

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

Header section A-M containing organization name (JEWISH EDUCATIONAL LOAN FUND, INC), EIN (58-0568686), address (6665 ROSWELL ROAD, ATLANTA, GA 30328), and principal officer (JENNA LEOPOLD SHULMAN).

Part I Summary

Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Includes rows for revenue (Total: 3,930,878) and expenses (Total: 2,120,027).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparer's signature (other than officer) is based on all information of which preparer has any knowledge.

Signature block containing signatures of Philip Kahn (Assistant Treasurer) and Tiffany T. Orr, CPA (Preparer).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule C contains a repository of data to any line in this Part III

1 Briefly describe the organization's mission:

JELF PARTNERS WITH JEWISH STUDENTS IN NEED IN A FIVE-STATE REGION TO PROVIDE LAST-DOLLAR, INTEREST FREE LOANS FOR HIGHER EDUCATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EOT? Yes No

If "Yes," describe these new services on Schedule C.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule C.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(2) and 501(c)(29) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a Cash _____ | Revenue \$ 1,583,946. | Including grants to | Revenue \$ 840,000. |

JELF PARTNERS WITH JEWISH STUDENTS IN NEED IN A FIVE-STATE REGION TO PROVIDE LAST-DOLLAR, INTEREST FREE LOANS FOR HIGHER EDUCATION.

4b Cash _____ | Revenue \$ _____ | Including grants to | Revenue \$ _____ |

4c Cash _____ | Revenue \$ _____ | Including grants to | Revenue \$ _____ |

4d Other program services (Describe on Schedule C):

Expense \$ _____ | Including grants to | Revenue \$ _____ |

4e Total program service expenses 1,583,946.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Section 501(c)(29) 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		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(29), 501(c)(28), or 501(c)(27) organization that receives membership dues, assessments, or similar amounts as defined in Reg. Proc. 98-107? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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 10? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 1E, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other facilities in Part X, line 20? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XII and XIII	<input checked="" type="checkbox"/>	
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 XII and XIII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170B(f)(7)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
15 Did the organization report on Part D, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part D, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part D, column (A), lines 8 and 11e? If "Yes," complete Schedule G, Part I. See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 5e? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 5e? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to the return?		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part D, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form section for Part V with input fields for 1a, 1b, 1c and Yes/No columns. Includes instructions for reporting Form 1099 and Form W-9.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
2a	Enter the number of employees reported on Form W-9, Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return <u>7</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
2a	Did the organization have unreported business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "Yes" to line 2b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8869-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
F Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <u>7a</u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8889 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?		
G 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?			
a			
H Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4080?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Inflation fee and capital contributions included on Part VII, line 12 <u>10a</u>		
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities <u>10b</u>		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders <u>11a</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <u>11b</u>		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>12b</u>		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the state in which the organization is licensed to issue qualified health plans <u>13a</u>		
c	Enter the amount of reserves on hand <u>13b</u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payments of more than \$1,000,000 in remuneration or excess parachute payments during the year? If "Yes," see the instructions and file Form 4720, Schedule H.		X
16	Is the organization an educational institution subject to the section 4060 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
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?			
	If "Yes," complete Form 990.		

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

Check if Schedule D contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, Yes, No. Rows include: 1a. Enter the number of voting members of the governing body at the end of the tax year (45); 1b. Enter the number of voting members included on line 1a, above, who are independent (45); 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (X); 4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5. Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6. Did the organization have members or stockholders? (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? (X); 7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8. Did the organization contemporaneously document its meetings held or written actions undertaken during the year by the following: a. The governing body? (X); b. Each committee with authority to act on behalf of the governing body? (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 D. (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include: 10a. Did the organization have local chapters, branches, or affiliates? (X); 10b. 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?; 11a. Had the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b. Describe on Schedule D the process, if any, used by the organization to review this Form 990; 12a. Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule D how this was done (X); 13. Did the organization have a written whistleblower policy? (X); 14. Did the organization have a written document retention and destruction policy? (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? a. The organization's CEO, Executive Director, or top management official (X); b. Other officers or key employees of the organization (X); 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? (X); 16b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 5 columns: Question, Yes, No. Rows include: 17. List the states with which a copy of this Form 990 is required to be filed GA; 18. Section 5154 requires an organization to make its Forms 1023 (1023-A or 1023-A-A, if applicable), 990, and 990-T (section 501(c)(2)s only) available 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 D); 19. Describe on Schedule D whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 CATHY MILLER - 770-395-3080 6065 ROSWELL ROAD, SUITE 740, ATLANTA, GA 30328

