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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>KESHET</b>		<b>D</b> Employer identification number <b>36-3441392</b>
		Doing Business As		<b>E</b> Telephone number <b>847-205-1234</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>617 LANDWEHR ROAD</b>		
		City or town, state or country, and ZIP + 4 <b>NORTHBROOK, IL 60062</b>		
		<b>F</b> Name and address of principal officer <b>WILLIAM AUERBACH</b> <b>SAME AS C ABOVE</b>		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.KESHET.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1988</b> <b>M</b> State of legal domicile: <b>IL</b>				<b>G</b> Gross receipts \$ <b>6,519,402.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶

**Part I Summary**

<b>Revenue</b> <b>Governance</b> <b>Activities</b> <b>2011</b> <b>2010</b> <b>2009</b> <b>2008</b> <b>2007</b> <b>2006</b> <b>2005</b> <b>2004</b> <b>2003</b> <b>2002</b> <b>2001</b> <b>2000</b> <b>1999</b> <b>1998</b> <b>1997</b> <b>1996</b> <b>1995</b> <b>1994</b> <b>1993</b> <b>1992</b> <b>1991</b> <b>1990</b> <b>1989</b> <b>1988</b> <b>1987</b> <b>1986</b> <b>1985</b> <b>1984</b> <b>1983</b> <b>1982</b> <b>1981</b> <b>1980</b> <b>1979</b> <b>1978</b> <b>1977</b> <b>1976</b> <b>1975</b> <b>1974</b> <b>1973</b> <b>1972</b> <b>1971</b> <b>1970</b> <b>1969</b> <b>1968</b> <b>1967</b> <b>1966</b> <b>1965</b> <b>1964</b> <b>1963</b> <b>1962</b> <b>1961</b> <b>1960</b> <b>1959</b> <b>1958</b> <b>1957</b> <b>1956</b> <b>1955</b> <b>1954</b> <b>1953</b> <b>1952</b> <b>1951</b> <b>1950</b> <b>1949</b> <b>1948</b> <b>1947</b> <b>1946</b> <b>1945</b> <b>1944</b> <b>1943</b> <b>1942</b> <b>1941</b> <b>1940</b> <b>1939</b> <b>1938</b> <b>1937</b> <b>1936</b> <b>1935</b> <b>1934</b> <b>1933</b> <b>1932</b> <b>1931</b> <b>1930</b> <b>1929</b> <b>1928</b> <b>1927</b> <b>1926</b> <b>1925</b> <b>1924</b> <b>1923</b> <b>1922</b> <b>1921</b> <b>1920</b> <b>1919</b> <b>1918</b> <b>1917</b> <b>1916</b> <b>1915</b> <b>1914</b> <b>1913</b> <b>1912</b> <b>1911</b> <b>1910</b> <b>1909</b> <b>1908</b> <b>1907</b> <b>1906</b> <b>1905</b> <b>1904</b> <b>1903</b> <b>1902</b> <b>1901</b> <b>1900</b> <b>1899</b> <b>1898</b> <b>1897</b> <b>1896</b> <b>1895</b> <b>1894</b> <b>1893</b> <b>1892</b> <b>1891</b> <b>1890</b> <b>1889</b> <b>1888</b> <b>1887</b> <b>1886</b> <b>1885</b> <b>1884</b> <b>1883</b> <b>1882</b> <b>1881</b> <b>1880</b> <b>1879</b> <b>1878</b> <b>1877</b> <b>1876</b> <b>1875</b> <b>1874</b> <b>1873</b> <b>1872</b> <b>1871</b> <b>1870</b> <b>1869</b> <b>1868</b> <b>1867</b> <b>1866</b> <b>1865</b> <b>1864</b> <b>1863</b> <b>1862</b> <b>1861</b> <b>1860</b> <b>1859</b> <b>1858</b> <b>1857</b> <b>1856</b> <b>1855</b> <b>1854</b> <b>1853</b> <b>1852</b> <b>1851</b> <b>1850</b> 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<b>1185</b> <b>1184</b> <b>1183</b> <b>1182</b> <b>1181</b> <b>1180</b> <b>1179</b> <b>1178</b> <b>1177</b> <b>1176</b> <b>1175</b> <b>1174</b> <b>1173</b> <b>1172</b> <b>1171</b> <b>1170</b> <b>1169</b> <b>1168</b> <b>1167</b> <b>1166</b> <b>1165</b> <b>1164</b> <b>1163</b> <b>1162</b> <b>1161</b> <b>1160</b> <b>1159</b> <b>1158</b> <b>1157</b> <b>1156</b> <b>1155</b> <b>1154</b> <b>1153</b> <b>1152</b> <b>1151</b> <b>1150</b> <b>1149</b> <b>1148</b> <b>1147</b> <b>1146</b> <b>1145</b> <b>1144</b> <b>1143</b> <b>1142</b> <b>1141</b> <b>1140</b> <b>1139</b> <b>1138</b> <b>1137</b> <b>1136</b> <b>1135</b> <b>1134</b> <b>1133</b> <b>1132</b> <b>1131</b> <b>1130</b> <b>1129</b> <b>1128</b> <b>1127</b> <b>1126</b> <b>1125</b> <b>1124</b> <b>1123</b> <b>1122</b> <b>1121</b> <b>1120</b> <b>1119</b> <b>1118</b> <b>1117</b> <b>1116</b> <b>1115</b> <b>1114</b> <b>1113</b> <b>1112</b> <b>1111</b> <b>1110</b> <b>1109</b> <b>1108</b> <b>1107</b> <b>1106</b> <b>1105</b> <b>1104</b> <b>1103</b> <b>1102</b> <b>1101</b> <b>1100</b> <b>1099</b> <b>1098</b> <b>1097</b> <b>1096</b> <b>1095</b> <b>1094</b> <b>1093</b> <b>1092</b> <b>1091</b> <b>1090</b> <b>1089</b> <b>1088</b> <b>1087</b> <b>1086</b> <b>1085</b> <b>1084</b> 
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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

