## Form **990**

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047 Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning Go to www.irs.gov/Form990 for instructions and the latest information. 2022

Inspection

Α	For the	2022 calendar year, or tax year beginning SEP 1, 2022 and ending	AUG 31, 20:	23			
В	Check if	C Name of organization	D Employer idea	ntificat	ion number		
	applicable	50°					
	Addres	NATIONAL YIDDISH BOOK CENTER INC.					
	Name change	= 4 4 5 1 1	04-270	8878			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite E Telephone nur	nber			
	Final return/	1021 WEST STREET	413-25		00		
	termin- ated		G Gross receipts S		11,932,376.		
	Ameno return		H(a) Is this a grou	p retur			
	Applic tion	F Name and address of principal officer: AARON LANSKY	for subordina				
	pendin	SAME AS C ABOVE	H(b) Are all subordina				
ī	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or			. See instructions		
_	Websit	A Company of the Comp	H(c) Group exem				
			Year of formation: 198	-			
	art I	Summary	5.55557.1253.1173.1170.01				
	1	Briefly describe the organization's mission or most significant activities: ${ m THE}$ ${ m YIDD}$	ISH BOOK CEN	TER			
Activities & Governance		RECOVERS, PRESERVES, TEACHES, AND CELEBRATES					
Tar	2	Check this box if the organization discontinued its operations or disposed of n					
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	25		
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25		
ු ර	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	68		
itie	6	Total number of volunteers (estimate if necessary)		6	30		
ċţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
			Prior Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)	11,240,963	3.	10,447,718.		
ile	9	Program service revenue (Part VIII, line 2g)	184,27		234,151.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	755,46		1,052,965.		
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,51		71,756.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,290,218		11,806,590.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,58		68,245.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,668,249				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Der	b	Total fundraising expenses (Part IX, column (D), line 25)1,531,997.	ENLINE BUILDING	12 10			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,784,459	9.	3,290,496.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,510,29		7,671,577.		
	Secretary of the second	Revenue less expenses. Subtract line 18 from line 12	5,779,92		4,135,013.		
10 10	4		Beginning of Current Ye		End of Year		
Net Assets	20	Total assets (Part X, line 16)	63,979,400		71,751,507.		
ASS	21	Total liabilities (Part X, line 26)	375,678		598,084.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20	63,603,72		71,153,423.		
	art II	Signature Block					
Unc	der pena	Ities of perjury, declare that I have examined this return, including accompanying schedules and sta	tements, and to the best o	f my kno	owledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		- 6	,		
				LI.	14		
Sig	ın	Signature of officer	Date	* (			
Hei		AARON LANSKY, PRESIDENT					
		Type or print name and title					
_		Print/Type preparer's name Preparer's signature	Date Check	:	PTIN		
Pai	d	PATRICK LEARY	II self-e	mployed	P00638212		
	parer	Firm's name MP P.C.			3191789		
	Only	Firm's address ONE MONARCH PLACE	This o Eliv				
		SPRINGFIELD, MA 01144	Phone no	(413	) 739-1800		
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		
_		The state of the s					

EDUCATION THE CENTER OFFERS SEVERAL MAJOR EDUCATIONAL PROGRAMS FOR UNDERGRADUATES AND RECENT COLLEGE GRADUATES. THE 7-WEEK STEINER SUMMER PROGRAM INCLUDES 18 STUDENTS WHO STUDY YIDDISH LANGUAGE AND MODERN JEWISH HISTORY AND CULTURE. THE FELLOWSHIP PROGRAM FOR COLLEGE GRADUATES IS A 12-MONTH PROGRAM FOR RECENT GRADUATES WHO PARTICIPATE IN A VARIETY OF EXPERIENTIAL LEARNING PROJECTS INCLUDING BOOK DIGITIZATION, ORAL HISTORY, EXHIBIT DEVELOPMENT, ON-SITE AND ONLINE COURSE DEVELOPMENT, AND THE CENTER'S ENGLISH LANGUAGE MAGAZINE, PAKN TREGER. THE GREAT JEWISH BOOKS PROGRAM IS OFFERED TO HIGH SCHOOL STUDENTS WHO SPEND ONE WEEK ENGAGED IN AN INTENSE EXPLORATION OF JEWISH LITERATURE. THE CENTER ALSO HELD THE GREAT JEWISH BOOKS PROGRAM. YIDDISH

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

(Expenses \$ 756,323. including grants of \$ 54,745.) (Rovenue \$ 13,038.)

e Total program service expenses 5,174,566.