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

to Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five (or fewer) highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 3 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (Set any hours for related organizations below this)	(C) Position (Do not check more than one box, unless person is both an officer and a shareholder)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(1) JESSA SIEGOLD SWILMAN CHIEF RESCUEIVE OFF	40.00		X					193,016.	0.	21,321.
(2) CARY MILLER CHIEF OPERATING OFF	40.00		X					146,880.	0.	16,861.
(3) JONAS SCHAEER DIR. OF DEVELOPMENT	40.00				X			138,971.	0.	15,517.
(4) JEFFREY ALPERIN VICE PRESIDENT	1.00	X	X					0.	0.	0.
(5) STAN LINDENSTEIN VICE PRESIDENT	1.00	X	X					0.	0.	0.
(6) REYIN ROBIN VICE PRESIDENT	1.00	X	X					0.	0.	0.
(7) DR. MARGARET HANDELS HARRIS VICE PRESIDENT	1.00	X	X					0.	0.	0.
(8) PELL SHIMON TREASURER	1.00	X	X					0.	0.	0.
(9) GREN DAYLIS SECRETARY	1.00	X	X					0.	0.	0.
(10) ANNY BROSE OFFICER AT LARGE	1.00	X	X					0.	0.	0.
(11) BOB THOMPSON OFFICER AT LARGE	1.00	X	X					0.	0.	0.
(12) RICHARD PENNYC OFFICER AT LARGE	1.00	X	X					0.	0.	0.
(13) JOHANN BIRNBERG BOARD MEMBER	1.00	X	X					0.	0.	0.
(14) JANE ANSICHT VICE PRESIDENT	1.00	X	X					0.	0.	0.
(15) JANE HANSLER BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARK SIFKIN BOARD MEMBER	1.00	X						0.	0.	0.
(17) RICHARD JACOBSON BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (for any hours for related organizations enter -1)	(C) Position (do not check more than one box, unless person is both an officer and a trustee/employee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	None			
(18) JUSTIN BARRY BOARD MEMBER	1.00	X					0.	0.	0.	
(19) ROSE LINDER BOARD MEMBER	1.00	X					0.	0.	0.	
(20) BERTLA APPELMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(21) JUDY VIDELEFSKY BOARD MEMBER	1.00	X					0.	0.	0.	
(22) RACHEL SHAFIRO BOARD MEMBER	1.00	X					0.	0.	0.	
(23) JIMMYEAN BESELER BOARD MEMBER	1.00	X					0.	0.	0.	
(24) ESTERACE GAMB BOARD MEMBER	1.00	X					0.	0.	0.	
(25) SARON LEHMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(26) JAROD SEFF BOARD MEMBER	1.00	X					0.	0.	0.	
b. Subtotal							468,967.	0.	53,699.	
c. Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d. Total (add lines 18 and 1c)							468,967.	0.	53,699.	