**KESHET SERVES INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILY MEMBERS.  
WE OPERATE DAY AND SUNDAY SCHOOL PROGRAMS AND ADULT AND RECREATIONAL  
PROGRAMS AND FAMILY SUPPORT.**

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

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

**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 O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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** (Code: ) (Expenses \$ **4,333,420.** including grants of \$ ) (Revenue \$ **3,781,134.** )  
**WEEKDAY, SUNDAY SCHOOL, SUMMER AND OTHER EDUCATIONAL PROGRAMS FOR  
 HANDICAPPED CHILDREN**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **\$ 4,333,420.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<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? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b> 12	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 302	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b> X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	14	
b Enter the number of voting members that are independent	14	
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 or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the 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 in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **IL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **THE ORGANIZATION - 847-205-1234**  
**617 LANDWEHR ROAD, NORTHBROOK, IL 60062**







**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	1,818.			
	c	Fundraising events	1c	719,020.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,004,418.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,725,256.			
Program Service Revenue	2 a TUITION & FEES		Business Code 611600	3,647,432.	3,647,432.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,647,432.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		113,289.	113,289.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 719,020. of contributions reported on line 1c). See Part IV, line 18	a 1013012.				
b		Less direct expenses	b 457,191.				
c		Net income or (loss) from fundraising events		555,821.		555,821.	
9 a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME	611600	20,413.	20,413.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		20,413.				
12	Total revenue. See instructions.		6,062,211.	3,781,134.	0.	555,821.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,758.			154,758.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,241,312.	2,829,878.	223,352.	188,082.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	416,970.	283,359.	95,012.	38,599.
10 Payroll taxes	250,562.	213,087.	15,868.	21,607.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	142,294.	74,542.	64,978.	2,774.
14 Information technology				
15 Royalties				
16 Occupancy	264,878.	228,036.	36,842.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,138.	66,138.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PROGRAM ACTIVITIES</b>	413,876.	410,353.	3,459.	64.
b <b>MISCELLANEOUS</b>	304,144.	41,156.	248,938.	14,050.
c <b>PROFESSIONAL SERVICES</b>	186,871.	186,871.		
d				
e				
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	5,441,803.	4,333,420.	688,449.	419,934.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	992,141.	1	342,652.
	2 Savings and temporary cash investments	1,547,944.	2	1,504,435.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,128,937.	4	849,653.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,087.	9	71,316.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 1,355,457.		
	b Less accumulated depreciation	10b 780,691.	10c 552,225.	574,766.
	11 Investments - publicly traded securities	3,277,077.	11	5,187,523.
	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	28,796.	15	27,145.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,567,207.	16	8,557,490.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	578,630.	17	608,093.
	18 Grants payable		18	
	19 Deferred revenue	516,055.	19	531,210.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,094,685.	26	1,139,303.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,900,164.	27	1,908,564.
	28 Temporarily restricted net assets	482,156.	28	1,168,799.
	29 Permanently restricted net assets	4,090,202.	29	4,340,824.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	6,472,522.	33	7,418,187.
34 <b>Total liabilities and net assets/fund balances</b>	7,567,207.	34	8,557,490.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**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 in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form 990 (2009)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1379010.	1554099.	1156917.	1457969.	1509779.	7057774.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1379010.	1554099.	1156917.	1457969.	1509779.	7057774.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						7057774.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1379010.	1554099.	1156917.	1457969.	1509779.	7057774.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96,146.	169,127.	268,862.	133,783.	113,289.	781,207.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	23,920.	10,819.	35,845.	8,045.	20,413.	99,042.
<b>11 Total support.</b> Add lines 7 through 10						7938023.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	21,439,260.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	88.91	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	89.10	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%
<b>19a</b> 33 1/3% support tests - 2009. 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 <span style="float: right;">▶ <input type="checkbox"/></span>			
<b>b</b> 33 1/3% support tests - 2008. 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 <span style="float: right;">▶ <input type="checkbox"/></span>			
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>			