Form 990 (2022)

NATIONAL YIDDISH BOOK CENTER INC. 04-2708878 Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A

	If Yes, complete Schedule A		27	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	NO W		ly si
	as applicable.			Silver
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			i e
	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	. 150		-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? /f "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,	-10		
• •	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? // "Yes."	10	-	
13		10		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
		20a		21
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
۷ ا	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	94		X
	connesse government on Fartia, column (A), line 1: If Yes, complete Schedule I, Parts I and II	21	000	

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	(Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>	LL		
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	1111-837	1 7	DIDS.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		v	
l.	"Yes," complete Schedule L, Part IV	28a	X	Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	_
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  f	202		Х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	Х	-21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	25	
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
-	Check if Schedule O contains a response or note to any line in this Part V			
	5	11 500	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 100	3		11
b		3.5	87 T	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Carron C		FEEDER
-	(gambling) winnings to prize winners?	1c	990	(2000)
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Form	990 (2022) NATIONAL YIDDISH BOOK CENTER INC. 04-2708	878	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
	W (S)		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			lo-i							
	filed for the calendar year ending with or within the year covered by this return 2a 68	15/1	II ESS	47.3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Х							
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	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)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			100							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	ije e									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a.		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year		100	RAIL							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Crimina south and a second sec										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?										
9	. 5 5										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:			837							
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	E.U									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	E P									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	=vi*		101							
	amounts due or received from them,)	200	1000								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l location	Sec. 11							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	J.									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1917/5/50	117038	1800							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000								
	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	N. W.									
	organization is licensed to issue qualified health plans	144									
С	Enter the amount of reserves on hand	the sta		37							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		1							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		\ v							
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N	07/5	1307	37							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.	Table 1		1257							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	,_									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.			- 1							

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

	Check if Schedule O contains a response or note to any line in this Part VI	Y	****	X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	0.00									
	If there are material differences in voting rights among members of the governing body, or if the governing	U-ET		48							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		113								
b	Enter the number of voting members included on line 1a, above, who are independent		415								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			25.1							
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		_X_							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
7a	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?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			5							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		CHAN								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	=14							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	. W		100							
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MA, AL, AK, KS, KY, ME, MD, MI, MN	MS,	MO,	NH							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection, Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT LOEB $-413-256-4900$										
	1021 WEST STREET, AMHERST, MA 01002										
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)							

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

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  See the instructions for the order in which to list the persons above.

Check this box if neither the organizat		orga I	nıza			npen	sate			(E)
(A) Name and title	(B) Average hours per		not c	Posi heck i	more	) than d		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any	offic				or/trus		from the	from related organizations	other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) AARON LANSKY	40.00									
PRESIDENT		Х		Х				319,911.	0.	57,446.
(2) SUSAN BRONSON	40.00									
EXECUTIVE DIRECTOR				Х				276,352.	0.	39,808.
(3) ROBERT LOEB	40.00									
CFO & TREASURER				Х				189,779.	0.	16,806.
(4) HILTON JANKELOWITZ	40.00									
DEVELOPMENT DIRECTOR						X		173,527.	0.	21,198.
(5) DAVID M. MAZOWER	40.00									
EDITORIAL DIRECTOR						X		133,646.	0.	16,588.
(6) RANDI SILNUTZER	40.00									
DIRECTOR OF OPERATIONS						X		112,249.	0.	28,165.
(7) LISA NEWMAN	40.00									
DIRECTOR OF PUBLIC PROGRAM						X		116,410.	0 .	16,083.
(8) REBECKA MCDOUGALL	40.00									
DIRECTOR OF COMMUNCATION						X		103,635.	0.	21,724.
(9) MADELINE COHEN	40.00									
ACADEMIC DIRECTOR						X		103,866.	0.	14,790.
(10) PENINA M. GLAZER	1.00									
DIRECTOR		Х						0 •	0.	0.
(11) ABBY J COHEN	1.00									
DIRECTOR		X						0	0.	0.
(12) ARTHUR HORWITZ	1.00									
DIRECTOR		X						0 **	0.	0.
(13) DANNY GREENSPUN	1.00									
DIRECTOR		Х						0	0.	0.
(14) ZACHARY GOZALI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID STEINER	1.00									
DIRECTOR		X				$\perp$		0.	0.	0.
(16) DEBRA CAPLAN	1.00									
DIRECTOR		X						0.	0.	0.
(17) EMILY BOWEN COHEN	1.00									
DIRECTOR		X						0.	0.	0.

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus					_				04-2708	8 / 8 Page
(A)	(B)	, oy		((	C)		. 0	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	lee or director	not c unle:	ss per	nore son i recto	Highest compensated A/4 or expendingee	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(18) ELAINE DRIKER DIRECTOR	1.00	Х						0.	0.	0.
(19) WALTER A. WINSHALL DIRECTOR	1.00	Х						0.	0.	0.
(20) IRA J. WAGNER CHAIR	1.00	Х						0.	0.	0
(21) JEREMY DAUBER DIRECTOR	1.00	Х						0.	0.	0
(22) JOSH LAMBERT DIRECTOR	1.00	х						0.	0.	0
(23) KENNETH TURAN DIRECTOR	1.00	х						0.	0.	0
(24) LAWRENCE KAPLEN VICE CHAIR	1.00	Х						0 -	0 .	0
(25) LEE HUTT CLERK	1.00	Х						0 -	0.	0 .
(26) SHARON KARMAZIN DIRECTOR	1.00	х						0.	0.	0
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	l, Section A	+++++	4 4 4 4 4 4	1+1-1-1				1,529,375. 0. 1,529,375.	0. 0. 0.	232,608

