



Universal Service
Administrative Co.

Payment Quality Assurance Program

Schools and Libraries – CONFIRMATION LETTER

DATE: NOV Dec 2016

Recently, you received a notice from the Universal Service Administrative Company (USAC) indicating that a payment or discount you received from the federal Universal Service Schools and Libraries Program was being assessed for compliance with program rules. USAC, as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under Sections 54.516 and 54.707 of the FCC's rules, has selected this payment or discount for assessment under the Payment Quality Assurance (PQA) program. The purpose of the PQA program is to prevent waste, fraud and abuse of universal service funds by determining if payments made from the Schools and Libraries Program were accurate, properly documented, and in compliance with FCC rules as set forth in Title 47, Part 54 of the Code of Federal Regulations.

Please enter all the requested information describing the payment under examination. You can find this information in the letter notifying you of selection for PQA assessment.

Case ID: SL-2016-02 CASE 036
BEN: MESINTA NESINOS HATAUMUP
Beneficiary: 16046039
FRN: 2700285
SPIN: 143036197
Service Provider: Select Central
Funding Year: 2015
Customer Billed Date or Customer Service Product Delivery Date: 11/1/2015
Disbursement Amount: 1620
Disbursement Date to Service Provider: 2/29/2016

Please complete the Beneficiary Confirmation section below and return the original signed and dated version to USAC within 10 days of the date of this letter. Failure to accurately and fully provide all of the information requested in this letter by the due date may result in suspension or cancellation of current and future funding requests and/or recovery of funds previously paid under the Schools and Libraries Program pursuant to 47 C.F.R. § 54.707.

Sincerely,

USAC

Case ID: SL-2016-Q-036

Beneficiary Confirmation

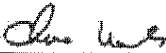
In connection with this assessment, we would appreciate your cooperation in confirming the following information:

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. All of the services and/or products for the above FRN were received and utilized within the funding year. Beginning July 1 of the funding year, Category One services as well as Basic Maintenance of Internal Connections have a 12-month funding period, while Internal Connections services have a 15-month period. If the above FRN has been granted an extension, the funding period ends when the extension expires. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The beneficiary requested, and funds were disbursed, only for eligible services and/or products. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All of the services and/or products were used only by entities noted on Block 4 of the FCC Form 471 (Funding Years 2014 and prior) or by entities listed as a Recipient of Service (Funding Years 2015 and later). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The beneficiary has an Internet Safety Policy adopted and enforced, including a technology protection measure in place that protects against Internet access by both adults and minors to visual depictions that are obscene, child pornography, or content harmful to minors on computers accessed by minors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The beneficiary is either (1) a public entity or (2) a non-public entity that does not have an endowment exceeding \$50 million during the funding year under review. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. A Technology Plan for the FRN identified on the notification letter was in place for the FRN during the funding year under review, except for basic telephone services requests for all funding years, FY 2010 or later requests for Voice Over Internet Protocol (VoIP), FY 2011 or later telecommunication services and Internet access (Category One service categories), and all FY 2015 or later funding requests. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you did not check a box, or selected "no" for any of the above, or wish to provide additional information, please provide a detailed explanation on separate sheet(s) of paper, and include with the signed and dated version of the letter you are returning to USAC. The additional information you are providing on separate sheet(s) is made a part of this letter, and the certification you are providing covers the information on the separate sheet(s).

I am a duly authorized officer of the beneficiary that received the federal Universal Service Schools and Libraries Program funding listed above and I certify that the information provided is true and correct.

Printed name of the person completing this form: CHANA WOLNER

Signature: 

Title: ADMIN

Date: 12/19/2016



PAYMENT QUALITY ASSURANCE PROGRAM

Notification of Federal Universal Service Fund Schools and Libraries Program Payment Quality Assessment

CASE ID: SL-2016-02-Case-036

November 3, 2016

Dear Chana Wolner,

The Beneficiary referenced below received a payment or discount through the federal Universal Service Schools and Libraries Program. The Universal Service Administrative Company (USAC), as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under Sections 54.514, 54.516 and 54.707 of the FCC's rules, has selected the payment referenced below for assessment under the Payment Quality Assurance (PQA) program. The purpose of the PQA program is to prevent waste, fraud and abuse of universal service funds by determining if payments made from the Schools and Libraries Program were accurate, properly documented and in compliance with FCC rules as set forth in Title 47, Part 54 of the Code of Federal Regulations.

As the recipient or beneficiary of this funding, you are required to respond fully to the requests for documentation detailed in this letter. Please read this letter carefully and follow all instructions within the designated timeframe. The USAC website will provide additional information and frequently asked questions (FAQ).

The following information should enable you to identify the payment being assessed. Please keep this information for your records, as you may need to refer back to your case ID.