Schedule A (Form 990 or 990-EZ) 2009



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

KESHET

Employer identification number

36-3441392

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an 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 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**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 are a 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 programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 organization answered "Yes" to Form 990, Part IV, line 9, 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 XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, 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	3,547,473.	3,330,617.			
b Contributions	185,360.	241,817.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		24,961.			
f Administrative expenses					
g End of year balance	3,732,833.	3,547,473.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► .00 %  
 b Permanent endowment ► 100.00 %  
 c Term endowment ► .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,933.		92,933.
b Buildings		888,060.	564,320.	323,740.
c Leasehold improvements				
d Equipment		374,464.	216,371.	158,093.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				574,766.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

<b>Part VIII</b>	<b>Investments - Program Related.</b> See Form 990, Part X, line 13
------------------	---

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15
----------------	--

[illegible]

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25.
---------------	--

1	(a) Description of liability	(b) Amount
	Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,062,211.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,441,803.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	620,408.
4	Net unrealized gains (losses) on investments	4	325,257.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	325,257.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	945,665.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,405,468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	18,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	325,257.
e	Add lines 2a through 2d	2e	343,257.
3	Subtract line 2e from line 1	3	6,062,211.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,062,211.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	5,459,803.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	18,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	18,000.
3	Subtract line 2e from line 1	3	5,441,803.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,441,803.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**NET UNREALIZED LOSS ON INVESTMENTS: 325257.**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

2009

## Open To Public Inspection

**KESHET**

36-3441392

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
	BAQUET, ETC (event type)	(event type)	NONE (total number)	
<b>Revenue</b>				
1 Gross receipts	1,732,032.			1,732,032.
2 Less Charitable contributions	719,020.			719,020.
3 Gross income (line 1 minus line 2)	1,013,012.			1,013,012.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	457,191.			457,191.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 457,191 )
11 Net income summary. Combine line 3, column (d), and line 10				555,821.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
8 Net gaming income summary. Combine line 1, column (d), and line 7				

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," explain \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain \_\_\_\_\_
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions.

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**KESHET**

Employer identification number

**36-3441392**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

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

Schedule J (Form 990) 2009





**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

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Name of the organization

**KESHET**

Employer identification number

**36-3441392**

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED FOR REVIEW TO  
THE FINANCE COMMITTEE PRIOR TO BEING SIGNED AND FILED WITH THE I.R.S.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH DIRECTOR, COMMITTEE  
MEMBER AND KEY EMPLOYEE SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY  
RELATIONSHIPS THAT THEY BELIEVE COULD CONTRIBUTE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC ON AN 'AS REQUESTED' BASIS.

