

Form 990

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 2	016 calen	dar year, or tax year beginning $Jul 1$ , 2016, and ending $Jun 30$	, 2017
В	Check if app	licable	C Name of organization Mesivta High School of Greater Philadelphia D Employe	er identification number
	Addres	s change	Doing business as 46-3	3823388
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephor	ne number
	Initial re	eturn	314 Levering Mill Road (610	0) 617-9200
	Final ret	unviterminated	City or town, state or province, country, and ZIP or foreign postal code	
	Amend	ed return	Bala Cynwyd PA 19004 G Gross re	oceipts \$1,967,346.
	Applica	ition pending	F Name and address of principal officer H(a) is this a group return	
	_		David E. Stein 314 Levering Mill Road Bala Cynwyd PA 19004 H(b) Are all subordinates if 'No, attach a list (s	
ī	Tax-exer	npt status	X 501(c)(3)   501(c) ( ) ▼ (insert no )   4947(a)(1) or   5272	ee instructions)
J	Websit	e: b th	nemesivta.org	nber ►
ĸ	Form of o	rganization		tate of legal domicile PA
Pa	rt I	Summar		
<u>ت ت</u>			be the organization's mission or most significant activities The Mesivta High Scho	ool of Greater
a			phia is a Jewish Orthodox boys' high school, educating stu	dents
Governance			es 9-12 in Torah and secular disciplines.	
Ĕ				
<u>Š</u>		eck this bo		
જ			ting members of the governing body (Part VI, line 1a)	3 18
S			dependent voting members of the governing body (Part VI, line 1b)	<b>4</b> 18 29
Activities &			of volunteers (estimate if necessary)	5 29 6 20
Act			ed business revenue from Part VIII, column (C), line 12	7a 0.
	b Ne	t unrelated	business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·	<b>7b</b> 0.
			and grants (Part VIII, line 1h)	Current Year
Ф	8 Co	ntributions	and grants (Part VIII, line 1h)	96. 687,790.
Revenue			100 revenue (1 art viii, iiio 29)	12. 780,962.
eve	10 Inv	estment in		32. 41.
Œ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, (Ac) and 11e)	
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
			milar amounts paid (Part IX, column (A), lines 1-3 OGUEN, U. 297, 6	45. 320,471.
			to or for members (Part IX, column (A), line 4)	
S)	ì		er compensation, employee benefits (Part IX, column (A), lines 5-10)	06. 1,012,203.
SUS	16a Pro	ofessional f	fundraising fees (Part IX, column (A), line 11e)	
Expenses	b Tot	tal fundrais	sing expenses (Part IX, column (D), line 25) ▶0.	
ш	17 Oth	ner expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	10. 418,000.
	18 To	tal expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	
	19 Re	venue less	s expenses Subtract line 18 from line 12	47. 175,745.
8 8			Beginning of Current	t Year End of Year
alan			Part X, line 16)	45. 2,130,027.
2	<b>21</b> To	tal liabilities	s (Part X, line 26)	86. 1,678,723.
ş	22 Ne	t assets or	fund balances. Subtract line 21 from line 20	59. 451,304.
Pa	rt II	Signatu	re Block	
Unde	r penalties o	perjury, I dec	clare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belie	of, it is true, correct, and
com	Diete Decian	ation of prepar	rer (other than officer) is based in all information of which preparer has any knowledge	<del></del>
		Classic	re of officer Date	2 018
Się	gn	Signatu		
He	re		bi Abraham Steinberg Head of Sch	ool
_				T
			preparer's name  Preparer's faign glure  Date  Date  Check  Self-employee	If PTIN
Pa				P01428150
	eparer	Firm's name		
US	e Only	Firm's addre		
		<u> </u>	Jenkintown PA 19046 Phone no	(215) 887-4425
			is return with the preparer shown above? (see instructions)	X Yes No
BA	A For Pa	nerwork F	Reduction Act Notice, see the separate instructions. TEEA0101 11/16/16	Form 990 (2016)

