Form **990**

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.

2022 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address THE GESHER FOUNDATION INC Name change 23-7029115 Doing business as initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin aled 511 6TH AVENUE SUITE 444 646-934-6149 City or town, state or province, country, and ZIP or foreign postal code 294,353. G Gross receipts \$ Amended return NEW YORK, NY 10011 H(a) Is this a group return Applica-F Name and address of principal officer: JONATHAN TULKOFF for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) If "No," attach a list. See instructions WWW.GESHERUSA.ORG H(c) Group exemption number Form of organization: X Corporation Association Other Year of formation: 1970 M State of legal domicile; NY Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT FORMAL AND INFORMAL Activities & Governance EDUCATIONAL PROGRAMS THAT REACH OUT TO ALL MEMBERS OF ISRAELI if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 1 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 0. 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 0. Current Year Prior Year Contributions and grants (Part VIII, line 1h) 1,116,377 1,287,149. Revenue Program service revenue (Part VIII, line 2g) 0. 412 7,204. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 243,210 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,359,999. 1,294,353. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 544,077. 1,012,471. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,257. 28,984. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 196,443. 227,587. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 769,504. 1,268,315. 590,495. 26,038. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 1,381,916. 1,404,948. 20 Total assets (Part X, line 16) 15,379 21 Total liabilities (Part X, line 26) 12,373. Net assets or fund balances. Subtract line 21 from line 20 366,537. 392,575. 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. Signature of officer Sign JONATHAN TULKOFF, CHAIRMAN OF THE BOARD Here Type or print name and title PTIN Print/Type preparer's name Check X Preparer's stemature SHELBY GOLDGRAB SHELBY GOLDGRAB Paid self-employed P01087335 Preparer Firm's name GOLDGRAB CPA PLLC Firm's EIN 85-0808945 Use Only Firm's address 46 STAUDERMAN AVENUE LYNBROOK, NY 115,63 Phone no.516-908-7770

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Expenses \$

4d Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

1,099,434.

Form 990 (2022) THE GESHER FOUNDATION INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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			1,,
7	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,	_		٦,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
٥	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	16 Non- Il normaleta Cabadida D. Card IV			v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	40		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10		Λ
• •	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u		44-		Х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		Δ.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		Λ_
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part Vill	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		-12
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ė	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		- 41
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	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		X
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			
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? 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			
		21		X
32003	12-13-22	Form !	990 (2	2022)

Part IV | Checklist of Required Schedules (continued) Yes No 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 X 22 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 Χ 23 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 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. 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 25a 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 X 25a 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 X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III X 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, " complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes." complete Schedule L. Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I X 33 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 Χ 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O X 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X

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THE GESHER FOUNDATION INC 23-7029115 Form 990 (2022) 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If 'No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? X Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? X 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 16 If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

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

	to the day of the delett, december the directions, proceeding, of this good of definition of the deletting o			
_	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 1a 17			
	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.			
þ	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	-	_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
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
7а		_	1 1	3.5
	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:		.,	
	The governing body?	8a	X	77
	Each committee with authority to act on behalf of the governing body?	8b	-	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			**
205	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
500	tion B. Folicies Ithis Section B requests information about policies not required by the internal nevenue Code.)		V	
100	Did the organization have local chapters, branches, or affiliates?	100	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		Λ_
Ü	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		_
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		_
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	_
	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	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY, AZ, CA, CO, CT, DC, FL, GA, IL	, MD	, MA	MI
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))			
	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, and	finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANDREA RESTO - 646-934-6149			
	511 6TH AVENUE, SUITE 444, NEW YORK, NY 10011			

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.