## Donations over \$5,000

Date	Name	Name Street1	Name Street2	Name City	Name State	Name Zip	Net
07/27/2009	Aaron, Maurice & Ora	4024 W Grove St		Skokie	IL	60076	6,000 00
04/01/2010	Abrams, James & Wendy	45 Lakewood Place		Highland Park	IL	60035	7,258 75
02/04/2010	Abramson, Earl & Sharon	1600 Green Bay Road - #304		Highland Park	IL	60035	5,000 00
01/11/2010	Alden Management Services, Inc	Mr Floyd Schlossberg	4200 W Peterson Ave	Chicago	IL	60646	6,310 00
01/11/2010	ALG Holdings, LLC	Mr Al Goldstein	1900 N Hoyne Ave	Chicago	IL	60647	25,000 00
02/09/2010	Amersource Bergen Drug Company	Mr Michael Thompson	6305 La Salle Drive	Lockbourne	OH	43137	3,480 00
11/23/2009	Arie & Ida Crown Memorial	222 N LaSalle, Ste 2000		Chicago	IL	60601	112,500 00
03/10/2010	Auerbach, Bill & Sue	4707 W Farwell	Two North LaSalle Street	Lincolnwood	IL	60712	24,100 00
12/15/2009	Aurelio M Caccomo Family Foundation	Mr Martin Tish		Chicago	IL	60602-3801	20,000 00
12/30/2009	Baker, Paul & Jackie	607 Longwood Ave		Glencoe	IL	60022	10,000 00
03/23/2010	Baldwin, Christopher J & Renee	616 East Center Ave		Lake Bluff	IL	60044	10,000 00
05/24/2010	Bank of America	135 S LaSalle St , Suite #2326		Chicago	IL	60603	10,000 00
03/16/2010	Bassman, Gershon & Beth	6039 N Bernard		Chicago	IL	60659	4,820 00
03/08/2010	Berger, George	10375 Wilshire Blvd , Apt 10H		Los Angeles	CA	90024	10,000 00
08/31/2009	Brandon Dann Rotstein Memorial Foundai	889 Country Club Lane		Northbrook	IL	60062	12,000 00
08/27/2009	Chaikin, Scott & Maureen	1930 Browning Ct		Highland Park	IL	60035	30,000 00
08/12/2009	Circle of Service Foundation, Inc	P O Box 8529		Northfield	IL	60093	45,000 00
12/17/2009	Cobb, Martin	808 Bittersweet Dr		Northbrook	IL	60062	5,000 00
04/30/2010	Coe, Mark & Shan	6 Vernon Trail		Riverwoods	IL	60015	16,290 00
12/21/2009	Cole, Gary & Miriam	1790 Cloverdale St		Highland Park	IL	60035	5,000 00
03/03/2010	Crain-Maling Foundation	505 N Lake Shore Dr , #1105		Chicago	IL	60611	8,560 00
01/21/2010	Craven, Shirley	7035 N Laverne		Skokie	IL	60077	6,000 00
04/28/2010	Cubs Care	Ms Amanda Cage	1060 W Addison St	Chicago	IL	60613	7,000 00
01/29/2010	CVS CareMark	Ms Lucille J Bush	One CVS Drive	Woonsocket	RI	02895	15,000 00
07/01/2009	Diamond Insurance	Mr David Hokin	500 N Skokie Blvd - #310	Northbrook	IL	60062	100,000 00
10/23/2009	Duke, Ray & Amber	P O Box 7		Spring Grove	IL	60081	5,000 00
11/25/2009	Edmond & Alice Opler Foundation	P O Box 547		Oak Lawn	IL	60454	15,000 00
09/21/2009	Elick and Charlotte Lndon Foundation	Ms Charlotte Lndon	2500 Indigo Ln, #337	Glenview	IL	60025	5,000 00
10/30/2009	For Autistic Kids Foundation	1200 N Milwaukee Ave		Glenview	IL	60025	15,000 00
03/15/2010	Frank, Elaine	657 Hibbard Road		Winnetka	IL	60093-1641	10,000 00
01/20/2010	Friedman, Michael & Margaret	Four Seasons Chicago	120 E Delaware Place #3105	Chicago	IL	60611	4,010 00
01/13/2010	Friedman, Steven & Marci	2090 Hidden Ridge Ln		Highland Park	IL	60035	5,000 00
03/08/2010	Frost, Ruttenberg and Rothblatt, P C	Mr Marvin Fox	111 S Pfingsten Rd , Ste 300	Deerfield	IL	60015-4981	5,010 00
11/16/2009	Geibort, Robert & Jean	212 Edgemere Way So		Naples	FL	34105	5,000 00
03/23/2010	Glennier, Frieda	6736 N Mozart		Chicago	IL	60645	5,000 00
03/23/2010	Glennier, Sidney & Lisa	2959 W Glenlake		Chicago	IL	60659	16,110 00
03/26/2010	Glustoff, Calvin & Lila	9015 Kostner Ave		Skokie	IL	60076	10,000 00
03/18/2010	Goldfeder, Avi & Batshie	6030 N Bernard		Chicago	IL	60659	10,000 00
10/02/2009	Harry & Sadie Lasky Foundation	30 S Wacker Dr , Ste 2600		Chicago	IL	60606	5,000 00
03/04/2010	Hartman, Robert & Debra	3451 W Glenlake		Chicago	IL	60659	35,820 00
08/10/2009	Herrendorf Family Foundation	Mr Hershel Herrendorf	180 E Pearson, #5701	Chicago	IL	60611	5,000 00
02/26/2010	Highland Park Healthcare Foundation	610 Central Avenue Suite 200		Highland Park	IL	60035	30,000 00
03/15/2010	Hutchinson, Thomas & Carne	1815 N Halsted St		Chicago	IL	60614	5,000 00
06/04/2010	Jacoby, Mitch & Deborah	9420 N Drake Avenue		Evanston	IL	60203	7,500 00
11/16/2009	John R Halligan Charitable Fund	Mr Norman J Gantz	2 N LaSalle St , Ste 2200	Chicago	IL	60602	7,000 00
03/01/2010	Joseph & Bessie Feinberg Foundation	415 E North Water St , #2301		Chicago	IL	60611	10,000 00
10/01/2009	Kanaris, Peter & Catherine	225 Brampton Ln		Lake Forest	IL	60045	12,000 00

