Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

			endar year, or tax year beginning		,	and ending			
	Check if applicat	ole:	C Name of organization				D Em	ployer	identification number
LX.	Address change FRIENDS OF TEMPLE BETH-EL JERSEY CITY 47-1916121						01 (1 01		
누	=	e change	Number and street (or P.O. box if mail is not delivered to street address)	; T.T.	<u> </u>	Room/suite			
F	¬Final	l return return/	,			1		•	
F	=	inated	929 S HIGH ST PMB 176 City or town, state or province, country, and ZIP or foreign postal code			STE 17			927-7116
F	=	nded return	WEST CHESTER, PA 19382						emption
		cation pending						<u>ımber</u>	V man a constitution to
		nting Meth	od: X Cash Accrual Other (specify) WW.TBEFRIENDS.ORG				H Ch		X if the organization is
	Nebsii	_			747/61/41	or 507			ed to attach Schedule B
					947(a)(1)	or 527	(F	orm 990	J).
		of organiza	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	Other		Laggeta (Dart I			
						•		\$	2,745.
	art I	Reve	\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund	Bala	nces	(see the instri	ıction	φ s for Pa	rt I)
•	4	_	if the organization used Schedule O to respond to any question in this Part I			,			·
	1		ions, gifts, grants, and similar amounts received					1	2,656.
	2		service revenue including government fees and contracts					2	,
	3		ship dues and assessments					3	
	4		nt income					4	
	5a		nount from sale of assets other than inventory	5a					
	b		it or other basis and sales expenses	5b					
	C		(and) from the of another than the control (and the of Paris Electrical P					5c	
	6	•	and fundraising events:						
	a		come from gaming (attach Schedule G if greater than						
Jue	"		gumg (unan conduct of ground than	6a					
Revenue	Ь		come from fundraising events (not including \$		ntribution	ıs			
æ	-		draising events reported on line 1) (attach Schedule G if the sum of such	0.00					
			ome and contributions exceeds \$15,000)	6b					
	c	-	ect expenses from gaming and fundraising events	6c					
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub		ne 6c)			6d	
	7a		les of inventory, less returns and allowances	7a					
	b		it of goods sold	7b					
	l c	Gross pro	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)					7c	
	8	Other rev	enue (describe in Schedule 0)	E S	CHED	ULE O		8	89.
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	2,745.
	10		nd similar amounts paid (list in Schedule O)					10	
	11		paid to or for members					11	
S	12		other compensation, and employee benefits					12	
Expenses	13	Professio	nal fees and other payments to independent contractors					13	9,696.
ф	14		cy, rent, utilities, and maintenance					14	
ũ	15		publications, postage, and shipping					15	
	16	Other exp	penses (describe in Schedule 0)	E S	CHED	ULE O		16	30.
	17	Total exp	enses. Add lines 10 through 16					17	9,726.
,	18	Excess o	r (deficit) for the year (subtract line 17 from line 9)					18	-6,981.
)ets	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))						
Ass		(must ag	ree with end-of-year figure reported on prior year's return)					19	181,828.
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)					20	0.
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20					21	174,847.
For	Paper	work Redu	oction Act Notice, see the separate instructions.						Form 990-EZ (2023)

