ess in a quali	fied business (use:											
		: :	%	5						S/L -					
		: :	%	5						S/L -					
		: :	%	5						S/L -					
28	Add amounts in column	n (h), lines 25	through 27. Er	nter here	e and on	line 21,	, page 1				. 28				
29	Add amounts in column	n (i), line 26. E	nter here and	on line 7	7, page	1							. 29		
			S	ection E	3 - Infor	mation	on Use	of Vel	nicles						
	mplete this section for verous rour employees, first ans			n C to s	see if you	u meet a	an excep		o completi	ng this s	section f	or those	vehicles	i.	
30	Total business/investment	miles driven d	uring the	(a) Vehicle 1			(b) (c) Vehicle 2		ehicle 3	(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
-	year (don't include commu			******	0.0 1	70111	1010 E		7111010 0	****	1010 1	10	010 0	VOITE	10 0
31	Total commuting miles														
	Total other personal (no														
	driven	ū	´												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		1												
35	Was the vehicle used p		i												
	than 5% owner or relate														
36	Is another vehicle availa		i												
	use?														
			- Questions fo	or Empl	oyers W	/ho Pro	vide Vel	nicles	for Use b	y Their	Employe	ees			
Ans	swer these questions to	determine if	you meet an ex	ception	to com	pleting 9	Section	B for v	ehicles us	ed by e	mployee	s who ar	ren't		
mo	re than 5% owners or re	lated persons	s.												
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ıll persor	nal use d	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that pro	ohibits p	ersonal	use of v	ehicles,	excep	t commut	ing, by	our/				
	employees? See the ins														
	Do you treat all use of v														
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye:	s," don'	t comple	te Secti	ion B for	the co	overed vel	nicles.					
Pa	art VI Amortization							_							
	(a) Description o	of costs	Date a	(b) mortization		(c) Amortizab	ole		(d) Code		(e) Amortiza	tion	Am	(f) nortization	
			l	egins		amount	!		section		period or per		for	nortization this year	
42	Amortization of costs th	nat begins du	ring your 2023	tax yea	ar:										
				: :				\perp							
				<u> </u>								10			
	Amortization of costs th											43			
44	Total. Add amounts in	column (f). Se	ee the instructi	ons for	where to	report						44			

W)#

X) # Y) #

List on back side of instructions CODE

For O			Form AG990-IL Revised 04/24
	Charitable Trust Bureau, 115 S. LaSalle	St CO	#
AM ⁻	•	X Make Checks	
INIT	Beginning 01/01/2023	Payable to Illinois Charity Bureau Fund	Reviewed Financial Statements Copy of Form IFC
Fede	**Ending 12/31/2023 *** **ral ID # 26-3948613 *** **MO DAY YR Date or:	X X ganization was created	\$15 Annual Report Filing Fee \$100 Late Report Filing Fee
	ontributions to the organization tax deductible?	gamzanon was ordato	MO DAY YR
	al Name: KEHILLAH JEWISH EDUCATION FUND	YEAR-END	
Mai	Address: 5215 OLD ORCHARD ROAD, SUITE 450	AMOUNTS A) ASSETS	A) \$ 168,463.
	ty, State: SKOKIE, IL	B) LIABILITIES	B) \$ 10,471.
	Zip Code: 60077	C) NET ASSETS	c) \$ 157,992.
<u></u>		DEDOSNITAOS	***************************************
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE 99.984%	AMOUNT D) \$ 1,631,643.
	D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	0.016%	F) \$ 268.
١.,	G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 %	G) \$ 1,631,911.
III.	H) OPERATING CHARITABLE PROGRAM EXPENSE	2.758%	H) \$ 48,776.
	THE STATE OF THE S		Ι,, ψ = ε γ · · · · ·
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	2.758%	J) \$ 48,776.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$	I	
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	54.839%	к) \$ 970,001.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	57.596%	L) \$ 1,018,777.
	M) MANAGEMENT AND GENERAL EXPENSE	42.156%	M)\$ 745,666.
	N) FUNDRAISING EXPENSE	0.248%	N) \$ 4,389.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	0) \$ 1,768,832.
III.	SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
	PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
	T) TOTAL AMOUNT TANGLE BY THE THE LOCION ET CHENNICE TO	100 70	
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS: C) TOTAL AMALINE DAID TO PROFESSIONAL FUNDRAIGNIC CONCULTANTS.		c/ ¢
 W	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR-	S) \$ 0.
'*'	T) NAME, TITLE: MAX DAYAN, EXECUTIVE DIRECTROR	-/ \f \.	T) \$ 164,051.
	U) NAME, TITLE: ROBIN S. LOEB, ASSOCIATE DIRECTOR		U) \$ 96,627.
	V) NAME, TITLE: ESTHER KRYSTAL, OPERATIONS MANAGER		V) \$ 77,989.

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

398091 07-15-24

W) DESCRIPTION: DESCRIPTION:

DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		Х
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		Х
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		Х
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;	6.		Х
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$.			
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		Х
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		Х
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		Х
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: DEVON BANK, 6445 N. WESTERN AVE, CHICAGO, IL 60645			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KRYSTAL LANGUELL - 847-983-8571			
	• ALL ATTACHMENTS MILST ACCOMDANY THIS DEDORT - SEE INSTRUCTIONS •			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ELIZABETH WALDER

DDIDDDIII WIIDDDI		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
KATE COUGHLIN		
TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
CHERYL K. ROHLFS, CPA		
PREPARER (PRINT NAME)	SIGNATURE	DATE