					cer Philadelp	nra		46-3	023300	Fage 2
Par	校川艦 Statemer									
				se or note to	any line in this Part	<u> </u>	· · · · · ·	<u> </u>	<u></u>	
1	Briefly describe the	Ū								
	The Mesivta									
	Philadelphi	a is a Je	wish Or	thodox_b	oys' high sc	hool,	educating	student	s_	_
					disciplines					
2	Did the organizatio	n undertake ar	v significant	program ser	vices during the year	which wer	re not listed on	the prior		
_								-	Yes	X No
	If 'Yes,' describe th								🗀 ,66	
•					obanaca in baw di ca			.i0	□ v <sub>**</sub>	
3			_	_	changes in how it co	noucts, an	y program serv	ices /	· · Yes	X No
	If 'Yes,' describe th	•								
4	Section 501(c)(3) and revenue, if any	nization's progra and 501(c)(4) o /, for each prog	am service ad organizations gram service	ere required reported.	nts for each of its thr to report the amount	ee largest of grants :	program service and allocations	es, as measu to others, the	total expense	ses 98,
4 2	(Code:	) (Expenses	\$ 1.4	26.211.	including grants of	\$	320,471.	) (Revenue	\$ 7	80,962.)
		_			Philadelphia			-		
					<u>its_in_grades</u>					
	discplines.	<del>-</del>					. <b></b>			
			. <b></b>					~		
		~								
					<del></del>			·	<del></del>	
4 t	(Code	_) (Expenses	\$		including grants of	\$		) (Revenue	\$	)
				<del>-</del>		- <i>-</i>				
		~		<del>-</del>	<b></b>					
						- <del>-</del>				
4 0	(Code	) (Expenses	\$		including grants of	\$		) (Revenue	\$	1
	``		· ——		50	· ——		- / (	· <del></del>	
							<b></b>			
							<b></b>			
							<del></del>			<b></b>
			<b></b>							
							· <del>-</del>			
					~ ~ ~ ~ - ~					
									- <b></b>	
<del></del> -	1 Other are as a		un Caba del		<del></del>					
4 (	Other program ser	vices (Describe		-				•		
	(Expenses \$		inc	luding grants			) (Revenue	\$		
4.	Total program serv	ice expenses	▶	1.426.	211					



Form 990 (2016) Mesivta High School of Greater Philadelphia

46-3823388

age 3

Pã	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
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		х
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		х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VII	116		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 assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part IX	11 d		_x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	х	
12	a 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? If Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
14	a 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		x
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	1	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		Х

Form 990 (2016) Mesivta High School of Greater Philadelphia Page 4 46-3823388 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If Yes,' complete Schedule H . . . . . . . . Х 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . . . . Х 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 . . . . . . . . . . . . . . Х 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 Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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.............. Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28h Х Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I . . . . . . 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Part II, III, or IV, Х X 35a

BAA

	Check if Schedule O contains a response or note to any line in this Part V	· · · ·		1 1
	- Fatastha number an arted in Pau 2 of Form 1000. Fatas A if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			<b>\</b>
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 29			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	ļ	X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		<u> </u>
	a 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)?	4 a		х
	b If Yes, enter the name of the foreign country		ĺ	İ
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<del></del> -
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u> </u>	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	ļ	
6	a 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 chantable contributions?	6 a		_x_
	b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	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?		<u>x</u> -	
	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	<del> </del>
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			<del>                                     </del>
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	<u></u>		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	L	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		х
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  Form 1098-C?	76		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		<del>  ^-</del>
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			<del></del> -
•	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	~	X
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			ļ
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			Ì
	against amounts due or received from them.)	_		_
12	a 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			l
13				
	a is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
	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			(
	c Enter the amount of reserves on hand			1
4.4	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
14	b If Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 a		<u> </u>
	g ir rea, naa it mod a ronni rzo to report siese paymente: ir mo, provide an explanation in sociedule O · · · · · · · · · · · ·	. 70	1	1

1 01111	40-3023300		•	age u
Part	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	'n		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sect	ion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		-	
	Enter the number of voting members included in line 1a, above, who are independent 1b			
	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	l ——
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
h.	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Γ
	stockholders, or persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
	ion B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l	
<u> </u>	Telegraphic Control of the Annual Control of	<u> </u>	Yes	No
10 =	Did the organization have local chapters, branches, or affiliates?	10 a	100	X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	_	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X	$\vdash$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	· · · · · · · · · · · · · · · · · · ·			-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
	The organization's CEO, Executive Director, or top management official	15 a	X	
	Other officers or key employees of the organization	15 b	X	<u> </u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	טני	_^	ļ <u> </u>
16 a	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
	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		
	tion C. Disclosure			
_	Liet the states with which a copy of this Form 990 is required to be filed >			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	GAIL CANTOR 314 Levering Mill Road Bala Cynwyd PA 19004 (65	(0)	517-9	9200

# Partivill 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<del></del>		d organization compensated any current officer, director, or to (C)								
(A) Name and Title	(B) Average hours per		Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list and hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) David E. Stein	15.00	x		х						
President (2)	1 00	<u> </u>	-	^	_	-	_	0.	0.	0.
(2) Yonatan Frankel Vice President		х		х				0.	o.	0.
(3) Jon Zaslow	1.00		П	_				<del></del>		
Treasurer		х		Х				0,	0.	0.
_(4) Jessica_Erlbaum	15.00				•					
Recording Secretary		Х		Х	_			0.	0.	0.
(5) Sherman Frager	1.00	x								
Director	<del></del>	<u> </u>	$\vdash$		<u> </u>			0.	0.	0.
	1.00	$ _{\mathbf{x}} $						0.	0.	0.
	1.00	Ë	$\dashv$	-	-					
Director	-1-00	х						0.	0.	0.
(8) Yedida Goldman Schwartz	1.00		П		<b></b>					
Director		х						0.	0.	0.
(9) Gabe Herman	1.00									
Director		Х						0.	0.	0.
(10) Steve Horowitz	1.00									
Director		Х			_			0.	0.	0.
(11) Sid Laytin	1.00	<b> </b>								
Director		Х	Ш			$oxed{oxed}$		0.	0.	0.
(12) Saul Levitt	1.00	,								
Director		х	Ш		<u> </u>	$\sqcup$		0.	0.	0.
(13) David Libesman	1.00	x								•
Director		1	$\vdash$		├—			0.	0.	0.
(14) Rachel Mazurek	1.00	x						0.	0.	0
Director BAA	TEEA0					<u> </u>			U.	0 . Form <b>990</b> (2016)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