CASE ID: SL-2016-02-Case-036
BEN: MESIVTA NESIVOS HATALMUD
BENEFICIARY: 16046039
FRN: 2790285
SPIN: 143036197
SERVICE PROVIDER: Selectcentral Inc.
FUNDING YEAR: 2015
SLC INVOICE #: 2350688
CUSTOMER BILLED DATE: 11/1/2015
CUSTOMER SERVICE PRODUCT DELIVERY DATE: N/A
DISBURSEMENT AMOUNT: 1,620.00
DISBURSEMENT DATE TO SERVICE PROVIDER: 02/29/2016

What you need to do

1. Confirm receipt of this notification **within 2 business days** by replying in an email to **PQA@USAC.i-Sight.com**.
2. Click on this link to access the [PQA Program Confirmation Letter](#). Print and fill out the letter as appropriate. Once this letter has been signed and dated, please return it along with the items collected as per item 3 below (Document Request).
3. Return requested documentation. Included in this notification, you will find a **PQA Document Request Checklist**, which identifies the documentation needed to perform the assessment. Please read the instructions carefully and return all documentation to USAC.

Case ID: SL-2016-02-Case-036

Sending by email:

PQABUSAC.i-Sight.com

Sending by fax:

877-549-9036

Sending by US Mail:

USAC

Payment Quality Assurance Program - SL
700 12th Street NW, Suite 900
Washington, DC 20005

If you have any questions regarding this notification, the payment being assessed, or the PQA program in general, you may contact a PQA Compliance Analyst at 866-348-5943.

Thank you in advance for your cooperation and quick response to our payment inquiry.

USAC - Payment Quality Assurance Program

PQA Document Request Checklist

CASE ID: SL-2016-02-Case-036

BENEFICIARY: MESIVTA NESIVOS HATALMUD

INSTRUCTIONS:

Please review the list of documents below. These documents must be collected, labeled, and delivered to USAC within 10 business days of the date of this notification. Please note that:

- If you have not acknowledged the receipt of the PQA notification, please do so immediately by replying to the email.
- All documents requested below are required for USAC to perform a full assessment of the payment selected for examination.
- Each document submitted to USAC in reference to the PQA Program should contain its associated Case ID Number and Document Reference Identifier.
- All document identifiers should be written clearly in the upper right-hand corner of all documents submitted.

BENEFICIARY DOCUMENTATION REQUESTED

DOCUMENT REFERENCE IDENTIFIER

1. **For non-public entities only:** A document that indicates the beneficiary's non-profit or government subdivision/unit status. Examples include: most recent audited financial statement (stating the type of entity or requiring compliance with Single Audit procedures) or IRS Not-for-Profit Determination Letter.
2. **For non-public entities only:** A document that indicates status as a primary/secondary school/district, or library eligible under Library Services and Technology Act (LSTA). Examples include: items from Document Reference Identifier A, website, or other published or official document.
3. **For libraries only:** The general budget for the library or library system's finances relating to the funding year under review.
4. List of all entity names and entity numbers (at the school/library branch level) that received products and/or services associated with the FRN identified on this notification letter. **Please include the physical address and county of all entities.**
5. Service Provider bill(s) related to the Customer Billed Date or Customer Service Product Delivery Date identified on the notification letter that support(s) the disbursement under review.

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✓

✓

✓

✓

✓

MESIVTA
NESIVOS
HATALMUD

ENTITY 16046039
1640 44th St
Brooklyn NY 11204

Contract.

11. Proof of payment **to the service provider** for the relevant service provider bill(s) provided under Document Reference Identifier E:

a. Proof of payment, e.g. the front of the payment check(s), subsequent bill(s) showing payment received, or a credit card statement.

AND

b. Proof the payment was deposited, e.g. the back of the payment check(s), monthly bank statement(s) showing the check(s) cleared, or a credit card statement.

12. If the FRN referenced above is for Internet Access, Internal Connections, or Basic Maintenance of Internal Connections, provide a brief description of how your entity was in compliance with the requirement of the Children's Internet Protection Act (CIPA). CIPA requires that a **technology protection measure** was in place that protected both adults and minors against obscene visual depictions or harmful web content, which could have been otherwise accessed through the beneficiary's computers. Please provide a statement to **include the following**:

- a. The name of the filtering product (e.g. Barracuda);
- b. The product title (e.g. Barracuda NG Firewall); and
- c. A description of the product's capabilities to secure the beneficiary's web content.
- d. If applicable, the documentation could instead include, for example, the contract number for the technology protection measure.

NOTE: Minutes from a Board Meeting are **NOT** sufficient documentation.

