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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)

OMB No 1545-0047

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

Open to Public Inspection

A	or the	2009 calendar year, or tax year beginning SEP 1 2009 and en	nding A	UG 31, 2010						
В	theck if applicable	use IRS		D Employer identifi	ication number					
	Addre:	ss label or print or THE HAROLD GRINSPOON FOUNDATION								
	Name chang	type		04-668	5725					
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) R	Room/suite	E Telephone numbe						
	Termir ated			1	81-0712					
	Ameno			G Gross receipts \$	60,268,732,					
一	Applic			H(a) Is this a group r						
	pendır	F Name and address of principal officer JEREMY PAVA		for affiliates?	Yes X No					
	•	SAME AS C ABOVE		H(b) Are all affiliates in						
$\overline{}$	Гах-ехе	empt status: x 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		1	list. (see instructions)					
		te: Www.hgf.org		H(c) Group exemption						
		organization: Corporation X Trust Association Other	I Year		M State of legal domicile: MA					
	art I	Summary	1 = 1001	01101111au011. 19911	VI Citate of regal doffilolic. PIA					
	т—'-	Briefly describe the organization's mission or most significant activities. PROVIDE	SIIDDORT	TO DRIMARILY						
Governance	1	JEWISH EDUCATIONAL ORGANIZATIONS AND INSTITUTIONS	SOFFORI	TO PRIMARIEI						
nar	1	Check this box rif the organization discontinued its operations or dispose	ed of more	than 25% of its net a	esots					
Ver		Number of voting members of the governing body (Part VI, line 1a)	or more	ı	1					
ဗိ	۱.	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	3					
•ರ	4			 	7					
ties	5	Total number of employees (Part V, line 2a)		5	58					
ξį	6	Total number of volunteers (estimate if necessary)		6	50					
A	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	-118,878.					
=	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
83-Revenue NA Activities &		Over the Annual and Annual (Dad VIIII line 41)	-	Prior Year	Current Year					
e E	8	Contributions and grants (Part VIII, line 1h)	-	5,618,531.	19,113,371.					
(§)	9	Program service revenue (Part VIII, line 2g)		2,020,282.	2,418,218.					
Be.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	⊢	-2,896,125.	-10,749,886.					
m	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	21,569,277. 26,311,965.	5,464,663. 16,246,366.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								
•		Grants and similal and interpald (Patrix, column (A), lines 1-3)	<u> </u>	9,741,810.	7,788,601.					
4		Benefits paid t o or for members (Part IX, dolymn (A), line 4)	<u> </u>							
Expenses		Salaries, other compensation temptoyee denetits (Part IX, column (A), lines 5-10) Professiona conditions fees (Part IX, column (A), line 11e)	2,854,275.	3,112,939.						
-e		Total fundraising expenses (Part IX, column (D), line 25)								
ŭ		Other expenses (Par (A) Unes 11a-11d, 11f-24f)		5,399,842.	4,445,223.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,995,927.	15,346,763.					
	10	Revenue less expenses Subtract line 18 from line 12		8,316,038.	899,603.					
es es	1.0	Tovones 1000 expenses essuast into 10 from time 12	Re	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u> </u>	175,927,733;	195, 088, 070,					
Ass	21	Total liabilities (Part X, line 26)		28,327,694.	22,931,557,					
Net	22	Net assets or fund balances Subtract line 21 from line 20		147,600,039	172 156 513					
P	art II	Signature Block		217,000,000						
_		Under penalties of the rule that I have examined this return, including accompanying schedules and and complete peclaration of preparer (other than officer) is based on all information of which preparer has any	statements,	and to the best of my knowled	ige and belief, it is true, correct,					
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any	y knowledge							
Si-	_	1 1/11 Jan Truster		1 1/15/	1.1					
Sig		Sugnature of officer		Date						
Hei	e									
		JEREMY PAVA TRUSTEE Type of print name and title								
_		I Data	I Ch	eck if Prepar	rer's identifying number					
Paid	d	riepaiei s	sel	f- (see in	structions)					
Pre	parer's	signature JAVD AHICKA 01/17/11	т Геш	ployed						
Use	Only	yours if MEYERS BROTHERS KALICKA, P.C.		EIN ►						
	-	self-employed), address, and 330 WHITNEY AVE, SUITE 800		DL.						
		ZIP+4 HOLYOKE MA 01040		Phone no. > 4						
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No					
9320	001 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sep	parate ins	tructions.	Form 990 (2009)					