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: **1**

	Yes	No
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		X
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 \$100,000? If "Yes," complete Schedule J for such individual	X	
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		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (Set any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Director or trustee	Officer	Key employee	Highest compensated employee	Director or trustee of related organization	Officer of related organization			
(17) AARON SOCKER BOARD MEMBER	1.00	X					0.	0.	0.	
(18) IRVING BACONIE BOARD MEMBER	1.00	X					0.	0.	0.	
(19) ADAM KAHN BOARD MEMBER	1.00	X					0.	0.	0.	
(20) ADAM SILBERMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ABRAHAM WISNIEWSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(22) BRIGID BARBER BOARD MEMBER	1.00	X					0.	0.	0.	
(23) CHARIS AVY BOARD MEMBER	1.00	X					0.	0.	0.	
(24) DAVID ADLERMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(25) EDD BRODA BOARD MEMBER	1.00	X					0.	0.	0.	
(26) HANNAH SINDERSMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(27) DR. JUDY'S HANCOCK BOARD MEMBER	1.00	X					0.	0.	0.	
(28) ED HYMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(29) ESTER STANCA BOARD MEMBER	1.00	X					0.	0.	0.	
(30) GIL WOODRICH BOARD MEMBER	1.00	X					0.	0.	0.	
(31) STEVEN BLICK BOARD MEMBER	1.00	X					0.	0.	0.	
(32) LEO ROYS BOARD MEMBER	1.00	X					0.	0.	0.	
(33) CLARA LIND BOARD MEMBER	1.00	X					0.	0.	0.	
(34) PHILIP BARNSTEIN BOARD CHAIR	1.00	X	X				0.	0.	0.	
(35) PHILIP KAHN ASSISTANT TREASURER	1.00	X	X				0.	0.	0.	
(36) RON KOPPEL IMMEDIATE PAST BOARD CHAIR	1.00	X	X				0.	0.	0.	
Total to Part VII, Section A, line 1c:										

Part VIII Statement of Revenue

Check if Schedule G contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	2b					
	c	Fundraising events	3c	1,000.				
	d	Related organizations	5d					
	e	Government grants (contributions)	7e					
	f	All other contributions, gifts, grants, and similar amounts not included above	11	2,845,245.				
	g	Section 501(c)(29) entities included in lines 1a-11	12g	19,401.				
	h	Total, Add lines 1a-11		2,846,245.				
Program Service Revenue	2 a	STUDENT LOAN IMPUTED I	Business Code 900099	840,000.	840,000.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total, Add lines 2a-2f		840,000.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		149,917.		149,917.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
			b	(ii) Personal				
			c	Less: rental expenses				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	665,169.			
			b	(ii) Other				
			c	Less: cost of other assets and sales expenses	7c	370,453.		
			d	Gain or (loss)	7d	94,716.		
	e	Net gain or (loss)		94,716.		94,716.		
	8 a	Gross income from fundraising events (not including \$ 1,000. of contributions reported on line 1c. See Part IV, line 10)	8a					
			b	Less: direct expenses	8b	0.		
c			Net income or (loss) from fundraising events		0.			
9 a	Gross income from gaming activities. See Part IV, line 10	9a						
		b	Less: direct expenses	9b				
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a						
		b	Less: cost of goods sold	10b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total, Add lines 11a-11d						
12	Total revenue. See instructions		3,930,878.	840,000.	0.	344,633.		

Part IX Statement of Functional Expenses

Section 501(c)(29) and 501(c)(30) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 25, 26, 49, 50, and 100 of Part VII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and foreign governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,996.	260,044.	34,000.	45,952.
6 Compensation not included above to disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4958(c)(2)(B)				
7 Other salaries and wages	406,208.	198,152.	11,496.	196,560.
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)	61,447.	37,731.	3,746.	19,970.
9 Other employee benefits	23,338.	14,329.	1,423.	7,584.
10 Payroll taxes	55,423.	34,032.	3,379.	18,012.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,250.		24,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,038.		37,038.	
g Other. (If the 11g amount exceeds 10% of line 25, column (A), amount for line 11g expenses on Sch O.)	2,191.			2,191.
12 Advertising and promotion	47,655.	23,344.		24,311.
13 Office expenses	5,417.	4,442.	542.	433.
14 Information technology	53,109.	43,549.	5,311.	4,249.
15 Royalties				
16 Occupancy	45,876.	37,618.	4,588.	3,670.
17 Travel	11,685.			11,685.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	840,000.	840,000.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,515.	16,002.	1,952.	1,561.
23 Insurance	7,888.	6,468.	789.	631.
24 Other expenses. (Include expenses not covered above. List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount for line 24e expenses on Schedule O.)				
a DIRECT MAIL	46,689.			46,689.
b ADMINISTRATIVE AND TRAN	39,369.	39,369.		
c CREDIT LOSS EXPENSE	20,941.	20,941.		
d CREDIT CARD FEES	15,776.		7,888.	7,888.
e All other expenses	16,218.	7,935.	1,206.	7,087.
25 Total functional expenses. Add lines 1 through 24e	2,120,027.	1,583,946.	137,608.	398,473.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check box <input type="checkbox"/> if amounts are a joint cost total				