13. If the FRN referenced above included funding for Internal Connections, please provide:

- a. If the FRN included funding for the purchase of equipment, asset and inventory records reflecting equipment purchased for the Funding Year under review. This listing should include the following items:

- Make
- Model
- Serial number (if available)
- Current physical location (include room number)
- Date installed
- FRN
- Customer bill reference number(s)

- b. If the FRN included the installation of cabling, a floor plan or as built showing the locations of all cabling drops installed with the disbursement under review and all MDF/IDF locations.

K

L

SCHOOL USES A
SONICWALL AND
K9 CONTENT
FILTER

M

N/A

services AND charges associated with the FRN under review, and distinguish between eligible and ineligible charges; and

- c. Note on the bill the date the beneficiary first received the products and/or services for the funding year under review.

NOTE 1: If the undiscounted charges filed with USAC were incurred over more than one month and/or on more than one bill, be certain to send **ALL** the bills over which these undiscounted charges were incurred.

NOTE 2: If any single service provider bill related to the FRN under review exceeds 20 pages, or if the undiscounted charges are spread over more than 24 service provider bills, please contact the PQA Compliance Analyst prior to submitting service provider bills for review.

6. Copy of the service provider bill(s) showing the discount amount credited or a reimbursement check from the service provider for the disbursement amount under review.

NOTE 1: If providing a reimbursement check from the service provider, please also provide documentation showing it was deposited, such as the cancelled deposit slip or relevant bank statement.

NOTE 2: If the total amount on the discount credit or reimbursement check is larger than the disbursement under review, please provide the breakdown to substantiate that the disbursement is included in the discount or check total.

NOTE 3: If the discount amount credited consists of smaller credits that add to the disbursement under review, please provide all relevant bills and indicate how they add to form the disbursement under review.

7. The Technology Plan Approval Letter for the FRN identified on the notification letter, **except for** requests for basic telephone services for all funding years, FY 2010 or later requests for Voice Over Internet Protocol (VOIP), FY 2011 or later funding requests for telecommunication services and internet access (Priority One service categories), or all FY 2015 or later requests.

8. **For Consortia only:** Letters of Agency for entities listed on the Form 471 for the funding year identified on the notification letter. If your consortium does not require Documentation/LOAs as a result of laws governing the mandatory participation of all schools and/or libraries in your consortium, provide a copy of the state statute or regulation in regards to the mandatory participation of the consortium member entities.

9. Completed, printed, and signed Confirmation Letter, include **ALL** pages.

NOTE: Please provide a detailed explanation for any "no" answers. To access the Confirmation Letter, please click the link below:

[PQA Program Confirmation Letter](#).

10. Service Provider selection documentation that relates to the FRN under review:

- a. Bid evaluation worksheet(s) including criteria and weighting of the criteria or documents that support the service provider selection process.

If one bid or no bids were received, please provide a statement to that effect.

- b. Relevant contract(s) between the beneficiary and service provider, except for products and/or service covered by non-contracted tariff/month to month or State Master Contract.

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N/A

N/A

See attached memo
The only bid
received was
the one used
from
Select Central

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 07 2005

NESIVOS BAIS YAAKOV
C/O JOSEPH A SCHUBIN
1262 E 38TH ST
BROOKLYN, NY 11210-4830

Employer Identification Number:
20-0517515
DLN:
17053070007034
Contact Person:
TYLER N CHUMNEY ID# 31321
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
January 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990 Required:
No
Effective Date of Exemption:
December 24, 2003
Contribution Deductibility:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

NESIVOS BAIS YAAKOV

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with the first name "Lois" being more prominent.

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)



SEDREF - Core Information on SED

Institutions

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Institution Data

Inst Id:	800000057939	Legal Name:	NESIVOS BAIS YAAKOV
Popular Name:	NESIVOS BAIS YAAKOV	Corporate Name:	
Label Name:	NESIVOS BAIS YAAKOV	Type of Incorporation:	RELIGIOUS CORPORATION
Inactive?:	N	SED Code:	331500225005
Inst Type Desc:	NON-PUBLIC SCHOOLS	SED Code Effective Date:	07/01/2004
Inst Sub Type Desc:	JEWISH	Grade Org Code:	6
Level 2 Tracking Code:		Grade Org Desc:	K-12
SORIS Inst ID:	800000057939	SORIS Inst Name:	NESIVOS BAIS YAAKOV
		Non Public Registration Code:	
County Code:	33	Non Public Registration Desc:	
County Desc:	KINGS	School Dist Of Location:	331500
Dist Type Desc:	NYC COMMUNITY DISTRICTS	County of School Dist Code:	33
SDL Description:	NYC GEOG DIST 15	Record Type Code:	2
Active Date:	07/01/2004	Record Type Desc:	NON PUBLIC SCHOOL (IMF)
Inactive Date:		Comm Dist Type:	NEW YORK CITY
Needs Resource Code:		Charter School Approval Code:	
Needs Resource Desc:		Charter School Approval Desc:	
EDEN NCES LEA ID:		EDEN NCES SCH ID:	
EDEN LEA Type:		EDEN Sch Type:	
EDEN LEA Description:		EDEN School Type Desc:	
EDEN LEA Op Status:		EDEN Sch Op Status Code:	
EDEN LEA Op Status Desc:		EDEN School Op Status Desc:	
SDW Indicator:		CSE Placement Eligible:	
Medicaid Provider Number:		Established Date:	07/01/2004
Successor INST Id:		Successor Name:	
Sedfin ID:		Parent Name:	BOARD OF JEWISH EDUCATION
OSC Vendor ID on SEDREF:	1000040045	OSC Vendor Status on SEDREF:	A
OSC Vendor Location on SEDREF:		OSC Address Sequence Number on SEDREF:	
Payee Name on SEDREF:	NESIVOS BAIS YAAKOV	OSC Address Line 1:	1021 45TH ST
OSC Address Line 2:		OSC Address Line 3:	
OSC City:	BROOKLYN	OSC State:	NY
OSC Zip:	11219	OSC Country:	USA
OSC Open For Ordering Flag:	Y	OSC Disabled Veteran Classification:	N