BAA

Form 990 (2016)

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts.	a Federated campaigns 1 a				
E E	b Membership dues 1 b	İ			
ξ	c Fundraising events 1c				<b>\</b>
ā	d Related organizations 1 d				
Ē	e Government grants (contributions) 1 e				
and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above				
ğ	g Noncash contributions included in lines 1a-1f \$				1
ĕ	h Total. Add lines 1a-1f	687,790.		<del></del>	
֟֟֟ <u>֚֚֚֚֚֚֚֚֚֚֚֚֚֚֚֟</u>			700 000		
Program Service Revenue	t TUITION AND FEES 611600	780,962.	780,962.	0.	0.
8	c			<del></del>	<del></del>
١٤	ă	<del></del>	<del></del>	<del></del>	<del></del>
בן ה	e				<del></del>
ē	f All other program service revenue		·	<del></del>	
운	g Total. Add lines 2a-2f	780,962.			
-+	Investment income (including dividends, interest and other similar amounts)	41.	41.	0.	0.
	Income from investment of tax-exempt bond proceeds		71.		· ·
- 1	5 Royalties				
	(i) Real (ii) Personal			<del></del>	
	6 a Gross rents 20,850,				
Ì	b Less rental expenses				1
	c Rental income or (loss)		_		
- }	d Net rental income or (loss)	20,850.	20,850.	0.	0.
	7 a Gross amount from sales of assets other than inventory (ii) Secuntes (iii) Other				
	b Less cost or other basis and sales expenses				
ļ	c Gain or (loss)				
	d Net gain or (loss)				
venue	8 a Gross income from fundraising events (not including. \$				
	of contributions reported on line 1c).				
ř	See Part IV, line 18		[		[
Other Re	b Less direct expenses b 40,927.				
~	c Net income or (loss) from fundraising events	430,513.		0.	430,513.
- {	See Part IV, line 19 a		ł		
	b Less direct expenses b	-	ļ	_	Į.
l	c Net Income or (loss) from gaming activities				
1	0 a Gross sales of inventory, less returns and allowances a		ļ		
- {	b Less. cost of goods sold b	(	_	_	
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code		_		
]1	1a OTHER INCOME 999999	6,263.	0.	0.	6,263.
- 1	b				
- {	c				
	d All other revenue				<u> </u>
	e Total. Add lines 11a-11d	6,263.			ļ. ———
14	2 Total revenue See instructions				

TEEA0109 11/16/16

Section 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a res	nplete all columns All of	ther organizations must de in this Part IX	complete column (A)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
grants and other assistance to domestic individuals. See Part IV, line 22	320,471.	320,471.		
Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
Benefits paid to or for members     Compensation of current officers, directors, trustees, and key employees				<del></del>
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages	938,098.	744,098.	194,000.	0.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,340.	2,340.	0.	0.
10 Payroll taxes	71,765.	56,924.	14,841.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,945.	0.	5,945.	0.
d Lobbying			<del></del>	
e Professional fundraising services See Part IV, line 17 .  f Investment management fees		<del></del>		
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)				<del></del>
12 Advertising and promotion	11,338.	0.	11,338.	0.
13 Office expenses	3,613.	3,071.	542.	<u>0.</u>
14 Information technology	16,454.	16,454.	0.	0.
15 Royalties				
<b>16</b> Occupancy				<del></del>
17 Travel				<del></del>
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	53,310.	0.	53,310.	0.
22 Depreciation, depletion, and amortization	77,077.	65,515.	11,562.	0.
23 Insurance	14,931.	6,220.	8,711.	0.
Other expenses. Itemize expenses not covered above (List miscellaneous expenses In line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Student Activities	46,871.	46,871	0.	0.
b Transportation	_60,914.	60,914.	0.	0.
c Repairs and Maintenane	16,895.	14,361.	2,534.	0.
d Utilities	18,492.	15.718.	2,774.	0.
e All other expenses	92,160.	73,254.	18,906.	0.
25 Total functional expenses Add lines 1 through 24e	1,750,674.	1,426,211.	324,463.	0.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   If following				
SOP 98-2 (ASC 958-720)	TEEA0110 11/2			Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	93,929.	1	282,558.
	2	Savings and temporary cash investments		2	
ł	3	Pledges and grants receivable, net	118,850.	3	86,266.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation		10 c	1,761,203.
	11	Investments – publicly traded securities		11	
	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 34)	1,888,145.	16	2,130,027.
	17	Accounts payable and accrued expenses		17	81,096.
	18	Grants payable		18	
	19	Deferred revenue	237000.	19	92,400.
	20	Tax-exempt bond liabilities		20	
e.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties	1,538,134.	23	1,505,227.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	1,612,586.	26	1,678,723.
ارب		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			i
ances		lines 27 through 29, and lines 33 and 34.		_	
	27	Unrestricted net assets	275,559.	27	451,304.
Ba	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets	·	29	<del></del>
Net Assets or Fund Ba		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ę.	33	Total net assets or fund balances	4101001	33	451,304.
	34	Total liabilities and net assets/fund balances	1,888,145.	34	2,130,027.
BA	A				Form 990 (2016)