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TECH ROOFING SERVICE		
896 SHERIDAN STREET, CHICOPEE, MA 01020	ROOFING	386,964.
COPLON & COMPANY, 1112 MONTAN AVENUE,		
#453, SANTA MONICA, CA 90402	PRINTING/MAILING	374,718.
STUDLEY PRESS, INC.		
151 E. HOUSATONIC STREET, DALTON, MA 01226	PRINTING	176,387.
ALEXANDER ISLEY INC DESIGN		
9 BROOKSIDE PLACE, REDDING, CT 06896	DESIGN	153,204.
		I

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 NATIONAL	YIDDISH	E	3OC	K	CE	NT	ER	INC.	04-270	8878
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	p or d	ee			sated		(W-2/1099-MISC)		organization and related
	related organizations	ruslee	Irus		9	прел				organizations
	below	duall	ltiona	_	mplo)	sl co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LIEF D. ROSENBLATT	1.00									
DIRECTOR		Х						0.	0.	0.
(28) RUTH STARK	1.00									
DIRECTOR		Х						0.	0.	0.
(29) LUIS LAINER	1.00									
DIRECTOR		Х						0.	0.	0.
(30) MARTIN I. BRODER	1.00		П							
DIRECTOR		X						0.	0.	0.
(31) NINA SCHOR	1.00									
DIRECTOR		Х						0.	0.	0.
(32) LEONA KERN	1.00									
DIRECTOR		X						0.	0.	0.
(33) JESSE ABRAHAM	1.00									
DIRECTOR		X						0.	0.	0.
(34) BARBARA SERIL	1.00									
DIRECTOR		X						0.	0.	0.
			_	<u></u>				<u></u>		
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Total to Part VII, Section A, line 1c										

Form 990 (2022) 04 - 2708878Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 , Gifts, Grants illar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9,574,827 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 10,447,718. h Total. Add lines 1a-1f **Business Code** 200,808. 2 a PROGRAM FEES 459210 200,808. Program Service SHIPPING 459210 33,343. 33,343, f All other program service revenue 234,151. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,052,965. 1052965 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 11,950. 6 a Gross rents **b** Less: rental expenses 11,950. c Rental income or (loss) 11,950. 11,950. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss)  ${\bf 8}~{\bf a}~{\bf Gross}$  income from fundraising events (not including \$ \_ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 185,592. and allowances 125,786. **b** Less: cost of goods sold 59,806. c Net income or (loss) from sales of inventory 59,806. **Business Code** d All other revenue e Total. Add lines 11a-11d

1052965.

11,806,590.

12 Total revenue. See instructions

305,907.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 4,500. 4,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 63,745. 63,745. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 301,976. 225,737. 1,057,241. 529,528. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,957,626. 212,108. 406,279. 2,576,013. 7 Other salaries and wages Pension plan accruals and contributions (include 149,759. 11,959. 113,291. 24,509. section 401(k) and 403(b) employer contributions) 8,652. 270,496. 61,097. 340,245. 9 Other employee benefits 15,431. 189,578. 147,156. 26,991. Pavroll taxes 10 Fees for services (nonemployees): a Management 9,755. 5,423. 4,332. b Legal 19,100. 19,100. **c** Accounting e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 421,945. 1,273,147. 713,775. 137,427. column (A), amount, list line 11g expenses on Sch O.) 60,308. 2,456. 34,866. 97,630. Advertising and promotion 12 359,799. 182,203. 71,969. 105,627. 13 Office expenses 380,851. 292,052. 49,939. 38,860. Information technology 14 78. 78. 15 Royalties 6,904. 258,519. 227,003. 24,612. Occupancy 16 214,594. 105,679. 18,465. 90,450. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 23,769. 23,769. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 20,545. 38,743. 364,863. 424,151. Depreciation, depletion, and amortization 22 24,597. 10,133. 78,885. 44,155. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 67,222. 66,539. 683. a CONTRACT LABOR 55,775. 19,204. 4,293. 32,278. b BANK CHARGES 12,407. c OTHER MISCELLANEOUS 20,312. 7,905. 6,909. 128. 4,774. 2,007. d STAFF DEVELOPMENT e All other expenses 7,671,577. 5,174,566. 965,014. 1,531,997. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 956-720)

Form 990 (2022)