Part X Balance Sheet

Check the appropriate box that contains a response or code to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	735,564.	1	620,624.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	570,869.	3	578,190.
	4 Accounts receivable, net	10,504,306.	4	11,602,439.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(b)(1)), and persons described in section 4958(c)(2)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,575.	9	5,765.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	156,032.	10a	
	b Less: accumulated depreciation	76,007.	10b	55,492.
	11 Investments - publicly traded securities	4,865,503.	11	6,374,787.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	149,016.	15	106,517.	
16 Total assets. Add lines 1 through 15 (must equal line 26)	16,902,760.	16	19,344,814.	
Liabilities	17 Accounts payable and accrued expenses	26,088.	17	19,817.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	437,156.	24	528,126.
	25 Other liabilities (including federal income tax, payable to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	153,285.	25	109,969.
	26 Total liabilities. Add lines 17 through 25	616,529.	26	657,912.
Net Assets or Fund Balances	Organizations that follow FASB ASC 960, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 30, and 31.			
	27 Net assets without donor restrictions	15,564,920.	27	16,915,651.
	28 Net assets with donor restrictions	721,311.	28	1,771,211.
	Organizations that do not follow FASB ASC 960, check here <input type="checkbox"/> and complete lines 29 through 31.			
	29 Capital stock or trust principal, or common funds		29	
	30 Pledges or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,286,231.	32	18,686,862.
33 Total liabilities and net assets/fund balances	16,902,760.	33	19,344,814.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,930,878.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,120,027.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,810,851.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,286,231.
5	Net unrealized gain (loss) on investments	5	589,800.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,686,882.

Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	Yes	X
2c As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidelines, 2 C.F.R. Part 200, Subpart F?	Yes	X
d If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	Yes	

Form 990 (2024)

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 Forms 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Name of the organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1A)(ii).
- 2 A school described in section 170(b)(1A)(iii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1A)(iv). (Complete Part III.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1A)(v).
- 7 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)(1A)(vi). (Complete Part III.)
- 8 A community trust described in section 170(b)(1A)(vii). (Complete Part III.)
- 9 An agricultural research organization described in section 170(b)(1A)(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: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, 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.)
- 11 An organization organized and operated exclusively to test for public safety. (See section 509(a)(4).)
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). (See section 509(a)(3). Check the box on line 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.
 - 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.
 - 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.
 - d **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.
 - e 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization described on lines 1-12 above (see instructions)	(iv) Is it significant for public support?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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.

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), Jul 2020, Jul 2021, Jul 2022, Jul 2023, Jul 2024, (b) Total. Rows include: 1. Gifts, grants, contributions, and membership fees received; 2. Tax revenues levied for the organization's benefit; 3. Value of services or facilities furnished by a governmental unit; 4. Total (Add lines 1 through 3); 5. Portion of total contributions by each person other than a governmental unit or publicly supported organization; 6. Public support (Add lines 1 to 5).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), Jul 2020, Jul 2021, Jul 2022, Jul 2023, Jul 2024, (b) Total. Rows include: 7. Amounts from line 4; 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9. Net income from unrelated business activities; 10. Other income; 11. Total support (Add lines 7 through 10); 12. Gross receipts from related activities; 13. First 5 years of Form 990.