(A) Name and title	(B) Average hours per week	box	, unle	Pos heak ss pe	rson) than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DR. DANIEL TROPPER	1.00									
FOUNDER AND PRESIDENT EMER		X		X				0.	0.	0.
(2) RICHARD M. JOEL	1.00									
BOARD MEMBER		X		X				0.	0.	0.
(3) JONATHAN TULKOFF	1.00									
BOARD MEMBER & CHAIRMAN		X		Х				0.	0.	0.
(4) LUDWIG BRAVMANN	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(5) JERRY KESTENBAUM	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(6) SHALOM BRONSTEIN	1.00									
BOARD MEMBER		X		Х				0.	0.	0.
(7) DAVID CHEIFETZ	1.00									
BOARD MEMBER		X		Х				0.	0.	0.
(8) ALAN J. EISENMAN	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(9) IRA S. KELLMAN	1.00									
BOARD MEMBER		X		Х				0.	0.	0.
(10) MICHAEL KANN	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(11) MATTHEW J. MARYLES	1.00									
BOARD MEMBER & TREASURER		X		Х			Ы	0.	0.	0.
(12) DAVID TROPPER	1.00									
BOARD MEMBER		X		х				0.	0.	0.
(13) SETH DAMSKI	1.00									
BOARD MEMBER		Х		х				0.	0.	0.
(14) MATT GREENWOOD	1.00									
BOARD MEMBER		Х		х				0.	0.	0.
(15) HEATHER GOLDMAN	1.00					П			3.	J.
BOARD MEMBER		х		х				0.	0.	0.
(16) CARA LEBEWOHL	1.00									
BOARD MEMBER		Х		х				0.	0.	0.
(17) RABBI CHARLIE SAVENOR	1.00									
BOARD MEMBER		Х		X				0.	0.	0.

Name and title Average hours per week (list any hours for related organizations should be appropriate to the program of the p	rated unt of her insation in the lization elated zations
Name and title Average hours per week (list any hours for related organizations below line) Building and title Average hours per week (list any hours for related organizations below line) Building and title and t	nated unt of her ensation in the ization elated
related organizations below line) Part	n the ization elated
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5	
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5	
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	v
	X
SEGUOL D. INDEPENDENT CONTROLORS	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	1
(A) Name and business address NONE (B) Compensation of services	tion
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue | business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f 1,287,149 g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f **Business Code** Program Service All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 7 204 7.204. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses Rental income or (loss) 6c d Net rental income or (loss). (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code scellaneous d All other revenue e Total. Add lines 11a-11d

7 204

Form 990 (2022) THE GESHER FOUNDATION INC Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must (complete all columns.	All other organizations must	complete column (A).
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	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1 012 471	1 012 471		
	Benefits paid to or for members	1,012,471.	1,012,471.		
4	F				
5	Compensation of current officers, directors,				
	trustees, and key employees Compensation not included above to disqualified				
6					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,257.		25,431.	2 026
8	Pension plan accruals and contributions (include	20,237.		23,431.	2,826.
В	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
		12,500.		12,500.	
	Lobbying	12,500.		12,500.	
	Professional fundraising services. See Part IV, line 17				
f					
g					
9	column (A), amount, list line 11g expenses on Sch O.)	163,518.	81,759.		81,759.
12	Advertising and promotion	103,310.	01,733.		01,733.
13	Office expenses	3,571.		3,571.	
14	Information technology	0,0121		3,371.	
15	Royalties				
16	Occupancy				
17	Travel	21,936.	3,294.		18,642.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,310.			6,310.
20	Interest	1			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,313.		1,313.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING, PRODUCTION, &	12,735.	1,910.	1,274.	9,551.
b	FUNDRAISING EXPENSES	3,850.		7	3,850.
c d	FEES, PERMITS, BANK FEES	1,854.		1,854.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,268,315.	1,099,434.	45,943.	122,938.
26	Joint costs. Complete this line only if the organization			20,020.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Par	t 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		1	662,427.
- 1	2	Savings and temporary cash investments	33,390.	2	33,533
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	20,604
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de	efined		
П		under section 4958(f)(1)), and persons described in section 4958(c		6	
3	7	Notes and loans receivable, net	10,810.	7	10,810
233013	8	Inventories for sale or use		8	
(9	Prepaid expenses and deferred charges	241.	9	258
Ш	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	677,316
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,404,948
	17	Accounts payable and accrued expenses	15,379.	17	12,373
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule	D	21	
	22	Loans and other payables to any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
				22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the			
		parties, and other liabilities not included on lines 17:24). Complete	Part X		
		of Schedule D		25	10 000
+	26	Total liabilities. Add lines 17 through 25	15,379.	26	12,373.
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.	000 440		F20 20F
	27	Net assets without donor restrictions		27	532,385.
	28	Net assets with donor restrictions	458,095.	28	860,190.
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other fund		31	1 200 575
	32	Total net assets or fund balances		32	1,392,575.
_	33	Total liabilities and net assets/fund balances	1,381,916.	33	1,404,94