OSC Small Business Classification:	N	SED Approved For Payment:	Y
EFT Indicator on SEDREF:		SED Interest Eligible:	Y
SED Not For Profit:		DUNS Number on SEDREF:	171008258
CCR / Expiration Date on SEDREF:	10/28/2017	DUNS Verified:	Y
		SED Payee Id:	56385
History Indicator:	Y	Owner:	INFORMATION AND REPORTING SERVICES

Address

Address Type	Address Line 1	Address Line 2	City	State	Zip	Zip + 4	Country	Foreign Postal Code	GIS Longitude (X)	GIS Latitude (Y)	OITS GIS Accuracy Code
PHYSICAL	1017-1021 45TH ST		BROOKLYN	NY	11219	1925	US		-73.9959595635	40.6410633949	0
MAILING	1017-1021 45TH ST		BROOKLYN	NY	11219	1925	US				

Records 1 to 2 of 2

Institution Contacts

Contact Type	Contact Value	Extension	Active Date	Inactive Date
US PHONE	(718)972-0804		07/01/2006	
US FAX	(718)972-6633		07/01/2006	
EMAIL	nby@thejnet.com		07/01/2006	

Records 1 to 3 of 3

Administrative Positions

Admin Pos Type	Title	First Name	Middle Initial	Last Name	Active Date	Inactive Date
3-8 TESTING COORDINATOR	SCHOOL 3-8 TESTING COORDINATOR	RACHEL		BERNSON	07/13/2016	
ADDITIONAL CONTACT	BOOKKEEPER	CHANA		WOLNER	11/15/2016	
CHIEF EXECUTIVE OFFICER	PRINCIPAL	SAMUEL		WOLNER	07/01/2006	
INFORMATION OFFICER	SCHOOL DATA COORDINATOR	MALKA		WOLNER	07/13/2016	

Records 1 to 4 of 4

Usages

Usage	Usage Ind
EDUCATIONAL TESTING INDICATOR	Y
IMF INDICATOR	Y
NON-PUBLIC AID INDICATOR	Y
OTHER INDICATOR	Y

Records 1 to 4 of 4

Grades with Enrollment - SY 2015-16

GRADE 1
GRADE 10
GRADE 11
GRADE 12
GRADE 2
GRADE 3
GRADE 4
GRADE 5
GRADE 6
GRADE 7
GRADE 8
GRADE 9
FULL DAY KINDERGARTEN
PRE KINDERGARTEN

Records 1 to 14 of 14

-
- [History Information](#)

[County Info](#)

[School District of Location Info: BOCES, RIC, Census Data, etc...](#)