Section C. Computation of Public Support Percentage

Form with lines 14-17 for public support percentage calculations and lines 18-20 for support tests (1/3%, 1/3%, 10% facts-and-circumstances, 10% facts-and-circumstances, Private foundation).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	2020	2021	2022	2023	2024	Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,838,165.	2,852,485.	2,139,183.	1,758,681.	2,846,245.	11,434,759.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	413,000.	515,000.	610,000.	730,000.	840,000.	3,108,000.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,241,165.	3,367,485.	2,749,183.	2,488,681.	3,686,245.	14,532,759.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	44,799.	189,072.	263,615.	156,763.	228,698.	882,938.
b Amounts included on line 2 and received from other tax-exempt persons that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year						0.
c Add lines 7a and 7b	44,799.	189,072.	263,615.	156,763.	228,698.	882,938.
8 Public support. Subtract line 7c from line 6						13,649,821.

Section B. Total Support

Calendar year (or fiscal year beginning in)	2020	2021	2022	2023	2024	Total
9 Amounts from line 8	2,241,165.	3,367,485.	2,749,183.	2,488,681.	3,686,245.	14,532,759.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,140.	36,621.	67,681.	138,994.	149,917.	439,361.
b Unrelated business taxable income (see section 511(b)) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	46,140.	36,621.	67,681.	138,994.	149,917.	439,361.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII)						
13 Total support. Add lines 9, 11, and 12	2,287,313.	3,404,106.	2,816,864.	2,627,675.	3,836,162.	14,972,120.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(29) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (E), divided by line 13, column (E))	15	91.17
16 Public support percentage from 2023 Schedule A, Part III, line 13	16	91.84

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (E), divided by line 13, column (E))	17	2.93
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	2.77

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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, C, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 15b regarding supported organizations, including their designation, IRS status, support use, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11a and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide name in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers serving in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "Yes," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section 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 9th month of the organization's tax year: (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "Yes," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in the regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. (See instructions.)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 2 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 30, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for what has value or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount allowed for illiquidity or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.01% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.025	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of support from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire securities assets	4
5	Qualified advance amounts under IRS section 170(e) - provide details in Part VI	5
6	Other distributions (describe in Part VI, see instructions)	6
7	Total annual distributions. Add lines 1 through 6	7
8	Distributions to alternative supported organizations to which the organization is responsive (provide details in Part VI, see instructions)	8
9	Distributable amount for 2024 from Section C, line 8	9
10	Line 9 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1			Distributable amount for 2024 from Section C, line 9
2			Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI, see instructions)
3			Excess distributions carryover, if any, in 2024
a			From 2019
b			From 2020
c			From 2021
d			From 2022
e			From 2023
f			Total of lines 3a through 3e
a			Applied to underdistributions of prior years
b			Applied to 2024 distributable amount
c			Carryover from 2019 not applied (see instructions)
d			Remainder. Subtract lines 3a, 3b, and 3c from line 3f
4			Distributions for 2024 from Section D, line 7
a			Applied to underdistributions of prior years
b			Applied to 2024 distributable amount
c			Remainder. Subtract lines 4a and 4b from line 4
5			Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4c from line 2. For result greater than zero, explain in Part VI, see instructions
6			Remaining underdistributions for 2024. Subtract lines 3h and 4c from line 1. For result greater than zero, explain in Part VI, see instructions
7			Excess distributions carryover to 2025. Add lines 3j and 4c
8			Breakdown of line 7:
a			Excess from 2020
b			Excess from 2021
c			Excess from 2022
d			Excess from 2023
e			Excess from 2024

Part VI

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

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2009)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

JEWISH EDUCATIONAL LOAN FUND, INC

Employer identification number

58-0568686

Organizational type (check one):

File as:

Section:

Form 990 or 990-EZ

501(c)(3) - 3 (enter number) organization

4947(b)(1) nonexempt charitable trust, not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(b)(7) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 507(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990), Part II, line 13, 15a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 14, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Part I (entering "990" in column (d) instead of the contributor name and address, if, and if).

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to the organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year: \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line E, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

JEWISH EDUCATIONAL LOAN FUND, INC

58-0568686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JEWISH EDUCATIONAL LOAN FUND, INC

58-0568686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>10,932.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ <u>10,412.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JEWISH EDUCATIONAL LOAN FUND, INC

58-0568686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ <u>5,374.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEMISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0560686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC.	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ <u>33,752.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JEWISH EDUCATIONAL LOAN FUND, INC

58-0568686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 65,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 10,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEMISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568685
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>	_____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>74</u>	_____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>75</u>	_____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>76</u>	_____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>77</u>	_____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>78</u>	_____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ <u>5,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>85</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>86</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>87</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>88</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>89</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>90</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0560686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>91</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>92</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>93</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>94</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>95</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>96</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JEWISH EDUCATIONAL LOAN FUND, INC.