art X						
	Check if Schedule O contains a response or no	te to any	line in this Part X	/A)	*********	(P)
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		650.	1	650	
2	Savings and temporary cash investments		5,342,633.	2	3,900,601	
3	Pledges and grants receivable, net			9,501,236.	3	13,090,803
4					4	
5	Loans and other receivables from any current o	r former	officer, director,	ATT STORY OF THE STORY	5.70	
	trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%		No.	
ľ	controlled entity or family member of any of the	ns		5		
6	Loans and other receivables from other disqual	fied pers	ons (as defined			
	under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			186,626.	8	334,418
و ا					9	
10a	a Land, buildings, and equipment: cost or other		45 004 500			
	basis. Complete Part VI of Schedule D	10a	15,824,733.	0.145.012		0.100.100
k	Less: accumulated depreciation	7.0.70	6,652,596.	8,147,013.	10c	9,172,137
11	Investments - publicly traded securities			40,801,242.	11	45,252,898
12	Investments - other securities, See Part IV, line			12		
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets				14	
15				63,979,400.	15	71,751,507
16	Total assets. Add lines 1 through 15 (must equ			198,915.	16 17	369,004
17	Accounts payable and accrued expenses		170,713.	18	303,003	
18	Grants payable			19		
20	Deferred revenue Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete		of Schedule D		21	
00	Loans and other payables to any current or form					
22	trustee, key employee, creator or founder, subs				1160	
	controlled entity or family member of any of the			22		
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate		1		24	
25	Other liabilities (including federal income tax, page 1)					
	parties, and other liabilities not included on line	s 17-24)	Complete Part X			
	of Schedule D		*****************************	176,763.	25	229,080
26	Total liabilities. Add lines 17 through 25	300003000000000		375,678.	26	598,084
	Organizations that follow FASB ASC 958, ch	eck here	X		TALE.	
	and complete lines 27, 28, 32, and 33.		1		180	
27	Net assets without donor restrictions		(((444))4447777447774447144447144	32,569,165.	27	37,071,777
28	Net assets with donor restrictions			31,034,557.	28	34,081,646
	Organizations that do not follow FASB ASC !	ck here				
	and complete lines 29 through 33.		1		0.15	
29	Capital stock or trust principal, or current funds			29		
30	Paid-in or capital surplus, or land, building, or e		The state of the s		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated in	ANAMAN S	62 602 777	31	71 152 /12	
				63,603,722.	32	71,153,423
33	Total liabilities and net assets/fund balances			03,313,400.	33	71,751,507 Form <b>990</b> (20)

	t XI Reconciliation of Net Assets			-	ray	0			
Fai						v			
	Check if Schedule O contains a response or note to any line in this Part XI			**************************************	0000	X			
			11	0.0	C E (	0.0			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,59				
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,5' 5,0:				
3									
4									
5	Net unrealized gains (losses) on investments	5	3	, 40	7,88	39.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			6,75	<u>99.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	71	,15	3,42	<u>23.</u>			
Pai	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			15/1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1			The later			
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			85%	18				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			SE.				
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		- [						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
				Form	990	(2022)			

#### SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Name of the organization Employer identification number 04 - 2708878NATIONAL YIDDISH BOOK CENTER INC. 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported ia document (described on lines 1-10 support (see instructions) support (see instructions) organization No 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	· · · · · · · · · · · · · · · · · · ·	11.			****	
	membership fees received. (Do not						
	include any "unusual grants.")	6494239.	7427215.	5061863.	11240963.	10447718.	40671998.
2	Tax revenues levied for the organ-						-
_	ization's benefit and either paid to						
	or expended on its behalf	1					
2	The value of services or facilities						-
J	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6494239.	7427215.	5061863	11240963.	10447718.	40671998.
	The portion of total contributions	0434233.	7427213.	30010031	11210505.	COLUMN COL	100,13301
5	•						
	by each person (other than a						
	governmental unit or publicly	No. of the latest and					
	supported organization) included						
	on line 1 that exceeds 2% of the			CAN DESCRIPTION			
	amount shown on line 11,						1016272
	column (f)						1016272.
	Public support, Subtract line 5 from line 4.			THE SHOOT IN	SAN CHARLE	011/2-12/14/15	39655726.
	ction B. Total Support	72.	(2)(3)		2007-200-00	T strategy	10 = 1 1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6494239.	7427215.	2001803.	11240963.	1044//18.	40671998.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	714,236.	739,815.	658,744.	755,464.	1052965.	3921224.
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		Escuella Marillesi					44593222.
12	Gross receipts from related activities,	etc. (see instruction	ons)		ivstvittavitten tempe	12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi		centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	88.93 %
	Public support percentage from 2021					15	88.07 %
16a	33 1/3% support test - 2022. 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						
ŀ	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	·	viriow are organi.	
L	10% -facts-and-circumstances test	•					
Ĺ	more, and if the organization meets the	_					1070 01
	organization meets the facts-and-circle						
10	Private foundation. If the organization						S
10	Trivate roundation. If the organization	and not check a	DOX OF INTO TO, TO	a, 100, 17a, 01 171	o, orioon triis box e		(Form 990) 2022

Schedule A (Form 990) 2022 NATIONAL YIDDISH BOOK CENTER INC.