Form 990 (2022)

Both consolidated and separate basis

3a

X

X Separate basis

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE GESHER FOUNDATION INC 23-7029115 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 5 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). 6 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 12d. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10) organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			1.4	1.7	1-7	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	909,254.	958,486.	654,920.	1116377.	1287149.	4926186.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	909,254.	958,486.	654,920.	1116377.	1287149.	4926186.
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)						
	Public support, Subtract line 5 from line 4.						4926186.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	909,254.	958,486.	654,920.	1116377.	1287149.	4926186.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	81,305.	116,815.	2,982.	654.	46,338.	248,094.
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.)			163,900.	243,210.		407,110.
11	Total support. Add lines 7 through 10						5581390.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	e organization's fin	st, second, third, for	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2022 (li					14	88.26 %
	Public support percentage from 2021					15	88.34 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
Ь	33 1/3% support test - 2021. If the o	+					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts					/I how the organiza	ition
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the facts and circu						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	16b, 1/a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2022 THE GESHER FOUNDATION INC 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.)

Se	ction A. Public Support	olong pidade com	proto r dre n.j				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						1
	any activity that is related to the organization's tax-exempt purpose						6
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support. Subtract line 7c from line 6.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6			333	12/03/2		
10a	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						
_	Add lines 10a and 10b						
	Net income from unrelated business					-	
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain					-	
	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						on,
	check this box and stop here						
	tion C. Computation of Public						
	Public support percentage for 2022 (lin			column (f))		15	%
_	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
	Investment income percentage for 202			ne 13, column (f))		17	%
	Investment income percentage from 20					18	%
19a	33 1/3% support tests - 2022. If the o	rganization did n	ot check the box o	on line 14, and line	15 is more than 3	33 1/3% and line 1	7 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2021. If the c	rganization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec	k this box and sto	op here. The organ	nization qualifies as	s a publicly suppo	orted organization .	
20	Private foundation. If the organization	did not check a l	box on line 14, 19a	or 19b, check th	is box and see in:	structions	

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)(8) 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.)

r	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		_
9a		
9b		_
9c		
10a		_
10b		

Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
8	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	-	_
	A family member of a person described on line 11a above?	11b		-
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
500	detail in Part VI. ction B. Type I Supporting Organizations	11c		
360	ction b. Type i Supporting Organizations			·
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
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	tion 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		l.
Sec	tion 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		_
-				_
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in		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		- 1	
	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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this repard	3h	- I	

Part V Type III Non-Functionally Integrated 509(a)(3) S			
Check here if the organization satisfied the Integral Part Test as	a qualifying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organiza	ations must complete	Sections A through E.	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
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 instructio	ns) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 ar	nount,		
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-	functionally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Pa	rt v Type III Non-Functionally Integrated 509	etal(s) Supporting Orga	anizations (contin	ued)	
Sec	tion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	rovide 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 organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
ı	Carryover from 2017 not applied (see instructions)				
ì	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
	Evacas from 2000				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

T.	HE GESHER FOUNDATION INC	23-7029115
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. 5(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F, line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, sciental purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ere) instead of the contributor name and address), II, and III.	entific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious, replete any of the parts unless the General Rule applies to this organization because it refer etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., eceived nonexclusively
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I g requirements of Schedule B (Form 990).	

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

Employer identification number

THE G	SESHER FOUNDATION INC	2:	3-7029115
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	111
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM DAVIDSON FOUNDATION PO BOX 1688 BIRMINGHAM, MI 48012	s	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RENA COHEN KOPELMAN 775 MILL CREEK ROAD GLADWYNE, PA 19035	s50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SY SYMS FOUNDATION ONE MELLON CENTER, 500 GRANT STREET, SUITE 3825 PITTSBURGH, PA 15258	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SARGENT AND AUDREY ARBORN 200 WEST END, APT #11G NEW YORK, NY 10023	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AVRAHAM ASHKENAZI 555 EAST MAIN STREET, SUITE 1101 NORFOLK, VA 23510	\$ 77,471.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RIGHTEOUS PERSONS FOUNDATION 400 SOUTH BEVERLY DRIVE, SUITE 420 BEVERLY HILLS, CA 90212	\$ 75,000.	Person X Payroll