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Page 2

	art II	Balan				1. 0 1	+ b	n., a., aatia							
		Check	if the organizat	tion usec	d Schedu	ile O to res	pond to a	ny questio	<u>n in this P</u>	art II					
									(A) Beginning	of year		(B)	End of y	ear	
22	Cash,	savings, a	nd investments						181	,828	22		174	,847	•
23		and buildir									23				
24	Other	assets (de	scribe in Schedule O								24				
25									181	,828	- 25		174	,847	•
26			(describe in Schedule							0 .	26			0	•
27	Net as	ssets or fu	nd balances (line 27	of column (B) must agr	ee with line 21)				,828	• 27		174	,847	•
Pa	art III	Stater	ment of Progra	m Servi	ce Acco	mplishme	nts (see t	the instruc	tions for P	art III)			Expenses	}	
		Check	if the organizat	tion used	d Schedu	le O to res	pond to a	ny questio	n in this P	art III	X	(Require			
Wha	t is the c	organizatio	n's primary exempt p	urpose? SE	EE SCH	EDULE C)					organiza) and 50		r
			program service accomp					sured by expense	s. In a clear and	oncise		others.)	, ор		
			es provided, the number												
28	HOLI	OING :	RESTRICTE	FUND	S DON	ATED TO	FUND	THE TEN	IPLE						
	BETH	I-EL	RENOVATION	1 PROJ	ECT A	UTHORIZ	ED BY	THE CON	IGREGAT	ION					
	IN 2	2014.													
	(Grants	\$) If this a	amount incl	udes foreign	grants, chec	k here				28a		0	•
29															
	(Grants	\$) If this a	amount incl	udes foreign	grants, chec	k here				29a			
30															
	(Grants	\$) If this a	amount incl	udes foreign	grants, chec	k here				30a			
31	Other p	orogram s	services (describe in	n Schedule	e O)										
		Φ													
	(Grants	\$) If this a		udes foreign		k here				31a			
32	Total p	rogram	service expenses	(add lines	amount incl	udes foreign h 31a)	grants, chec					32		0	
32 P a	Total p	rogram :	f Officers, Dire	(add lines a	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	grants, chec	S (list each one	even if not comp	ensated - s		32	for Part IV)	0	•
32 P a	Total p	rogram :	service expenses f Officers, Dire if the organiza	(add lines a	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	grants, chec	S (list each one	even if not comp	ensated - s		32	for Part IV)	0	<u>.</u>
32 P a	Total p	rogram :	f Officers, Dire	(add lines a	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	mployees pond to a (b) Av	s (list each one ny questio erage hours	e even if not comp n in this P	pensated - s art IV prtable	ee the i	32 nstructions alth benefits	(e) E	[
32 Pa	Total p	rogram :	f Officers, Dire	(add lines : ctors, Ti tion used	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	mployees pond to a (b) Ave per wee	s (list each one ny questio erage hours ek devoted to	e even if not compound in this P (c) Reproduction (compensation (compen	pensated - s art IV ortable on (Forms -MISC/	ee the i	nstructions alth benefits ibutions to byee benefit	(e) E	stimated	d er
Pa	Total part IV	List of	f Officers, Dire if the organizat (a) Name a	(add lines : ctors, Ti tion used	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	mployees pond to a (b) Ave per wee	s (list each one ny questio erage hours	e even if not comp n in this P	pensated - s art IV ortable on (Forms -MISC/	ee the i	nstructions alth benefits ibutions to	(e) E	[d er
Pa KA	Total part IV	Check	f Officers, Dire if the organizat (a) Name a	(add lines : ctors, Ti tion used	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	mployees pond to a (b) Avi per wee	S (list each one ny questio erage hours ek devoted to osition	e even if not comp n in this P (c) Reprompensati W-2/1099 1099-1	pensated - s art IV ortable on (Forms -MISC/ IEC) enter -0-)	ee the i	nstructions alth benefits ibutions to be benefit and deferred pensation	(e) E amou	stimated nt of othe pensation	d er n
KA PR	Total part IV	Check AGILA DENT	f Officers, Dire if the organizat (a) Name a	(add lines : ctors, Ti tion used	amount incl 28a throug rustees,	udes foreign h 31a) and Key E	mployees pond to a (b) Avi per wee	s (list each one ny questio erage hours ek devoted to	e even if not comp n in this P (c) Reprompensati W-2/1099 1099-1	pensated - s art IV ortable on (Forms -MISC/	ee the i	nstructions alth benefits ibutions to byee benefit and deferred	(e) E amou	stimated nt of othe pensation	d er
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			7.7
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			v
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	38a		Х
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
10 4	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organizationO •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NJ The organization's books are in care of KAY MAGILAVY Telephone no. 201–92	7 7	116	
42 a		$\frac{7-7}{410}$		
	Located at: 433 LINDEN ST, SAN FRANCISCO, CA At any time during the calendar year, did the organization have an interest in or a signature or other authority	410		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			v
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Λ
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0.	444		
45 0	in Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	700		
,	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
			00-F7	(2023)