## Keshet

## Donations over \$5,000

Date	Name	Name Street1	Name City	Name State	Name Zip	Net
01/04/2010	Kirshenbaum, Myron & Stacy	9137 Dr Korczak Ter	Skokie	IL	60076-174E	5,000.00
05/04/2010	L & R Anxter Foundation	3641 Torrey Pines Parkway	Northbrook	IL	60062	10,000.00
03/04/2010	Malkin, Judd	900 N Michigan Ave., Ste 1400	Chicago	IL	60611	6,000.00
12/09/2009	Marvin and Kay Lichtman Foundation	410 S Michigan Ave., #626	Chicago	IL	60605	15,000.00
07/10/2009	Medline Industries, Inc	Mr James Abrams	Mundelein	IL	60060	40,000.00
02/23/2010	Meister, Paul & Jill	1300 N State Pkwy , #110	Chicago	IL	6061	6,000.00
02/11/2010	Meyers, Gary & Karen	2828 Whispering Oaks	Buffalo Grove	IL	60089	4,510.00
08/21/2009	Miller, Harvey L & Janice	1538 Brae Burn Court	Riverwoods	IL	60015	5,000.00
03/03/2010	Nortman, Benjamin	400 Village Green, Unit 307	Lincolnshire	IL	60069	9,190.00
03/08/2010	Omnicare Foundation	Mr Vern Gideon	Des Plaines	IL	60018	18,110.00
01/04/2010	Pike, Robert W & Linda	1795 W North Pond Lane	Lake Forest	IL	60045	5,000.00
12/15/2009	Polovin, Andrew & Faith	535 Carnegie Way	Deerfield	IL	60015	5,000.00
12/30/2009	Preferred Podiatry Group, Inc	Mr Sanford Mason	Northbrook	IL	60062	24,000.00
02/11/2010	Rafferty, James & Chen	5142 RFD Bridlewood Lane	Long Grove	IL	60047	5,000.00
10/07/2009	Reis, David & Donna	19 Hilltop Pl	Rye	NY	10580	39,000.00
04/20/2010	Robert J Semrad & Associates LLC	20 S Clark St 28th Floor	Chicago	IL	60603	10,000.00
03/08/2010	Robinson, Elliott & Ronni	9009 Kedvale	Skokie	IL	60076	6,000.00
02/01/2010	RSM McGladrey, Inc	Mr Simon Lesser	Chicago	IL	60606	4,200.00
03/12/2010	Sacks Family Foundation	Mr Michael Sacks	Highland Park	IL	60035	20,000.00
02/25/2010	Shorr, David & Julie	1910 Old Bnair Rd	Highland Park	IL	60035	247,930.00
12/22/2009	Silver, Ronald & Catherine	246 Maple Hill Drive	Glencoe	IL	60022	5,000.00
05/17/2010	Siragusa Foundation	Ms Irene S Phelps	Chicago	IL	60611	5,000.00
09/23/2009	Special Kids Foundation	2218 N Monticello	Chicago	IL	60647	15,000.00
11/09/2009	Special Kids Network	Coe Financial Group, Inc				55,000.00
02/01/2010	Stern, Abraham & Sun	9049 N Karlov Ave	Skokie	IL	60076	6,000.00
09/16/2009	Takiff Family Foundation	P O Box 1	Glencoe	IL	60022	10,000.00
05/24/2010	The Fraida Foundation	Mr Michael Greenhill	Chicago	IL	60601	5,000.00