	1990 (2009) THE HAROLD GRINSPOON FOUNDATION 04-6685	<u> 125</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	ENHANCING JEWISH AND COMMUNITY LIFE IN WESTERN MASSACHUSETTS, NORTH		
	AMERICA, ISRAEL AND BEYOND,		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O		١٩٥
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	X No
3	If "Yes," describe these changes on Schedule O	1es	LA_INO
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 \$ 5 159 756, including grants of \$ 896 813,) (Revenue \$		0.010
44		2,41	18,218.)
	THE PJ LIBRARY (PJ FOR PAJAMAS), IN PARTNERSHIP WITH LOCAL COMMUNITIES		
	PROVIDES FAMILIES WITH HIGH-QUALITY CHILDREN'S BOOKS, MUSIC, AND OTHER		
	RESOURCES THAT FOSTER JEWISH LEARNING AND CREATE A GATEWAY FOR DEEPER		
	ENGAGEMENT IN JEWISH LIFE, 63,395 CHILDREN SERVED IN 135 COMMUNITIES		
	RECEIVED BOOKS AND MATERIALS MONTHLY IN 2010.		
4b	(Code:) (Expenses \$ 3,055,404. including grants of \$ 1,979,636.) (Revenue \$)
	THE GRINSPOON INSTITUTE FOR JEWISH PHILANTHROPY (GIJP) PROVIDES		
	MENTORING SERVICES AND CHALLENGE GRANTS TO NONPROFIT JEWISH OVERNIGHT		
	CAMPS AND OTHER ORGANIZATIONS. GIJP FOCUSES ON STRATEGIC PLANNING.		
	LEADERSHIP DEVELOPMENT, FUNDRAISING, AND OVERALL CAPACITY BUILDING.		
			·
			
		·	
	The state of the s		
4c	(Code:) (Expenses \$ 6,176,725. including grants of \$ 4,912,152.) (Revenue \$	1	.8,720.)
	THE HGF AWARDS GRANTS DIRECTLY TO INDIVIDUALS AND ORGANIZATIONS	_	,,
	SUPPORTING INITIATIVES LOCALLY NATIONALLY AND IN ISRAEL. THESE		
	PROGRAMS RANGE FROM SMALL INDIVIDUAL CAMPERSHIP TO NATIONAL		
	ORGANIZATIONAL GRANTS, ADDITIONALLY HGF PROVIDES FUNDING AND RESOURCES		
	FOR PHILANTHROPIC LEGACY AND TEEN PROGRAMS, CULTURAL AND ART		
	INITIATIVES, AND PROFESSIONAL DEVELOPMENT AND RESOURCE MATERIALS FOR	~	
	EDUCATORS.		
	 		
	Others are seen and (December & Orbertal & O.)		
4d	. •		
4 -	(Expenses \$ including grants of \$) (Revenue \$)		
40	Total program service expenses ►\$ 14,391,885.		90 (2000)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/A	
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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? If "Yes," complete Schedule D, Part IV	9		X.
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			*
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	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? If "Yes," complete Schedule F, Part I	14b	х	
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? If "Yes," complete Schedule F, Part II	15		-X-
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? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
		Form	990 (2009)

			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21	х	
22	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? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		х
27	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? If "Yes," complete			
	Schedule L, Part III	27	х	
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
C	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х.	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	х	
-		Form	990 (2009)

Form 990 (2009)

THE HAROLD GRINSPOON FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable 1a 46			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,		
	(gambling) winnings to prize winners?	1c		
2 a	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 2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	х	
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)?	4 a	х	
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		<u> </u>
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			×
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	_7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	<u>7е</u>		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		Х
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	_7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			ı
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	at any time during the year?	8		
э a	Diddle among the production of the distribution of the second of the sec	00		
b		<u>9a</u> 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter	_30		
а				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''a	Gross income from members or shareholders . N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
3	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ı eu		
	TED	Form	990 (2009)
		. 5.111	(_000/

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.