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

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

Se	ction A. Public Support					//	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
_	7/03/03/7/2017			<b> </b>			_
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<b>.</b>		
	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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> </u>		
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		PARTICIPATE STILL	SPATISTICS		Steel Market	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	le organization's fi	irst second third	fourth, or fifth tax	vear as a section	501(c)(3) organizați	กก
1-7	check this box and stop here	je organization s n	irst, accord, triird,	Tourth, or mar tax	year as a section	oo regamean	
Se	ction C. Computation of Publi	c Support Per	rcentage				
_	Public support percentage for 2022 (I			column (fl)		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			***************************************		1,701	
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage from :		B + 10 E 47			18	%
	a 33 1/3% support tests - 2022. If the			on line 14, and line			
136	more than 33 1/3% check this box ar						51100
	33 1/3% support tests - 2021. If the	•	_				and
1	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	rrivate toundation, it trie organization	n did not check a	DOX OF HITE 14, 19	a, or rau, check th	IIIS DUX AITU SEE III	30 JULIO 13	• (5

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V-- N-

#### 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

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

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THE RESERVE OF THE PERSON NAMED IN	BOS :
	ALC: ALL

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	S. S.	23	I I I
	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		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		1.01	0,23
· ·	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	110		
	Section 4. De Francis Samin Branderin Quarte Quarter construction		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1 8 0	165	140
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		8 7	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		700	1
	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	BOLLEGE	PODM.	200
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1055	10 20
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,		The state of	N. S.
Cara	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
7	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			300
	the supported organization(s).	_1_		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		7	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			TO THE
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			Mary
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1130
	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	1.00		
	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		U V	
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tuintinn	el.	
2	Activities Test. Answer lines 2a and 2b below.	truction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	10.0	103	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			3 3
			20.011	il excel
	those supported organizations and explain how these activities directly furthered their exempt purposes,			181
	how the organization was responsive to those supported organizations, and how the organization determined	0	gatesow.	100000
	that these activities constituted substantially all of its activities.	2a	1000	(1) N
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		Da	36
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		ALIE,	Bil
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0.75%	100	ILEY.
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.		Mar.	2011
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			3.76
	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			DXC.
	of its supported erganizations? // www.w.w.w.w. Dort VI //	26	III - 1	all .

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Schedule A (Form 990) 2022

1	Adjusted net income for prior year (from Section A, line 8, column A)	1_1_		
2	Enter 0.85 of line 1,	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting organization (s	ee
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

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

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

2022
Open to Public Inspection

Name of the organization

NATIONAL YIDDISH BOOK CENTER INC.

Employer identification number 04-2708878

Pai	rt I Organizations Maintaining Donor Advised F		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exc	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai	irt II   Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization (		
	Preservation of land for public use (for example, recreation		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	- Treservation o	a definited historic structure
2	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.	conscivation continuation in the form	Held at the End of the Tax Year
а			
_			
b	-	emonomentorius	NOTE OF THE PERSON OF THE PERS
c			20
d	. , .		
	historic structure listed in the National Register  Number of conservation easements modified, transferred, releas	ad artinguished at terminated by the	
3		ed, extinguished, or terminated by the	e organization during the tax
	year	out is leasted	
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	iding of violations, and emorcing con	servation easements during the year
-	A		
7	Amount of expenses incurred in monitoring, inspecting, handling	or violations, and enforcing conserva	ation easements during the year
	Described as the College of the Coll	-4:-6:-4b	A-VAVDVE
8	Does each conservation easement reported on line 2(d) above sa		
_			
9	In Part XIII, describe how the organization reports conservation of		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements.  Int III Organizations Maintaining Collections of A	t Historical Treasures or O	ther Similar Assets
I al	Complete if the organization answered "Yes" on Form 99		arei Ommai 71550to.
:-			and bedress about the
та	If the organization elected, as permitted under FASB ASC 958, r	· ·	
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, t		
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	ringun aras aras manana manana un ann	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu	res, or other similar assets for financia	
	the following amounts required to be reported under FASB ASC	-	
а			
b	Assets included in Form 990, Part X		

 $LHA \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule D (Form 990) 2022

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		YIDDISH E				Othor				Page 2
As I have	t III Organizations Maintaining C		ALC: NO STATE OF THE PARTY OF T	and the latest and th					(continu	red)
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the fo	ollowing that r	make sig	gnificant ı	use of its		
	collection items (check all that apply):		77							
а	X Public exhibition	d			nange progran	n				
b	X Scholarly research	е		ther			_			-
С	X Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit or								1	<b>.</b>
-	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatior	n answered "Y	es" on	Form 990	), Part IV, I	line 9, or	
_	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						ncluded		٦	[ <del>3</del> 7]
	on Form 990, Part X?			1954,000,01919,110				558355555	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing ta	ble:				11		
							-		Amount	
	Beginning balance						1c			
ď	Additions during the year						1d			
е		*142****141****11****11****17***					1e			
f	Ending balance						1f		_	
	Did the organization include an amount on Fo						ty?		Yes	U No
	If "Yes," explain the arrangement in Part XIII.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Par	t V   Endowment Funds. Complete								100 W.	
		(a) Current year		ior year	(c) Two years			years back		
1a	Beginning of year balance	40,315,515.		128,274.	36,838			64,658.		624,688.
b	Contributions	1,378,456.		723,583.		502.		85,197.		319,427.
С	Net investment earnings, gains, and losses	4,321,226.	-5,	220,067.	7,631	,681.	3,9	60,553.		423,688.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,454,529.	1,	316,276.	1,175	,696	1,0	71,621.	1,	003,145.
f	Administrative expenses									
g	End of year balance	44,560,668.		315,515.	44,128	,274.	36,8	38,787.	31,	364,658.
2	Provide the estimated percentage of the curr		e (line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment	37.0000	_%							
b	Permanent endowment 63.0000	<u>%</u>								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held an	d administere	ed for the	е			
	organization by:								_	Yes No
	(i) Unrelated organizations		,,,		are the new transfer	ministra		TOTAL CONTRACT	3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds.						
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990,	Part X, I	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ad	ccumulat	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	preciation			
1a	Land				0,000.			10 10		0,000.
	Buildings			12,12	1,755.	5,2	262,1	78.	6,859	577.
	Leasehold improvements									
	Equipment			1,11	8,827.	8	375,9	55.	242	8,872.
	Other				4,151.	5	514,4	63.	1,869	,688.
	L Add lines 1a through 1e (Column (d) must s		V. colum							137.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o	n Form 990, Part IV. line	11b. See Form 990, Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			No allogation (c. c.)
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		TO THE PERSON OF	AVAILAN 2 100 X 0
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d. See Form 990. Part X. line 15	
	Description	7141 000 10111 000, 1 411 7, 1110 10.	(b) Book value
(1)			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITY			229,080
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