01/04/2010	The Pritzker Pucker Family Foundation	Mr Ronald Wray	Chicago	IL	60606	7,500.00
02/02/2010	The PrivateBank	120 S LaSalle St	Chicago	IL	60603	9,100.00
01/05/2010	The Tax Club	350 Fifth Avenue Suite 6015	New York	NY	10118	10,000.00
12/30/2009	Topfer Family Foundation	Ms Enca Gustafsonh	Austin	TX	78746	5,000.00
03/23/2010	Valenous, Bob & Randi	1088 Bluff Rd	Glencoe	IL	60022	5,640.00
12/02/2009	Vozar, Bonnie	336 Clare Dr	Bloomington	IL	60108	5,000.00
09/17/2009	Weber, Louis	240 Birch Street	Winnetka	IL	60093	40,000.00
03/17/2010	Weingard, Mark					9,820.00
10/09/2009	Wells Fargo Advisors	500 Lake Cook Rd , #100	Deerfield	IL	60015	10,000.00
03/04/2010	Wolfe, Shabsai & Debbie	6651 N Drake	Lincolnwood	IL	60712	9,820.00
01/15/2010	Zaban, Leonard	2311 Birchwood Ln	Northfield	IL	60093	5,820.00
03/03/2010	ZAC Management Group, LLC	101 West Ave , Ste 300	Jenkintown	PA	19046	9,370.00
03/09/2010	Zednik, Joseph R & Deanna	771 Thackeray Dr	Highland Park	IL	60035	50,000.00
05/05/2010	Zemsky, Eugene & Delores	113 Radcliffe Ct	Glenview	IL	60025	5,000.00
02/02/2010	Zuckerman Family Foundation	191 N Wacker Dr , #1500	Chicago	IL	60606	10,000.00
						1,509,778.75

# Keshet Board of Directors

Name	Position	Address	City	State	Zip
William Auerbach	<i>President</i>	4707 W. Farwell	Lincolnwood	IL	60712
Margaret Berger	<i>Vice Chair</i>	1866 N. Howe St	Chicago	IL	60614
Dr. Richard Gershon	<i>Treasurer</i>	6545 N. LeMai	Lincolnwood	IL	60712
Leah Richman	<i>Secretary</i>	2647 Maple	Northbrook	IL	60062
Stuart Charnet	<i>Board Member</i>	1301 Westchester Road	Buffalo Grove	IL	60089
David Hartman	<i>Board Member</i>	6137 N. Bernard	Chicago	IL	60659
Dr. Tamar Heller	<i>Board Member</i>	6657 N. LeMai	Lincolnwood	IL	60712
Rabbi Moshe Katz	<i>Board Member</i>	2933 W. Coyle	Chicago	IL	60645
Renee Klass	<i>Board Member</i>	2082 Sheridan Rd.	Buffalo Grove	IL	60089
Carl La Mell	<i>Board Member</i>	c/o Clearbrook, 1835 W. Central Rd.	Arlington Hgts.	IL	60005
Gail Metrick	<i>Board Member</i>	1651 Forest Dr.	Glenview	IL	60025
Karen Meyers	<i>Board Member</i>	2828 Whispering Oaks Dr	Buffalo Grove	IL	60089
Michael Pinsel	<i>Board Member</i>	493 Hazel	Highland Park	IL	60035
David Shorr	<i>Board Member</i>	1910 Old Briar Road	Highland Park	IL	60035