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Institution Data

Inst Id:	800000074815	Legal Name:	MESIVTA NESIVOS HATALMUD
Popular Name:	MESIVTA NESIVOS HATALMUD	Corporate Name:	
Label Name:	MESIVTA NESIVOS HATALMUD	Type of Incorporation:	
Inactive?:	N	SED Code:	800000074815
Inst Type Desc:	CHILD NUTRITION	SED Code Effective Date:	
Inst Sub Type Desc:	FEEDING SITE	Grade Org Code:	
Level 2 Tracking Code:		Grade Org Desc:	
SORIS Inst ID:		SORIS Inst Name:	
OSE Reporting Inst ID:		OSE Reporting Inst Name:	
		Non Public Registration Code:	
County Code:	33	Non Public Registration Desc:	
County Desc:	KINGS	School Dist Of Location:	331500
Dist Type Desc:	NYC COMMUNITY DISTRICTS	County of School Dist Code:	
SDL Description:	NYC GEOG DIST 15	Record Type Code:	5
Active Date:	07/24/2012	Record Type Desc:	OTHER- NON IMF
Inactive Date:		Comm Dist Type:	NEW YORK CITY
Needs Resource Code:		Charter School Approval Code:	
Needs Resource Desc:		Charter School Approval Desc:	
EDEN NCES LEA ID:		EDEN NCES SCH ID:	
EDEN LEA Type:		EDEN Sch Type:	
EDEN LEA Description:		EDEN School Type Desc:	
EDEN LEA Op Status:		EDEN Sch Op Status Code:	
EDEN LEA Op Status Desc:		EDEN School Op Status Desc:	
SDW Indicator:		CSE Placement Eligible:	
Medicaid Provider Number:		Established Date:	07/24/2012
Successor INST ID:		Successor Name:	
Sedfn ID:		Parent Name:	NESIVOS BAIS YAAKOV
OSC Vendor ID on SEDREF:		OSC Vendor Status on SEDREF:	
OSC Vendor Location on SEDREF:		OSC Address Sequence Number on SEDREF:	
Payee Name on SEDREF:		OSC Address Line 1:	
OSC Address Line 2:		OSC Address Line 3:	

OSC City:		OSC State:	
OSC Zip:		OSC Country:	
OSC Open For Ordering Flag:		OSC Disabled Veteran Classification:	
OSC Small Business Classification:		SED Approved For Payment:	
EFT Indicator on SEDREF:		SED Interest Eligible:	
SED Not For Profit:		DUNS Number on SEDREF:	
CCR / Expiration Date on SEDREF:		DUNS Verified:	
		SED Payee Id:	
History Indicator:	Y	Owner:	CHILD NUTRITION UNIT

Address

Address Type	Address Line 1	Address Line 2	City	State	Zip	Zip + 4	Country	Foreign Postal Code	GIS Longitude (X)	GIS Latitude (Y)	OITS GIS Accuracy Code
MAILING	1228 36TH ST		BROOKLYN	NY	11218		US				
PHYSICAL	1228 36TH ST		BROOKLYN	NY	11218		US		-73.9860017421	40.6430548888	0

Records 1 to 2 of 2

Institution Contacts

Contact Type	Contact Value	Extension	Active Date	Inactive Date
US PHONE	(718)972-0804		07/24/2012	
US FAX	(718)972-6633		07/24/2012	
EMAIL	nby@thejnet.com		07/24/2012	

Records 1 to 3 of 3

Administrative Positions

Admin Pos Type	Title	First Name	Middle Initial	Last Name	Active Date	Inactive Date
SCHOOL ADMINISTRATOR		RAFAEL		REICHENBERG	07/24/2012	

Record 1 of 1

Usages

Usage	Usage Ind
CN INDICATOR	Y

Record 1 of 1



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Inst Id:	800000057939	Legal Name:	NESIVOS BAIS YAAKOV
Popular Name:	NESIVOS BAIS YAAKOV	Corporate Name:	
Label Name:	NESIVOS BAIS YAAKOV	Type of Incorporation:	RELIGIOUS CORPORATION
Inactive?:	N	SED Code:	331500225005
Inst Type Desc:	NON-PUBLIC SCHOOLS	SED Code Effective Date:	07/01/2004
Inst Sub Type Desc:	JEWISH	Grade Org Code:	6
Level 2 Tracking Code:		Grade Org Desc:	K-12
SORIS Inst ID:	800000057939	SORIS Inst Name:	NESIVOS BAIS YAAKOV
		Non Public Registration Code:	
County Code:	33	Non Public Registration Desc:	
County Desc:	KINGS	School Dist Of Location:	331500
Dist Type Desc:	NYC COMMUNITY DISTRICTS	County of School Dist Code:	33
SDL Description:	NYC GEOG DIST 15	Record Type Code:	2
Active Date:	07/01/2004	Record Type Desc:	NON PUBLIC SCHOOL (IMF)
Inactive Date:		Comm Dist Type:	NEW YORK CITY
Needs Resource Code:		Charter School Approval Code:	
Needs Resource Desc:		Charter School Approval Desc:	
EDEN NCES LEA ID:		EDEN NCES SCH ID:	
EDEN LEA Type:		EDEN Sch Type:	
EDEN LEA Description:		EDEN School Type Desc:	
EDEN LEA Op Status:		EDEN Sch Op Status Code:	
EDEN LEA Op Status Desc:		EDEN School Op Status Desc:	
SDW Indicator:		CSE Placement Eligible:	
Medicaid Provider Number:		Established Date:	07/01/2004
Successor INST Id:		Successor Name:	
Sedfin ID:		Parent Name:	BOARD OF JEWISH EDUCATION
OSC Vendor ID on SEDREF:	1000040045	OSC Vendor Status on SEDREF:	A
OSC Vendor Location on SEDREF:		OSC Address Sequence Number on SEDREF:	
Payee Name on SEDREF:	NESIVOS BAIS YAAKOV	OSC Address Line 1:	1021 45TH ST
OSC Address Line 2:		OSC Address Line 3:	
OSC City:	BROOKLYN	OSC State:	NY
OSC Zip:	11219	OSC Country:	USA
OSC Open For Ordering Flag:	Y	OSC Disabled Veteran Classification:	N