229,080.

(6)(7) (8)

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b 2c c Other losses 125,786 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 information.

#### PART III, LINE 1A:

IN ACCORDANCE WITH THE PRACTICE USUALLY FOLLOWED BY ORGANIZATIONS THAT MAINTAIN COLLECTIONS, THE CENTER DOES NOT CARRY ITS COLLECTIONS ON THE SINCE ITEMS ACQUIRED FOR COLLECTIONS BY STATEMENT OF FINANCIAL POSITION. PURCHASE ARE NOT CAPITALIZED, THE COST OF THOSE ACQUISITIONS ARE REPORTED AS DECREASES IN THE NET ASSETS IN THE STATEMENT OF ACTIVITIES. PROCEEDS FROM ITEMS DISPOSED OF ARE REPORTED AS INCREASES IN THE APPROPRIATE CLASS OF NET ASSETS IN THE STATEMENT OF ACTIVITIES.

#### PART III, LINE 4:

AS DISCUSSED IN LINE 1A, THE ORGANIZATION HOLDS A BOOK COLLECTION THAT

CONSISTS OF RARE YIDDISH BOOKS. MANY OF THE TITLES HELD IN THE COLLECTION

30

Schedule D (Form 990) 2022

125,786.

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  NATIONAL Y	ZIDDISH B	OOK CENTER	INC.				Employer identification number 04-2708878
Part I General Information on Grants an							
Does the organization maintain records to criteria used to award the grants or assist.     Describe in Part IV the organization's proc	ance? cedures for moni	toring the use of grant	t funds in the United	States.	;		X Yes No
Part II Grants and Other Assistance to D recipient that received more than \$5	omestic Organi 5.000. Part II car	izations and Domesti be duplicated if addit	c Governments. (	Complete if the organical complete if the organical complete if the organical complete in the or	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an		-					linen
3 Enter total number of other organizations	listed in the line	1 table	ari Waring Wang	White Wasting Walling			

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

Schedule I (Form 990) 2022

232101 10-31-22

Schedule I (Form 990) 2022 NATIONAL YIDDIS	H BOOK CI	ENTER INC.			04-2708878	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
STEINER PROGRAM	18	13,500.	0			
TRANSLATION FELLOWSHIP	20	50,000	0.			
Part IV Supplemental Information, Provide the information rec	quired in Part I, lin	ne 2: Part III. column	(b); and any other ac	dditional information.		
PART 1, LINE 2:						
INTERNS ARE SELECTED BASED ON COMP	ETENCY AN	D WORK UNI	DER THE SUP	ERVISION		
OF PROGRAM MANAGERS IN SUPPORT OF						
Of Thousand Indiana						
TRANSLATION FELLOWS ARE COMPETITIV	ELY SELEC	CTED AND WO	ORK CLOSELY	WITH		
MENTORS AND ARE IN REGULAR CONTACT						
MONITORS PROGRESS						

33

232102 10-31-22

Schedule I (Form 990) 2022

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

2022

OMB No. 15-15-00-17

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

NATIONAL YIDDISH BOOK CENTER INC.

Employer identification number 04-2708878

Pa	rt I Questions Regarding Compensation	990		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		-17	72 i =
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	F	NU	
	First-class or charter travel  Housing allowance or residence for personal use		- 27	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees		58.8	
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)	52	4	
			WE S	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		HY	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		YARE	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			TINE:	7 28
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	11 2		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	144	370	
	X Compensation committee	(E) - 1	E	
	X   Independent compensation consultant   X   Compensation survey or study			1856
	Form 990 of other organizations  X Approval by the board or compensation committee	20	Mir.	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		all in	
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1 30	0.5	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	St. 15		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			118
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		0.0	Enl
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	51.0	1000	ii e
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	S. 475	113	3 10 3
	initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	M) E	3	m C
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 NATIONAL YIDDISH BOOK CENTER INC. 04-2708878