Employer identification number

THE GESHER FOUNDATION INC

23-7029115

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS AND ESTHER KESTEN 2201 DUXBURY CIRCLE LOS ANGELES, CA 90034	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ABBIE FRIEDMAN 28 PAINTED FEATHER WAY LAS VEGAS, NV 89135	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE GESHER FOUNDATION INC

23-7029115

Part II	Noncash Property (see instructions). Use duplicate copies of f	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Name of organization

Employer identification number

rt III Ex	HER FOUNDATION INC	lone to organizations described in section	23 - 7029115 n 501(c)(7), (8), or (10) that total more than \$1,000 for the
fro	m any one contributor. Complete columns (a npleting Part III, enter the total of exclusively religious,	 through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less to 	r organizations
	e duplicate copies of Part III if additional	space is needed.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =		-	
	Transferee's name, address, a	(e) Transfer of gift	Palatianable of transferred to the first
=	Transieree s hame, audress, a	IIIU ZIF + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
3			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held
lo. m t l			
o. n			
o. n		(c) Use of gift (e) Transfer of gift	

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. Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) I divide and other accounts
2	Total number at end of year 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		- 4-
5	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		
		, , ,	
Pa	rt II Conservation Easements. Complete if the org	panization answered "Yes" on Form 990, Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organizati		V, IIIO 7.
	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	Tresdivation of a cen	tined historic structure
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a c	oncervation easement on the last
~	day of the tax year.	to to the form of the form of a c	Heid at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d		20	
-	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	order of the organization of the organization	medicin daming the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	, , , , , , , , , , , , , , , , , , , ,	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	hat describes the
Da	organization's accounting for conservation easements.		0: 11
Pai	t III Organizations Maintaining Collections of		Similar Assets.
_	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub		ance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		provide
	the following amounts required to be reported under FASB AS	9	
	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part X		2

_		SHER FOUNDA			23	-7029115	Page
Pa	rt III Organizations Maintaining						ued)
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of t	he following that make	e significant use	of its	
	collection items (check all that apply):						
а	Public exhibition	9	d Loan or e	exchange program			
b	Scholarly research		e Other				
C	Preservation for future generations						
4	Provide a description of the organization's of	collections and expla	in how they furthe	er the organization's e	xempt purpose	in Part XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical tr	reasures, or other simi	ilar assets		
_	to be sold to raise funds rather than to be m	naintained as part of	the organization's	collection?		Yes	No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if the organiza	ition answered "Yes"	on Form 990, Pa	art IV, line 9, or	
1a	Is the organization an agent, trustee, custoo						
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	l and complete the fr	llowing table:			Yes	∟ No
b	11 103, explain the armigement in rat All	and complete the it	nowing table.			Amount	
	Beginning balance					Amount	
c							
a	Additions during the year						
e f	Distributions during the year						
2a	Ending balance Did the organization include an amount on F				h III A		
	If "Yes," explain the arrangement in Part XIII				*	Yes	No
	rt V Endowment Funds. Complete						
- 4	Lite Turies Complete	(a) Current year	(b) Prior year	(c) Two years back		bank (-) Four	agra hagi
	Paginging of year balance		(b) Filor year	(C) I WU years back	(d) Fillee years	back (e) Four y	rears back
	Beginning of year balance						
b	Contributions			-			
C	Net investment earnings, gains, and losses						
d	Grants or scholarships			1			
е	Other expenditures for facilities						
	and programs			_			
f	Administrative expenses						
g	End of year balance			4			
2	Provide the estimated percentage of the cur	*	e (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the		
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule F	₹?		3b	
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipm	nent.					
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990, Part)	K, line 10.		
	Description of property	(a) Cost or o basis (investr	\-, ·		Accumulated epreciation	(d) Book v	value
1a	Land						
	Buildings						
	Leasehold improvements					1	
	Equipment				-	-	
	Other						
	. Add lines 1a through 1e. (Column (d) must e		V column fOr F-	1001			^
rotal	. Add lines ta unough te. [Column la] must e	quai roim 990, Parl	A, COIUMN (B), IINE	7 1 U.C. J			0.