OSC Small Business Classification:	N	SED Approved For Payment:	Y
EFT Indicator on SEDREF:		SED Interest Eligible:	Y
SED Not For Profit:		DUNS Number on SEDREF:	171008258
CCR / Expiration Date on SEDREF:	10/28/2017	DUNS Verified:	Y
		SED Payee Id:	56385
History Indicator:	Y	Owner:	INFORMATION AND REPORTING SERVICES

Address

Address Type	Address Line 1	Address Line 2	City	State	Zip	Zip + 4	Country	Foreign Postal Code	GIS Longitude (X)	GIS Latitude (Y)	OITS GIS Accuracy Code
PHYSICAL	1017-1021 45TH ST		BROOKLYN	NY	11219	1925	US		-73.9959595635	40.6410633949	0
MAILING	1017-1021 45TH ST		BROOKLYN	NY	11219	1925	US				

Records 1 to 2 of 2

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Contact Type	Contact Value	Extension	Active Date	Inactive Date
US PHONE	(718)972-0804		07/01/2006	
US FAX	(718)972-6633		07/01/2006	
EMAIL	nby@thejnet.com		07/01/2006	

Records 1 to 3 of 3

Administrative Positions

Admin Pos Type	Title	First Name	Middle Initial	Last Name	Active Date	Inactive Date
3-8 TESTING COORDINATOR	SCHOOL 3-8 TESTING COORDINATOR	RACHEL		BERNSON	07/13/2016	
ADDITIONAL CONTACT	BOOKKEEPER	CHANA		WOLNER	11/15/2016	
CHIEF EXECUTIVE OFFICER	PRINCIPAL	SAMUEL		WOLNER	07/01/2006	
INFORMATION OFFICER	SCHOOL DATA COORDINATOR	MALKA		WOLNER	07/13/2016	

Records 1 to 4 of 4

Usages

Usage	Usage Ind
EDUCATIONAL TESTING INDICATOR	Y
IMF INDICATOR	Y
NON-PUBLIC AID INDICATOR	Y
OTHER INDICATOR	Y

Records 1 to 4 of 4

Grades with Enrollment - SY 2015-16

GRADE 1
GRADE 10
GRADE 11
GRADE 12
GRADE 2
GRADE 3
GRADE 4
GRADE 5
GRADE 6
GRADE 7
GRADE 8
GRADE 9
FULL DAY KINDERGARTEN
PRE KINDERGARTEN

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[School District of Location Info: BOCES, RIC, Census Data, etc...](#)

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Institution Data

Inst Id:	800000074815	Legal Name:	MESIVTA NESIVOS HATALMUD
Popular Name:	MESIVTA NESIVOS HATALMUD	Corporate Name:	
Label Name:	MESIVTA NESIVOS HATALMUD	Type of Incorporation:	
Inactive?:	N	SED Code:	800000074815
Inst Type Desc:	CHILD NUTRITION	SED Code Effective Date:	
Inst Sub Type Desc:	FEEDING SITE	Grade Org Code:	
Level 2 Tracking Code:		Grade Org Desc:	
SORIS Inst ID:		SORIS Inst Name:	
OSE Reporting Inst ID:		OSE Reporting Inst Name:	
		Non Public Registration Code:	
County Code:	33	Non Public Registration Desc:	
County Desc:	KINGS	School Dist Of Location:	331500
Dist Type Desc:	NYC COMMUNITY DISTRICTS	County of School Dist Code:	
SDL Description:	NYC GEOG DIST 15	Record Type Code:	5
Active Date:	07/24/2012	Record Type Desc:	OTHER- NON IMF
Inactive Date:		Comm Dist Type:	NEW YORK CITY
Needs Resource Code:		Charter School Approval Code:	
Needs Resource Desc:		Charter School Approval Desc:	
EDEN NCES LEA ID:		EDEN NCES SCH ID:	
EDEN LEA Type:		EDEN Sch Type:	
EDEN LEA Description:		EDEN School Type Desc:	
EDEN LEA Op Status:		EDEN Sch Op Status Code:	
EDEN LEA Op Status Desc:		EDEN School Op Status Desc:	
SDW Indicator:		CSE Placement Eligible:	
Medicaid Provider Number:		Established Date:	07/24/2012
Successor INST ID:		Successor Name:	
Sedfin ID:		Parent Name:	NESIVOS BAIS YAAKOV
OSC Vendor ID on SEDREF:		OSC Vendor Status on SEDREF:	
OSC Vendor Location on SEDREF:		OSC Address Sequence Number on SEDREF:	
Payee Name on SEDREF:		OSC Address Line 1:	
OSC Address Line 2:		OSC Address Line 3:	