58-0568686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>97</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>98</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>99</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>100</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>101</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>102</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JEWISH EDUCATIONAL LOAN FUND, INC

58-0568686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568686
--	---

Part II Noncash Property (See instructions. Use duplicate copies of Part II if additional space is needed.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization JEWISH EDUCATIONAL LOAN FUND, INC	Employer identification number 58-0568886
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(27), (28), or (29) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (d) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (from this and other forms) 0.
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferor's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferor's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferor's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferor's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D

(Form 990)
Rev. December 2024
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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.

(OMB No. 1545-0047)

Open to Public Inspection

Name of the organization

JEWISH EDUCATIONAL LOAN FUND, INC

Employer identification number

58-0568886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

	(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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring invidious private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply): <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2. Complete lines 2a through 2c if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year:	held at the End of the Tax Year
a. Total number of conservation easements	2a
b. Total acreage restricted by conservation easements	2b
c. Number of conservation easements on a certified historic structure included on line 2a	2c
d. Number of conservation easements included on line 2c acquired after July 25, 2008, and not on a historic structure listed in the National Register	2d
3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4. Number of states where property subject to conservation easement is located	
5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8. Does each conservation easement reported on line 2d above satisfy the requirements of section 170(e)(4)(B)(i) and section 170(e)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VII, line 1	\$ _____
(ii) Assets included in Form 990, Part X	\$ _____
2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a. Revenue included on Form 990, Part VII, line 1	\$ _____
b. Assets included in Form 990, Part X	\$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

OMB No. 1545-0047

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part III.
5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, or reported an amount on Form 990, Part X, line 21.

- 1a. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b. If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------|--------|
| c. Beginning balance | 1c |
| d. Additions during the year | 1d |
| e. Distributions during the year | 1e |
| f. Ending balance | 1f |
- 2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial amount liability? Yes No
- b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part VI, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a. Beginning of year balance					
b. Contributions	1,200,000				
c. Net investment earnings, gains, and losses	75,288				
d. Grants or scholarships					
e. Other expenditures for facilities and programs					
f. Administrative expenses					
g. End of year balance	1,275,288				

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a. Board designated or quasi-endowment _____%
 - b. Permanent endowment 92.9970 %
 - c. Term endowment 7.0030 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-------------------------------------|--------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4. Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part VI, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a. Land				
b. Buildings				
c. Leasehold improvements				
d. Equipment		156,032	99,540	56,492
e. Other				
Total. Add lines 1a through 1e. Column (d) must equal Form 990, Part X, line 10, column (d).				56,492

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (include name of security)	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B).)		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B).)		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 14.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 14, col. (B).)	

Part X Other Liabilities

Complete if the organization answered "Yes" on 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) OPERATING LEASE LIABILITY	109,969.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B).)	109,969.

B. 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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,483,640.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a. Net unrealized gains (losses) on investments	2a	589,800.	
	b. Donated services and use of facilities	2b		
	c. Recoveries of prior year grants	2c		
	d. Other (Describe in Part XIII.)	2d		
	e. Add lines 2a through 2d		2e	589,800.
3	Subtract line 2e from line 1		3	3,893,840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a. Investment expenses not included on Form 990, Part VIII, line 7c	4a	37,038.	
	b. Other (Describe in Part XIII.)	4b		
	c. Add lines 4a and 4b		4c	37,038.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,930,878.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,082,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a. Donated services and use of facilities	2a		
	b. Prior year adjustments	2b		
	c. Other losses	2c		
	d. Other (Describe in Part XIII.)	2d		
	e. Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,082,989.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a. Investment expenses not included on Form 990, Part VIII, line 7c	4a	37,038.	
	b. Other (Describe in Part XIII.)	4b		
	c. Add lines 4a and 4b		4c	37,038.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 34.)		5	2,120,027.