FUILI	1330 (2010) Mesivia High School of Greater Philadelphia 46-382338	, O		ige iz
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \sqcap$
1	Total revenue (must equal Part VIII, column (A), line 12)	1,9	26,4	119.
2	Total expenses (must equal Part IX, column (A), line 25)		50,6	
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·			745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		75,5	
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	4	51,3	304.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. $\square$
			Yes	No
1	Accounting method used to prepare the Form 990.			<del>                                     </del>
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	<b></b>
,	b Were the organization's financial statements audited by an independent accountant?	. 2b	ļ	x
,	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		}	
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	. За		х
ł	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3 b		
BAA		Form	990 (	2016)

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

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2016

Open to Public Inspection

	vta High School of				41.7	46-382338					
Part I	<del></del>		<del></del>			art.) See instruction	ns.				
-	anization is not a private founda	•	•	•							
1	A church, convention of church					A)(i).	U2				
2 >	<del></del>										
3 _	A hospital or a cooperative he	•			,, ,,	•					
4	A medical research organizat	tion operated in conjunc	ction with a hospital desc	ribed in s	section	170(b)(1)(A)(iii). Enter t	he hospital's				
_	name, city, and state										
5	An organization operated for section 170(b)(1)(A)(iv). (C	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 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
, r	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	governn	nental u	nit or from the general p	ublic described				
8 _	A community trust described										
9 [	An agricultural research orga	inization described in se	ection 170(b)(1)(A)(ix) o	perated	n conju	nction with a land-grant o	college				
-	d or university or a non-land-gr	ant college of agricultur	e (see instructions) Ente	er the na	me, city,	and state of the college	or				
	university										
10	An organization that normally from activities related to its en investment income and unrely June 30, 1975. See section	xempt functions—subject ated business taxable i	ct to certain exceptions, a ncome (less section 511	and (2) n	o more f	han 33-1/3% of its supp	ort from gross				
11	An organization organized ar	nd operated exclusively	to test for public safety \$	See <b>sec</b> 1	ion 509	(a)(4).					
12	An organization organized ar or more publicly supported or	rganizations described i	in section 509(a)(1) or s	ection 5	09(a)(2)	. See section 509(a)(3).	urposes of one . Check the box in				
a [	lines 12a through 12d that de Type I. A supporting organiza- organization(s) the power to complete Part IV, Sections	ation operated, supervising a supervision of the su	sed, or controlled by its s	upported	organiz	ation(s), typically by give	ing the supported ition. <b>You must</b>				
b [	Type II. A supporting organiz management of the supportin must complete Part IV, Sec	ation supervised or con	ntrolled in connection with n the same persons that	ı its supp control d	orted or r manag	ganization(s), by having se the supported organiz	control or ration(s). <b>You</b>				
c [	Type III functionally integration organization(s) (see instruction	ated. A supporting organisms). You must comple	nization operated in connete Part IV, Sections A,	ection w	ith, and	functionally integrated w	vith, its supported				
d [	Type III non-functionally infunctionally integrated The oinstructions) You must com	rganization generally m	iust satisfy a distribution i	connecti requirem	on with ent and	its supported organization an attentiveness require	on(s) that is not ement (see				
e [	Check this box if the organization	ation received a written	determination from the IF	RS that it	ıs a Ty	oe I, Type II, Type III fun	ctionally				
f E	Enter the number of supported o				<i>.</i> .						
gР	Provide the following information	about the supported o	rganızation(s).				ــــــــــــــــــــا				
(1) 1	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(lv) is organizati in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
		+		1 68	_ <del>10</del> _	<del> </del>					
				]							
<u>(A)</u>	<del></del>										
(B)											
(C)											
(D)	(D)										
(E)											
Total											
						<u> </u>	<del></del>				

Sche	edule A (Form 990 or 990-EZ) 2016	Mesivta 1	High_School	of Greater I	Philadelphia	46-382338	8 Page
Pai	rt II Support Schedule for (Complete only if you checked organization fails to qualify un	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A	)(vi)
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year inning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year inning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
7	Amounts from line 4		, gar				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	pro "					
9	Net income from unrelated business activities, whether or not the business is regularly carried on	p.c.i.					
10	Other income. Do not include / gain or loss from the sale of capital assets (Explain in Part VI.)						