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099 MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AARON LANSKY	(i)	319,911.	0.	0.	0.	57,446.	377,357.	0.
PRESIDENT	(ii)		0.	0.	0.	0.	0.	0.
(2) SUSAN BRONSON	(i)	276,352.	0.	0.	0.	39,808.	316,160.	0.
EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
(3) ROBERT LOEB	(i)	189,779.	0.	0.	0.	16,806.	206,585.	0.
CFO & TREASURER	(ii)		0.	0.	0.	0	0 *	0
(4) HILTON JANKELOWITZ	(i)	173,527.	0.	0.	0.	21,198.	194,725.	0.
DEVELOPMENT DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
(5) DAVID M. MAZOWER	(i)	133,646.	0.	0.	0.	16,588.	150,234.	0.
EDITORIAL DIRECTOR	(ii)	0.	0.	0 .	0.	0.	0.	0 .
	(i)							
	(ii)				-			
	(i)							
	(ii)							
	(i)							
	(ii)							
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<u></u>	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022	NATIONAL YIDDISH BOOK CENTER INC.	04-2708878	Page 3
Part III Supplemental Informat			
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa	art II. Also complete this part for any additional information.	
<del>-</del>			
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-			
		Schedule J (Form	990) 2022

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

#### Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization 04 - 2708878NATIONAL YIDDISH BOOK CENTER INC. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 h) Approved (i) Written (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the principal amount default? agreement? interested person with organization of loan committee? organization? Yes No Yes No No To From Yes \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (c) Amount of (d) Type of (e) Purpose of (a) Name of interested person (b) Relationship between assistance interested person and assistance assistance the organization

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

Schedule L (Form 990) 2022

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of	(e) Sharing of organization's revenues?  Yes No	
	person and the organization	transaction	transaction		
DEBRA CAPLAN	DIRECTOR	250.	PROVISION O		Х
		=			
Part V Supplemental Information.  Provide additional information for re	esponses to questions on Schedule L (see in	nstructions).	J.		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: DEBRA	A CAPLAN				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	ON:		
DIRECTOR					
(C) AMOUNT OF TRANSACTION	N \$ 250.				
(D) DESCRIPTION OF TRANSA	ACTION: PROVISION OF S	ERVICES			
(E) SHARING OF ORGANIZATI	ION REVENUES? = NO				
					=====

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

NATIONAL YIDDISH BOOK CENTER INC.

Employer identification number 04-2708878

Par	ti lypes of Pi	roperty				γ			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			5
1	Art - Works of art								
2	Art - Historical treasur								
3	Art - Fractional interes	sts							
4		ns		and the second					
5		old goods							
6		es							
7		***************************************							
8	Intellectual property								
9	Securities - Publicly tr	aded	X	4	163,964.	FAIR MARKET	VA:	LUE	
10		eld stock							
11	Securities - Partnersh								
		nesenviron environment							
12	Securities - Miscellane	eous							
13	Qualified conservation								
14		n contribution - Other							
15		tial							
16		rcial							
17									
18 19									
20		ipplies							
21		inplies							
22									
23		***************************************							7
24		S							
25	- W	)							
26		j							
27		)							
28	Other (								
29	Number of Forms 828	83 received by the organia	zation during	g the tax year for c	ontributions				
	for which the organization	ation completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
								Yes	No
30a	During the year, did to	he organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throu	gh 28, that it	ik yau	0.5%	
	must hold for at least	3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			-
		the entire holding period	?			section sequences on countries.	30a		X
b	·	arrangement in Part II.						E	ii ne
31									
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						Х		
b	If "Yes," describe in F							345	Eite
33	If the organization did	dn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked,			
	describe in Part II.								
1 I I A		the state A salable at the salable at	AL - I - Alman	Li	n	Cabadula N		$\sim 0000$	$\alpha \alpha $

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

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	NATIONAL	YIDDISH	BOOK	CENTER	INC.	04-2708878	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I Information.	Provide the info	ormation re ributions.	equired by Part the number of	t I, lines 30b, items receive	32b, and 33, and whether the organiza ed, or a combination of both. Also comp	tion olete
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D.								
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Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service 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.

2022
Open to Public Inspection

Name of the organization

NATIONAL YIDDISH BOOK CENTER INC.