OSC City:		OSC State:	
OSC Zip:		OSC Country:	
OSC Open For Ordering Flag:		OSC Disabled Veteran Classification:	
OSC Small Business Classification:		SED Approved For Payment:	
EFT Indicator on SEDREF:		SED Interest Eligible:	
SED Not For Profit:		DUNS Number on SEDREF:	
CCR / Expiration Date on SEDREF:		DUNS Verified:	
		SED Payee Id:	
History Indicator:	Y	Owner:	CHILD NUTRITION UNIT

Address

Address Type	Address Line 1	Address Line 2	City	State	Zip	Zip + 4	Country	Foreign Postal Code	GIS Longitude (X)	GIS Latitude (Y)	OITS GIS Accuracy Code
MAILING	1228 36TH ST		BROOKLYN	NY	11218		US				
PHYSICAL	1228 36TH ST		BROOKLYN	NY	11218		US		-73.9860017421	40.6430548888	0

Records 1 to 2 of 2

Institution Contacts

Contact Type	Contact Value	Extension	Active Date	Inactive Date
US PHONE	(718)972-0804		07/24/2012	
US FAX	(718)972-6633		07/24/2012	
EMAIL	nby@thejnet.com		07/24/2012	

Records 1 to 3 of 3

Administrative Positions

Admin Pos Type	Title	First Name	Middle Initial	Last Name	Active Date	Inactive Date
SCHOOL ADMINISTRATOR		RAFAEL		REICHENBERG	07/24/2012	

Record 1 of 1

Usages

Usage	Usage Ind
CN INDICATOR	Y

Record 1 of 1

NESIVOS BAIS YAAKOV

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with the first name "Lois" being more prominent.

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)



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Institution Data

Inst Id:	800000057939	Legal Name:	NESIVOS BAIS YAAKOV
Popular Name:	NESIVOS BAIS YAAKOV	Corporate Name:	
Label Name:	NESIVOS BAIS YAAKOV	Type of Incorporation:	RELIGIOUS CORPORATION
Inactive?:	N	SED Code:	331500225005
Inst Type Desc:	NON-PUBLIC SCHOOLS	SED Code Effective Date:	07/01/2004
Inst Sub Type Desc:	JEWISH	Grade Org Code:	6
Level 2 Tracking Code:		Grade Org Desc:	K-12
SORIS Inst ID:	800000057939	SORIS Inst Name:	NESIVOS BAIS YAAKOV
		Non Public Registration Code:	
County Code:	33	Non Public Registration Desc:	
County Desc:	KINGS	School Dist Of Location:	331500
Dist Type Desc:	NYC COMMUNITY DISTRICTS	County of School Dist Code:	33
SDL Description:	NYC GEOG DIST 15	Record Type Code:	2
Active Date:	07/01/2004	Record Type Desc:	NON PUBLIC SCHOOL (IMF)
Inactive Date:		Comm Dist Type:	NEW YORK CITY
Needs Resource Code:		Charter School Approval Code:	
Needs Resource Desc:		Charter School Approval Desc:	
EDEN NCES LEA ID:		EDEN NCES SCH ID:	
EDEN LEA Type:		EDEN Sch Type:	
EDEN LEA Description:		EDEN School Type Desc:	
EDEN LEA Op Status:		EDEN Sch Op Status Code:	
EDEN LEA Op Status Desc:		EDEN School Op Status Desc:	
SDW Indicator:		CSE Placement Eligible:	
Medicaid Provider Number:		Established Date:	07/01/2004
Successor INST Id:		Successor Name:	
Sedfin ID:		Parent Name:	BOARD OF JEWISH EDUCATION
OSC Vendor ID on SEDREF:	1000040045	OSC Vendor Status on SEDREF:	A
OSC Vendor Location on SEDREF:		OSC Address Sequence Number on SEDREF:	
Payee Name on SEDREF:	NESIVOS BAIS YAAKOV	OSC Address Line 1:	1021 45TH ST
OSC Address Line 2:		OSC Address Line 3:	
OSC City:	BROOKLYN	OSC State:	NY
OSC Zip:	11219	OSC Country:	USA
OSC Open For Ordering Flag:	Y	OSC Disabled Veteran Classification:	N

OSC Small Business Classification:	N	SED Approved For Payment:	Y
EFT Indicator on SEDREF:		SED Interest Eligible:	Y
SED Not For Profit:		DUNS Number on SEDREF:	171008258
CCR / Expiration Date on SEDREF:	10/28/2017	DUNS Verified:	Y
		SED Payee Id:	56385
History Indicator:	Y	Owner:	INFORMATION AND REPORTING SERVICES