					ı	,	Yes	No
	organization engage, directly or indirectly, in politica " complete Schedule C, Part I	· -	* *	•	i i	46		Х
Part VI	Section 501(c)(3) Organizations O	Only				40		
	All section 501(c)(3) organizations must answ		and complete the	tables for lines	50 and 51.			
	Check if the organization used Schedule O t	to respond to any question in	this Part VI					
					,		Yes	No
	organization engage in lobbying activities or have a	` '						
If "Yes,"	complete Sch. C, Part II					47		X
	organization a school as described in section 170(b)(48		X
	organization make any transfers to an exempt non-c					49a		X
	was the related organization a section 527 organization					49b	مد له مدد:	
-	ete this table for the organization's five highest comp 100,000 of compensation from the organization. If th		micers, directors, tru	stees, and key er	npioyees) who ea	acii rece	iveu ii	iore
lian \$1	(a) Name and title of each employee		rage hours	(C) Reportable	(d) Health benefits	<u> (a)</u>	Estim	hate
	(a) Name and the or each employee		k devoted to	mpensation (Forms	contributions to employee benefit) (5)	unt of	
	NONE	, pc	sition	W-2/1099-MISC/ 1099-NEC)	plans, and deferred		npensa	ation
	110112				compensation			
	ation. If there is none, enter "None." NONE Name and business address of each independent co	ontractor	(b) Typ	e of service	(c)	Comper	sation	1
			1					
			1					
d Total nu	umber of other independent contractors each receivi	ing over \$100,000						
	organization complete Schedule A? Note: All sectio	on 501(c)(3) organizations must a	ttach a		Г	X Yes	· [N
	ies of perjury, I declare that I have examined this reti	urn, including accompanying sch	edules and statemen	ts, and to the bes				_
ue, correct,	and complete. Declaration of preparer (other than or	fficer) is based on all information	of which preparer h	as any knowledg	e. 4/30/2	2024	•	
ign	Signature of officer				Date			
lere	KAY MAGILAVY, PRESIDE Type or print name and title	ENT						
	Print/Type preparer's name Pr	reparer's signature	Date	Check	if PTIN			
aid				self- emplo	·			
reparer		YLE A. NEELD, C	PA 04/26/2	24	P01			
lse Only	Firm's name MERCADIEN, P.C			Firm's EIN				
	Firm's address P.O. BOX 7648			Phone no.	609-689	9-97	00	
	PRINCETON, NO							
lay the IRS	discuss this return with the preparer shown above?	See instructions				X Yes		N
					I	Form 99	0-EZ	(2023

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

FRIENDS OF TEMPLE BETH-EL JERSEY CITY 47-1916121 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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). (iv) Is the organization listed (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) Yes above (see instructions))

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	· ·				01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
		·				Schodulo A	(Form 990) 2023

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.)

Sed	etion A. Public Support	siow, picase comp	icto i art ii.j				
	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	(1) = 1.1	(1)	(=)====	(4)	(=) ====	(-)
	include any "unusual grants.")	159,376.	45,070.	154,381.	31,503.	2,656.	392,986.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5	159,376.	45,070.	154,381.	31,503.	2,656.	392,986.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						<u>0.</u>
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						392,986.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	159,376.	45,070.	154,381.	31,503.	2,656.	392,986.
	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.)	159,376.	45,070.	154,381.	31,503.	2,656.	392,986.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))			100.00 %
	Public support percentage from 2022					16	100.00 <u>%</u>
	ction D. Computation of Inves		<u>_</u>				
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	.00 %
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	=			•		
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies as	s a publicly suppor	rted organization	
20	Private foundation. If the organization	n did not check a h	nox on line 14 19a	or 19h check thi	s hox and see inst	ructions	

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")? |f "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?
- 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).
- 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
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За		
3b		
3c		
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OF		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2023

332024 12-21-23

Par	t 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		
Sect	tion 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 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		
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,			
01	supervised, or controlled the supporting organization.	2		
Seci	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			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3661	Hon B. All Type III Supporting Organizations			·
	Did the constitution and ideals and of the constitution and the last describe 60h and the 6th a		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	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			
Ū	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		
Sect	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 year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior	ıs).	
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	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			

332025 12-21-23

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 FRIENDS OF TEMPLE BETH	-EL JE	RSEY CITY	47-1916121 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations	V
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
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)	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		

Schedule A (Form 990) 2023

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 to	the organization is responsive		
	(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		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	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			
С	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	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:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE O (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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF TEMPLE BETH-EL JERSEY CITY

Employer identification number 47-1916121

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	89.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
REGISTRATION FEES	30.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE FOR O	CAPITAL AND
OPERATIONAL NEEDS OF CONGREGATION TEMPLE BETH-EL	
OF JERSEY CITY TBE	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT O	CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS	, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT	Γ
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS	, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

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

Schedule O (Form 990) 2023