	Total support. Add lines 7 through 10 /			
12	Gross receipts from related activities, etc. (see instructions)	12	 	_
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	)	 •	-

S	Sec	tion C. Computation of Public Support Percentage		
	14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
	15	Public support percentage from 2015 Schedule A, Part II, line 14	15	%
	16a	33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check and stop here. The organization qualifies as a publicly supported organization	k this t	box ►
	, b	33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, or and stop here. The organization qualifies as a publicly supported organization	check i	this box
,	17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part's the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	VI hou	.,
	b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	VI hou	v the

BAA

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . .

Sche	dule A (Form 990 or 990-EZ) 2016	Mesivta H	ligh School	of Greater E	Philadelphia	46-38233	388 Page 3
Par	Support Schedule fo (Complete only if you check	r Organization	s Described i	n Section 509	(a)(2)		
	fails to qualify under the tes						
	tion A. Public Support	·					
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees  received (Do not include  any 'unusual grants.')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				f		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		<u> </u>				
	Tax revenues levied for the organization's benefit and either paid to or expended on its benaff						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>7</b> a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons			and the second			
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						
C	Add lines 7a and 7b		1				
8	Public support. (Subtract line 7c from line 6.)	· ' /					
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gross income from interest, dividends, payments received on securitles loans, rents, royalities and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b			<del></del>		<del></del>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					<del>,,</del> ,,,,,	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is organization, check this box and s	s for the organizate top here	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🏻
Sec	tion C. Computation of Pu	blic Support P	ercentage				
_	Public support percentage for 201	,	•				<b>5</b> 8
16	Public support percentage from 20	015 Schedule A, Pa	art III, line 15		<del></del>	10	<b>6</b> %
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е			
, 17	Investment income percentage for						7 %
18	Investment income percentage fro	m 2015 Schedule	A, Part III, line 17			19	<b>B</b> %
	33-1/3% support tests-2016. If t is not more than 33-1/3%, check t	his box and stop h	ere. The organiza	tion qualifies as a p	publicly supported o	rganization	▶ []
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganızatıon qualıfie	s as a publicly supp	orted organiza	tion · · · · · ▶ 📙
20	Private foundation. If the organiz	ation did not check					
BAA		-	TEEA0403	09/28/16	Sch	nedule A (Form	n 990 or 990-EZ) 2016

46-3823388

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
			Yes	No
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	1		 
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, answer (b) and (c) below.	3a		
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.	3b		
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	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
t	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.	4b		
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 <b>Part VI</b> 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	4c		
5 8	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authoriting such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
Ł	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
98	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 <b>Part VI</b> .	 <b>9</b> a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
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)? If 'Yes,' answer 10b below.	10a		
ı	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		<del> </del>

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its

supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990-EZ) 2016 Mesivta High School of Greater F V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	Phila	delphia 46-38	23388 Page 6
Par				<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations r	Nov 20	), 1970 (explain in Part V mplete Sections A throug	I) See Ih E
Sect	tion 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	tion 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	1 a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
đ	Total (add lines 1a, 1b, and 1c)	1 d		
8	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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		·
2	Enter 85% of line 1	2		1
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		ļ
_ 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 integrat (see instructions).	ed Type	III supporting organizati	on
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 Mesivta High School o	of Greater Phila	delphia 46-382	23388 Page 7						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)							
Sec	tion D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes									
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,								
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations								
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI) See instructions									
7	Total annual distributions. Add lines 1 through 6									
8	· - · · · · · · · · · · · · · · · · · ·									
9	Distributable amount for 2016 from Section C, line 6	_								
10	Line 8 amount divided by Line 9 amount									
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016						
1	Distributable amount for 2016 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2016									
a	<u> </u>	<u> </u>								
b										
С	From 2013									
d	From 2014									
е	From 2015									
f	Total of lines 3a through e									
9	Applied to underdistributions of prior years									
h	Applied to 2016 distributable amount									
i	Carryover from 2011 not applied (see instructions)									
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2016 from Section D, line 7 \$									
a	Applied to underdistributions of prior years									
b	Applied to 2016 distributable amount									
С	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions		:							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.									
- 8	Breakdown of line 7:	<u> </u>								
a										
b	Excess from 2013									
c	Excess from 2014									
	Excess from 2015 · · ·									

e Excess from 2016 . .

Schedule A (Form 990 or 990-EZ) 2016

Mesivta High School of Greater Philadelphia 46-3823388

Page 8

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

### SCHEDULE D (Form 990)

# **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.

OMB No 1545-0047 **2016** 

මුකාල Public ගිනුන්වන

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Mesivta High School of Greater Philadelphia 46-3823388 Partial Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a **b** Total acreage restricted by conservation easements . . . . . . 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . Nο In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV. line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 ► S