Address

Address Type	Address Line 1	Address Line 2	City	State	Zip	Zip + 4	Country	Foreign Postal Code	GIS Longitude (X)	GIS Latitude (Y)	OITS GIS Accuracy Code
PHYSICAL	1017-1021 45TH ST		BROOKLYN	NY	11219	1925	US		-73.9959595635	40.6410633949	0
MAILING	1017-1021 45TH ST		BROOKLYN	NY	11219	1925	US				

Records 1 to 2 of 2

Institution Contacts

Contact Type	Contact Value	Extension	Active Date	Inactive Date
US PHONE	(718)972-0804		07/01/2006	
US FAX	(718)972-6633		07/01/2006	
EMAIL	nby@thejnet.com		07/01/2006	

Records 1 to 3 of 3

Administrative Positions

Admin Pos Type	Title	First Name	Middle Initial	Last Name	Active Date	Inactive Date
3-8 TESTING COORDINATOR	SCHOOL 3-8 TESTING COORDINATOR	RACHEL		BERNSON	07/13/2016	
ADDITIONAL CONTACT	BOOKKEEPER	CHANA		WOLNER	11/15/2016	
CHIEF EXECUTIVE OFFICER	PRINCIPAL	SAMUEL		WOLNER	07/01/2006	
INFORMATION OFFICER	SCHOOL DATA COORDINATOR	MALKA		WOLNER	07/13/2016	

Records 1 to 4 of 4

Usages

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IMF INDICATOR	Y
NON-PUBLIC AID INDICATOR	Y
OTHER INDICATOR	Y

Grades with Enrollment - SY 2015-16

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GRADE 7
GRADE 8
GRADE 9
FULL DAY KINDERGARTEN
PRE KINDERGARTEN

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Popular Name:	MESIVTA NESIVOS HATALMUD	Corporate Name:	
Label Name:	MESIVTA NESIVOS HATALMUD	Type of Incorporation:	
Inactive?:	N	SED Code:	800000074815
Inst Type Desc:	CHILD NUTRITION	SED Code Effective Date:	
Inst Sub Type Desc:	FEEDING SITE	Grade Org Code:	
Level 2 Tracking Code:		Grade Org Desc:	
SORIS Inst ID:		SORIS Inst Name:	
OSE Reporting Inst ID:		OSE Reporting Inst Name:	
		Non Public Registration Code:	
County Code:	33	Non Public Registration Desc:	
County Desc:	KINGS	School Dist Of Location:	331500
Dist Type Desc:	NYC COMMUNITY DISTRICTS	County of School Dist Code:	
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Needs Resource Desc:		Charter School Approval Desc:	
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EDEN LEA Type:		EDEN Sch Type:	
EDEN LEA Description:		EDEN School Type Desc:	
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Medicaid Provider Number:		Established Date:	07/24/2012
Successor INST Id:		Successor Name:	
Sedfin ID:		Parent Name:	NESIVOS BAIS YAAKOV
OSC Vendor ID on SEDREF:		OSC Vendor Status on SEDREF:	
OSC Vendor Location on SEDREF:		OSC Address Sequence Number on SEDREF:	
Payee Name on SEDREF:		OSC Address Line 1:	
OSC Address Line 2:		OSC Address Line 3:	

OSC City:		OSC State:	
OSC Zip:		OSC Country:	
OSC Open For Ordering Flag:		OSC Disabled Veteran Classification:	
OSC Small Business Classification:		SED Approved For Payment:	
EFT Indicator on SEDREF:		SED Interest Eligible:	
SED Not For Profit:		DUNS Number on SEDREF:	
CCR / Expiration Date on SEDREF:		DUNS Verified:	
		SED Payee Id:	
History Indicator:	Y	Owner:	CHILD NUTRITION UNIT

Address

Address Type	Address Line 1	Address Line 2	City	State	Zip	Zip + 4	Country	Foreign Postal Code	GIS Longitude (X)	GIS Latitude (Y)	OITS GIS Accuracy Code
MAILING	1228 36TH ST		BROOKLYN	NY	11218		US				
PHYSICAL	1228 36TH ST		BROOKLYN	NY	11218		US		-73.9860017421	40.6430548888	0

Records 1 to 2 of 2

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Contact Type	Contact Value	Extension	Active Date	Inactive Date
US PHONE	(718)972-0804		07/24/2012	
US FAX	(718)972-6633		07/24/2012	
EMAIL	nby@thejnet.com		07/24/2012	

Records 1 to 3 of 3

Administrative Positions

Admin Pos Type	Title	First Name	Middle Initial	Last Name	Active Date	Inactive Date
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Record 1 of 1

Usages

Usage	Usage Ind
CN INDICATOR	Y

Record 1 of 1