Employer identification number 04-2708878

111111111111111111111111111111111111111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTURE TO ADVANCE A FULLER UNDERSTANDING OF JEWISH HISTORY AND
IDENTITY. THE CENTER ENGAGES DIVERSE, WORLDWIDE AUDIENCES, GENERATING
ENTHUSIASM, KNOWLEDGE, AND COMMITMENT TO THE HISTORY AND FUTURE OF
YIDDISH AND JEWISH CULTURE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HISTORY AND FUTURE OF YIDDISH AND JEWISH CULTURE.
<del></del>
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
YIDDISH BOOKS AND DISTRIBUTES THESE BOOKS TO LIBRARIES, SCHOLARS, AND
STUDENTS. THESE MATERIALS ARE ALSO AVAILABLE FREE OF CHARGE ONLINE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCHOOL, A WEEKLONG RESIDENTIAL YIDDISH PROGRAM FOR ADULTS TAKES PLACE
EVERY SPRING AND ONLINE YIDDISH CLASSES ARE OFFERED ANNUALLY. THE
CENTER CREATED A NEW BEGINNING YIDDISH LANGUAGE TEXTBOOK WHICH WAS
PUBLISHED IN SUMMER 2020 AND HAS SOLD MORE THAN 2500 COPIES. BASED ON
THIS TEXTBOOK, THE CENTER TRAINS AND MENTORS YIDDISH LANGUAGE TEACHERS
AND IS CREATING A CERTIFICATION PROCESS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TRANSLATION AND PUBLICATIONS - THE CENTER PUBLISHES AND DISTRIBUTES AN
ENGLISH LANGUAGE MAGAZINE, PAKN TREGER, WHICH ENHANCES ITS EDUCATIONAL
OUTREACH. THE MAGAZINE IS SENT TO MORE THAN 20,000 MEMBERS AND FRIENDS.
THE CENTER ALSO PUBLISHES A DIGITAL TRANSLATION ISSUE OF PAKN TREGER.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  232211 10-28-22

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Name of the organization

NATIONAL YIDDISH BOOK CENTER INC.

Employer identification number 04-2708878

WHITE GOAT PRESS IS THE CENTER'S PUBLISHING IMPRINT WITH A MISSION OF

BRINGING NEW YIDDISH LITERATURE TO ENGLISH READERS. THE CENTER HAS A

TRANSLATION FELLOWSHIP PROGRAM FOR ASPIRING YIDDISH TRANSLATORS AND HAS

TRAINED MORE THAN 80 TRANSLATORS TO DATE. THE CENTER ALSO REGULARLY

PUBLISHES NEW CONTENT ON ITS WEBSITE AND DISTRIBUTES THIS CONTENT

THROUGH EMAIL AND SOCIAL MEDIA. THE CENTER HAS A NEW E-PUBLICATION,

"THE WEEKLY READER" TO CONNECT AUDIENCES TO ARTICLES, INTERVIEWS,

PODCASTS AND MORE FROM THE CENTER'S DIGITAL COLLECTIONS.

EXPENSES \$ 756,323. INCLUDING GRANTS OF \$ 54,745. REVENUE \$ 13,038.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO ACT ON BEHALF OF THE BOARD

OF DIRECTORS ON ANY MATTER WITHIN THE AUTHORITY OF THE BOARD WHERE THE

CHAIRPERSON DETERMINES THAT ACTIONS MUST BE TAKEN BEFORE THE NEXT REGULAR

MEETING OF THE BOARD.

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

BOARD MEMBERS RECEIVE A COPY OF THE DRAFT FILING BEFORE SUBMISSION FOR
REVIEW AND ASKED TO RAISE ANY COMMENTS, QUESTIONS OR CONCERNS WITH THE
PRESIDENT, EXECUTIVE DIRECTOR OR TREASURER PRIOR TO SUBMISSION.

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

THE BOOK CENTER REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY BY PERIODICALLY REMINDING DIRECTORS OF

THE POLICY TO IDENTIFY ANY PERCEIVED OR REAL CONFLICT OF INTEREST AND TO

ABSTAIN FROM VOTING ON ANY SUCH AFFAIRS.

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

Employer identification number Name of the organization NATIONAL YIDDISH BOOK CENTER INC. 04-2708878 EVERY TWO YEARS, THE HUMAN RESOURCES COMMITTEE CONDUCTS A REVIEW OF THE SALARIES OF THE TOP EXECUTIVES OF THE YIDDISH BOOK CENTER BASED ON THE GUIDESTAR NON-PROFIT COMPENSATION REPORT, AN INDEPENDENT PUBLIC SURVEY. THE HUMAN RESOURCES COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. IN 2021, ENGAGED AN INDEPENDENT CONSULTANT TO PERFORM THE COMPENSATION REVIEW. FOLLOWING DISCUSSION, THE BOARD MAKES FINAL DETERMINATIONS REGARDING EXECUTIVE SALARIES, INCLUDING THE PRESIDENT AND EXECUTIVE DIRECTOR, AND DISCUSSES THE SALARIES OF OTHER KEY OFFICERS, MANAGERS, AND OTHER EXECUTIVES. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MA, AL, AK, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, WA WV, WI, VA, CA, CO, CT, DC, FL, GA, IL FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE. IN ADDITION THE ATTORNEY GENERAL MAINTAINS A COPY OF THE 990. FURTHER THE 990 IS AVAILABLE VIA THE GUIDESTAR.ORG WEBSITE AND THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS FURNISHED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES FOR SERVICE: 713,775. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 137,427. 421,945. FUNDRAISING EXPENSES 1,273,147. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,273,147. Schedule O (Form 990) 2022 232212 10-28-22

Schedule O (Form 990) 2022  Name of the organization	Employer identification number
NATIONAL YIDDISH BOOK CENTER INC.	04-2708878
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST	6,799.
<del></del>	
<del></del>	