achedole b (Form 990) 2010 MeS14	<i>rta High Schoo</i>	<u>or Greate</u>	er Philadelphia		46-3823	3388	Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, o	r Other S	Similar Ass	ets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and othe	er records, check	any of the following that	are a signif	icant use of its	collection	
a Public exhibition		d Loan	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future genera							
4 Provide a description of the organi Part XIII							
5 During the year, did the organizati to be sold to raise funds rather that	in to be maintained as	part of the organi	zation's collection?	<u>.</u>	. <u>.</u>	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	al Arrangements. Imount on Form 9	. Complete if th 90, Part X, line	ne organization ans e 21.	wered 'Yo	es' on Form	990, Part	IV,
1 a Is the organization an agent, truste on Form 990, Part X?	ee, custodian or other	intermediary for c	ontributions or other ass	sets not incl	uded	Yes	□No
b If 'Yes,' explain the arrangement in							
						Amount	
c Beginning balance				1с	-		
d Additions during the year				. 1d			
e Distributions during the year				. 1e			
f Ending balance				1f			
2 a Did the organization include an an						Yes	No
<b>b</b> If 'Yes,' explain the arrangement in				•	L,	<del>.</del>	H,
Part V   Endowment Funds. (	Complete if the org	ganization ans	wered 'Yes' on For	m 990, Pa	art IV, line 1	0.	
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Th	ree years back	(e) Four ye	ars back
1 a Beginning of year balance							
<b>b</b> Contributions		1					
c Net investment earnings, gains, and losses							
d Grants or scholarships				<del>-  </del>		-	
Other expenditures for facilities and programs							
f Administrative expenses						i -	
g End of year balance							
2 Provide the estimated percentage	of the current year en	d balance (line 1c	ı. column (a)) held as:		***	<del>'</del> -	
a Board designated or quasi-endow	•	8	,, (=), =				
b Permanent endowment ►	<del></del>						
c Temporarily restricted endowment		ક					
The percentages on lines 2a, 2b,		<del></del>					
	·						
3 a Are there endowment funds not in organization by	the possession of the	organization that	are held and administer	red for the		Yes	No
(i) unrelated organizations						3a(i)	+
						3a(ii)	+
b If 'Yes' on line 3a(II), are the relate						3b	<del></del>
	•	•				30	J
		on's endowinent in	unus.				
Part VI Land, Buildings, and Complete if the organia		Yes' on Form	990, Part IV, line 11	a. See Fo	orm 990, Pa	art X, line 1	10.
Description of property		it or other basis nvestment)	(b) Cost or other basis (other)		umulated eciation	(d) Book	value
1a Land							
b Buildings		1,865,323.		1	62,432.	1,70	2,891.
d Equipment		80,939.		<del>                                     </del>	22,627.		8,312.
e Other		00,333.		<del> </del>	22,021.		U, JIC.
Total. Add lines 1a through 1e. (Column		990 Part Y colum	nn (R) line 10c l			1 76	1,203.
BAA	r ju) musi equal rumi	Jou, rait A, Will	(D), mid 100 )	• • • •		ile D (Form 9	

Part VII Investments - Other Securities.	Voo' on Form 000 [	Port IV line 11h See Form 000 Port V line 12
(a) Description of security or category (Including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of Security of Category (including name of Security)  (1) Financial derivatives		(c) Method of valuation Cost or end-of-year market value
(2) Closely-held equity interests	<del></del>	
(3) Other		
(A)	<del></del>	
(B)		
(C)		
(D)		
(E)		
(F)		<del> </del>
(G) (H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶		
Part VIII Investments - Program Related.		<del></del>
Complete if the organization answered		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.		
Complete if the organization answered '	Yes' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
<u>(1)</u> (2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)	· · · · · · · · · · · · · · · · · · ·	<del></del>
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on F		1e or 11f See Form 990, Part X, line 25
(a) Description of liability (1) Federal income taxes	(b) Book value	<del></del>
(2)		_
(3)		
(4)		
(5)		
(6) (7)	<del></del>	<del> </del>
(8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)		
2. Liability for uncertain tax positions In Part XIII, provide the text of the foot tax positions under FIN 48 (ASC 740) Check here if the text of the footnote		
the positions under 1 in 40 (1000 140). Officer field in the text of the footible	Joon provided in a mit Alli	

Schedule D (Form 990) 2016 Mesivta High School of Greater Philadelphia	46-3823388	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	t	
a Net unrealized gains (losses) on investments	'	
b Donated services and use of facilities		
c Recoveries of prior year grants	_	
d Other (Describe in Part XIII.)	_	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	_	
d Other (Describe in Part XIII )	<u> </u>	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	<del></del>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII   Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V,		
line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional transfer of the second se	ional information.	
The School is no longer subject to federal and state	tax examina	tions
Pt X, Line 2 for the years prior to 2014.		- · <del>-</del>
•		

### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer Identification numbe

	ivta High School of Greater Philadelphia 46-3823388			
art				
			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	١.	l	l
	governing instrument, or in a resolution of its governing body?	1	X	┈
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,			ļ
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			┢
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you		İ	_
	need more space, use Part II		X	<u> </u>
	The non-discriminatory policy is written in the by-laws	.		
	and is advertised under the Admissions tab on the			
-	website.		ì	ļ
•				
	Does the organization maintain the following?			ŀ
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4 b	Х	<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with	١.,		ľ
	student admissions, programs, and scholarships?	4 c		<del> </del>
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.	1	├^-	┢
		}		
				İ
	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5 a		X
ь	Admissions policies?	5 b		x
			T	
C	Employment of faculty or administrative staff?	5 c		X
	Scholarships or other financial assistance?	5 d		
u	Scholarships of other infancial assistance;	-30	-	X
е	Educational policies?	5 е		x
f	Use of facilities?	5f	<u> </u>	_ X
a	Athletic programs?	5 9		l x
•		- 3	-	├-^
	Other extracurricular activities?	5 h		X
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.			
		.]		
				İ
		·		l
6 a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		 X
	Has the organization's right to such aid ever been revoked or suspended?	6 b	<u> </u>	x
	if you answered 'Yes' on either line 6a or line 6b, explain on Part II.			<del>                                     </del>
	Does the organization certify that it has complied with the applicable requirements of sections			1
	4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If			

Schedule E (Form 990 or 990-EZ) (2016) Mesivta High School of Greater Philadelphia 46-3823388

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Line 3

The non-discriminatory policy is written in the by-laws and is advertised under the Admissions tab on the website.

## **SCHEDULE G** ·(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service	▶ Information				or Form 990-EZ. and its instructions is at we	unu ire gov#orm000	Open to Public Inspection			
Name of the organization	- information	about Scriedule (	3 (1 01111 770	701 770-22/2	and its insudetions is at w	Employer Identific				
Mesivta High S	chool of Gr	eater Phi	ladelp	hia_		46-382338	8			
Part I Fundraising	Activities. Complete filers are not requ	ete if the organi	zation and	swered 'Yes	s' on Form 990, Part IV,	line 17.				
					ng activities Check all th	nat apply				
a Mail solicitation	ns				Solicitation of non-g	government grants				
<b>⊢</b>	mail solicitations			f	Solicitation of gove	_				
c Phone solicita				g	Special fundraising	events				
d In-person solu										
2 a Did the organization employees listed in	on have a written o n Form 990, Part \	r oral agreemer /II) or entity in c	nt with any onnection	individual with profes	(including officers, direc ssional fundraising servi	tors, trustees, or key ces?	Yes No			
	highest paid individ	duals or entities				which the fundraiser is to				
(i) Name and address of individual (ii) Animal (III) Did fundralser (iv) Gross receipts (v) Amount paid to										
(i) Name and address or entity (fund	or entity (fundraiser)  (ii) Activity have custody or control from activity fundraiser listed in									
			Yes	No		column (i)				
1										
				ļ		<u> </u>	<del></del>			
2										
4										
			1							
3				į .		ļ	1			
	<del></del>					<del>                                     </del>	<u> </u>			
4										
_										
5			1							
				†		<u> </u>				
6										
			<u></u>	<u> </u>		<del> </del>				
7										
8										
		<del></del>	<del> </del>	<del> </del>		<del> </del>				
9		1		Į ,						
				ļ						
40			ľ							
10				}						
	- <del></del>	<u>'</u>	·			<del>                                     </del>				
Total	<del> </del>		<u></u>		<u> </u>	<u> </u>	<u> </u>			
<ol><li>List all states in w or licensing.</li></ol>	hich the organizati	on is registered	or license	d to solicit (	contributions or has bee	n notified it is exempt froi	n registration			
<del>-</del>				. <b></b> _	<b>-</b>					
				- <del>-</del>						
				- <b>-</b>						

		G (Form 990 or 990-EZ) 2016 Mesivta				
Par	<u>t II</u>	Fundraising Events. Complete if the more than \$15,000 of fundraising excited events with gross receipts greaters.	vent contributions a	wered 'Yes' on Form nd gross income on	n 990, Part IV, line Form 990-EZ, lines	18, or reported s 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala	, ,	, ,	(add column (a) through column (c))
R			(event type)	(event type)	(total number)	through column (c))
REVEZUE	1	Gross receipts	471,440.			471,440.
E	2	Less Contributions				
	_3	Gross income (line 1 minus line 2)	471,440.		· · · · · · · · · · · · · · · · · · ·	471,440.
	4	Cash prizes			· · · · · · · · · · · · · · · · · · ·	
D	5	Noncash prizes		·····	·	<u> </u>
D-RECT	6	Rent/facility costs			<del></del>	
	7	Food and beverages				
EXPESSES	8	Entertainment				
SES	9	Other direct expenses	40,927.			40,927.
	10	Direct expense summary. Add lines 4 through	gh 9 in column (d)			40,927.
	11	Net income summary Subtract line 10 from	line 3, column (d)			
	<u> </u>	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive	(c) Other gaming	(d) Total gaming (add column (a)
REVENUE				bingo		through column (c)
	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				ļ
C S T E S		Rent/facility costs	-			
	5	Other direct expenses			·	
	6	Volunteer labor	Yes%	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d	)	<u> </u>	<u> </u>
				)	<u> </u>	<u> </u>
	Ente	er the state(s) in which the organization condi- ne organization licensed to conduct gaming an	ucts gaming activities: ctivities in each of these			· Yes No

b If 'Yes,' explain

Sche	edule G (Form 990 or 990-EZ) 2016 Mesivta High School of Greater Philadelphia 46-3823388	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in	
	a The organization's facility	8
	b An outside facility	8
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
	Name •	
	Address -	
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
.oc	b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \\$ and the amount	
	of gaming revenue retained by the third party  \$	
c	c If 'Yes,' enter name and address of the third party:	
	Name •	
	Address •	<sup>1</sup>
16	Gaming manager information	
	Name •	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
8	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