Schedule D (Form 990) 2022

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

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

(7) (8) (9) Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

TH	E GESHER FOUN	NDATION I	NC			23-70291	15
Pa	rt I General Info	rmation on A	Activities Ou	tside the United States. Comple	te if the organ	ization answered	Yes" on
	Form 990, Part I						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility t	for the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance? X	Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and of	her assistance ou	tside the
3		he following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded 1		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activities a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
3 a	Subtotal	0	0				0
b	Total from continuation sheets to Part I						0.
С	Totals (add lines 3a	0	0				0,
	and 3b)	0	0				0.

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any 23-7029115 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						
(h) Description of noncash assistance						
(g) Amount of noncash assistance	0	0				**
(f) Manner of cash disbursement	ÇASH	CASH				recognized as a tax uivalency letter
(e) Amount of cash grant	812,566	199,905,CASH				foreign country, tion 501(c)(3) eq
(d) Purpose of grant	TO ASSIST THE GESHER EDUCATIONAL AFFILIATES AND GESHER MULTI-CULTURAL FILM	TO ASSIST THE GESHER EDUCATIONAL AFFILIATES AND GESHER MULTI-CULTURAL FILM				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities.
(c) Region	MIDDLE EAST AND NORTH AFRICA -	MIDDLE EAST AND NORTH AFRICA				s listed above that are r r for which the grantee r entities
(b) IRS code section and EIN (if applicable)						ecipient organization nization by the IRS, o other organizations or
1 (a) Name of organization						Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whis a Enter total number of other organizations or entities.

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2022

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (a) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2022

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information, See instructions. PART II, COLUMN (D): REGION: MIDDLE EAST AND NORTH AFRICA -(D) PURPOSE OF GRANT: TO ASSIST THE GESHER EDUCATIONAL AFFILIATES AND GESHER MULTI-CULTURAL FILM FUND IN ISRAEL IN PROVIDING ISRAELI CHILDREN AND ADULTS AN EDUCATION IN JEWISH HISTORY, CULTURE, AND IDENTITY AND TO PROMOTE MUTUAL UNDERSTANDING, RESPECT AND TOLERANCE OF ALL. REGION: MIDDLE EAST AND NORTH AFRICA -(D) PURPOSE OF GRANT: TO ASSIST THE GESHER EDUCATIONAL AFFILIATES AND GESHER MULTI-CULTURAL FILM FUND IN ISRAEL IN PROVIDING ISRAELI CHILDREN AND ADULTS AN EDUCATION IN JEWISH HISTORY, CULTURE, AND IDENTITY AND TO PROMOTE MUTUAL UNDERSTANDING, RESPECT AND TOLERANCE OF ALL.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE GESHER FOUNDATION INC

Employer identification number 23-7029115

THE OPERATION THE Z5 7025115
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOCIETY TO TEACH TOLERANCE AND UNDERSTANDING AND TO PROMOTE JEWISH AND
ISRAELI IDENTITY.
FORM 990, PART VI, SECTION A, LINE 2:
THE ORGANIZATION'S PRESIDENT, DR. DANIEL TROPPER, AND A BOARD MEMBER, DAVID
TROPPER, ARE BROTHERS.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO ADDITIONAL COMMITTEES OUTSIDE OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER OF THE ORGANIZATION REVIEWS THE FORM 990 PRIOR TO SIGNATURE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE POLICY THROUGH OVERSIGHT AND REVIEW BY THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15:
EMPLOYEES OF THE ORGANIZATION ARE MONITORED AND THEIR PERFORMANCE IS
EVALUATED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
NY, AZ, CA, CO, CT, DC, FL, GA, IL, MD, MA, MI, MN, NJ, NC, OH, OR, PA, TN, VA, WA, WI

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
THE GESHER FOUNDATION INC	23-7029115
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	81,759.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	81,759.
TOTAL EXPENSES	163,518.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	163,518.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECT	ION PROCESS
FROM THE PRIOR YEAR.	