Part XIII Supplemental Information

Provide the descriptions required for Part III, lines 1, 5, and 7; Part VI, lines 1a and 4; Part IV, lines 7c and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4c; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED FOR FUNDING LOANS TO CHILDREN OF CLERGY.

PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES, USING THAT GUIDANCE. TAX POSITIONS INITIALLY NEEDED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, THERE IS NO UNRELATED BUSINESS INCOME TAX. AS OF DECEMBER 31, 2024 AND 2023, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

(OMB No. 1545-0047)

(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization: **JEWISH EDUCATIONAL LOAN FUND, INC** Employer identification number: **58-0568586**

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or dental club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? _____</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's 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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p> 4a Receive a severance payment or change-of-control payment? _____</p> <p> 4b Participate in or receive payment from a supplemental nonqualified retirement plan? _____</p> <p> 4c Participate in or receive payment from an equity-based compensation arrangement? _____</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b
<p>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:</p> <p> 5a The organization? _____</p> <p> 5b Any related organization? _____</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	5b
<p>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:</p> <p> 6a The organization? _____</p> <p> 6b Any related organization? _____</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	6b
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III _____</p>	7	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(2)? If "Yes," describe in Part III _____</p>	8	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described by Regulations section 53.4958-5(c)? _____</p>	9	

Part B 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 in row (i) and from related organizations, described in the instructions, on row (j). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(k) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 7a, applicable column (i) and (j) amounts for that individual.

(A) Name and Title	(B) Compensation of (i) (ii) and/or (iii) (see 1000-MISC under 1000-MISC)			(C) Retainer and other deferred compensation	(D) Non taxable benefits	(E) Total of columns (B)-(E)	(F) Compensation reported as shown on prior Form 990
	(i) Base compensation	(ii) Bonus or incentive compensation	(iii) Other reportable compensation				
(i) JAMES LEVINE, PRESIDENT (ii) JAMES LEVINE, PRESIDENT	193,016.	0.	0.	16,701.	4,620.	214,337.	0.
(i) CERRY WILSON (ii) CERRY WILSON	145,980.	0.	0.	12,241.	4,620.	163,841.	0.
(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
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(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							

Part II Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4c, 4e, 5c, 5d, 6a, 8a, 7, and 9, and for Part III. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Rev. December 2014
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 instructions and the latest information.

CMB No. 1545-0047

Open to Public
Inspection

Name of the organization

JEWISH EDUCATIONAL LOAN FUND, INC

Employer identification number

58-0568686

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTEREST FREE LOANS FOR HIGHER EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS DAVE ADELMAN AND SHEILA ADELMAN ARE HUSBAND AND WIFE,

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

THE AUDIT COMMITTEE APPROVES THE FINANCIALS AND THE 990, WHICH ARE THEN
SHOWN TO THE ASSISTANT TREASURER FOR APPROVAL AND THEN THE EXECUTIVE
COMMITTEE AND FINALLY THE BOARD OF DIRECTORS.

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

COMPLIANCE IS MONITORED YEARLY BY FILING OUR FORMS.

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

THE PRESIDENT OF THE ORGANIZATION WORKS WITH A COMPENSATION COMMITTEE TO
REVIEW THE EMPLOYEES, COMPARE COMPARABLE SALARIES AND DETERMINE THE
SALARIES FOR THE FOLLOWING YEAR. SAME PROCEDURE FOR ALL KEY EMPLOYEES
EXCEPT THE CEO WHO ALSO PARTICIPATES IN DISCUSSION FOR ALL EMPLOYEES EXCEPT
FOR THEIR OWN SALARY. THE PROCESS IS DONE VIA ZOOM, COMPARABLES ARE
CONSIDERED AND INFORMATION IS USED FROM OTHER SOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND POLICY DOCUMENTS ARE AVAILABLE BY REQUEST.
FINANCIAL STATEMENTS ARE INCLUDED IN ANNUAL REPORT, WHICH IS WIDELY
DISTRIBUTED.