TEEA3703 09/23/16

Schedule G (Form 990 or 990-EZ) 2016

BAA

Compare in the Organization   Pathesia of Son Body   Son Body	SCHEDULE I (Form 990)		Grants and Oth Governments, a	its and Other Assistance to Organizations, riments, and Individuals in the United States	o Organization the United Sta	s, ites	_1.	2016
School of Greater Philadelphia   46-3823388   Information on Grants and Assistance   46-3823388   Information on Grants and Assistance   46-3823388   Information on Grants and Assistance   1	epartment of the Treasury femal Revenue Service	Comp	piete ir tne organizatii ion about Schedule I	on answered Tes on Fo • Attach to Form 990 (Form 990) and its instri	orm 990, Part IV, line <i>2</i> . ). uctions is at <i>www.ir</i> s.g	r or zz. co/form990.	1	Open to Public Inspection
Tell Grants and Other Assistance and Seales and Assistance and the grants or assistance and the grants or assistance and the grants or assistance and the grants or assistance.  The severe in content seed to award the grants or assistance.  The severe in content seed to award the grants or assistance.  The severe in the content of the grant or assistance and the grants or assistance.  The severe in the content of the grants or assistance and the grants or assistance are consistent or assistance and the grants or assistance are content or an of grant trust in the third States.  The severe in the grants and Other Assistance for Domestic Organizations and Domestic Organization and Domestic	School	Greater					Employer Identificate 46-382338	ation number 8
Obes the organization returns used to sward the grants or assistance. The selection criteria used to sward the grants or assistance.  Describe in Part IV the organizations becoderers for monitoring the use of grant funds in the United States  Till Grants and Other States are to Domestic Organizations and Domestic Governments. Complete if the organization answered Yes' on Form 950, Part IV, line 2, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed.  To I to Name and additional grants are to promestic Organizations and Domestic Governments.  To Name and additional grants are to promestic Organizations and Domestic Organization answered Yes' on the Promestic Organization and Domestic O	Part   General Information	n on Grants and Assi	stance					
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (i) Name agrees agrees agreement of the organization and bomestic Governments. Complete if the organization answered Yes organization and processing the organization answered organizations and bomestic Governments. Complete if the organization answered Yes organization and processing the control of the	1	n records to substantiate the ward the grants or assistance ration's procedures for monit	amount of the grants of	or assistance, the granteer	s' eligibility for the grant	s or assistance, and		X Yes No
1 (a) Name and solutions of organization  (b) ENA (a) Properties of the count of cash grant  (c) INC and count of cash grant  (d) Amount of cash grant  (e) INC and count of cash grant  (f) Properties of the cash grant  (h) Properties of the cas	Part II ⋅ Grants and Other ≠ Form 990, Part IV, II	ssistance to Domestine 21, for any recipient	ic Organizations that received mor	and Domestic Gove e than \$5,000. Part I	ernments. Comple	ite if the organizati	on answered Yes	s' on
	1 (a) Name and address of organizate or government		(c) IRC section (f applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							,	
		i i						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
								:
		l i i						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
3 Enter total number of other omanizations listed in the line 1 table	1	1 01(c)(3) and government or any attent in the line 1	ganizations listed in the	•			A A	

Schedule I (Form 990) (2016)

Schedule I	Schedule I (Form 990) (2016) Mesivta High School of		Greater Philadelphia	ıia	<b>7</b>	46-3823388 P	Page 2
Part III	1 = %	<b>Jomestic Individ</b> e is needed.	uals. Complete if the	e organization ansv	wered 'Yes' on Form 99	0, Part IV, line 22. Part III	.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1 Fin	1 Financial Aid	25	0.	320,471. Book	Book	Financial Aid	
2							
ю					t		
4							
က							
9							
7						;	
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	e the information	required in Part I, lir	ne 2; Part III, colum	in (b); and any other ad	ditional information.	

, Page 2

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		Employer Identification number
Mesivta High Scho	ool of Greater Philadelphia	46-3823388
Pt VI, Line 11b	The completed Form 990 is reviewed by the Treas other key members of the Board of Directors pri signed by the President or Treasurer of the Boa	or to filing. It is
Pt VI, Line 2	One director is the son-in-law of another directors, officers and key employees are require that could give rise to conflict if and when su	ed to disclose interests
Pt VI, Line 12c	occur. The organization's governing documents, conflict	of interest policy and
Pt VI, Line 19	financial statements are available upon request Members of the Executive Committee collected an	•
Pt VI, Line 15a	similar positions in other similar organization Members of the Executive Committee collected an	
Pt VI, Line 15b	similar positions in other similar organization	s.