Sec	tion A. Governing Body and Management				_			
		1.	ı	_	Yes	No		
	Enter the number of voting members of the governing body	1a	-	- 9				
b	Enter the number of voting members that are independent	_ <u>1b</u>		7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner					
_	officer, director, trustee, or key employee?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	ie aire	ct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?		0	3	├-	Х		
4	Did the organization make any significant changes to its organizational documents since the prior Fo		o was filed?	4	<u> </u>	X		
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts7		5	 	X		
6	Does the organization have members or stockholders?		4 4 1	6	 	Х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me governing body?	ember	s or the	7-		٠		
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	reone')	7a 7b	├	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken			76		Х		
0	by the following:	Guilli	y trie year					
_	The governing body?			00				
a b	Each committee with authority to act on behalf of the governing body?		-	8a 8b	X	 		
9								
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ioi ieu	at 1110	9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	eveni	e Code)			Α		
	The state of the section B requests information about pension not required by the internal re-	0,0,10	0 0000.7		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?			10a		х		
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates.	132				
	and branches to ensure their operations are consistent with those of the organization?	•		10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ilıng th	ne form?	11	х			
11A		J						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х			
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise					
	to conflicts?			12b	х			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe					
	ın Schedule O how this is done			12c	х			
13	Does the organization have a written whistleblower policy?			13		х		
14	Does the organization have a written document retention and destruction policy?			14	х			
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	_x			
b	Other officers or key employees of the organization			15b	_x			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ment '	with a					
	taxable entity during the year?			16a		х		
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate	its participation					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	anızat	ion's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶мд							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501	(c)(3)s only) avail	able for		•		
	public inspection. Indicate how you make these available. Check all that apply.				•			
	Own website Another's website X Upon request	_						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest polic	y, and fina	ancial			
	statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books a	na rec	oras of the orga	nization				
	JEREMY PAVA - (413) 781-0712							
	380 UNION STREET, WEST SPRINGFIELD, MA 01089			Earm	990 (2000		
				ruili	. JJU ((2009)		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year 'Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average				rtion			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HAROLD GRINSPOON										
TRUSTEE	30.00	x_						0.	0.	0.
JEREMY PAVA										
TRUSTEE	10.00	х						0.	0.	0,
WINIFRED SANDLER										
TRUSTEE	16.00	x					ı	0.	0.	0.
MICHAEL BOHNEN										
TRUSTEE	4.00	х						0.	0.	0,
RABBI YITZ GREENBERG								,		-
TRUSTEE	4.00	х						0.	0.	0.
DIANE TRODERMAN										
TRUSTEE	4.00	х						0.	0.	0.
DR. ERIC LEVINE										
TRUSTEE	4.00	х						0.	0.	0.
DR. ARLEN LICHTER										
TRUSTEE	4.00	х						0.	0.	0.
ED GREENBAUM										
TRUSTEE	4.00	х						0.	0.	0.
JOANNA BALLANTINE										
EXECUTIVE DIRECTOR	35.00			X		x		117,385.	0.	8,706.
EDWARD KLINE										
CHIEF OPERATING OFFICER	40.00			х	х			187,391,	0,	350.
DAVID SHARKEN										
PROGRAM MENTOR	40.00					x		124,495.	0.	8,161,
ERIC PHELPS										
PROGRAM DIRECTOR	40.00	<u> </u>				х		106,998.	0,	8,161,
										_
										- 000

Form 990 (2009)

	(A) Name and title	(B) (C) Average Position hours (check all that apply)							(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	
	•	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C) 0	othe impens from t rganiza and rela rganiza	sation he ation ated
			l										
						_	-		<u></u>				
							_						
		<u> </u>	-				_	_			<u> </u>		
			-										
			 					_	_			·-··	
							-						
							-						
	Total					<u></u>	<u> </u>	<u> </u>	536,269.		0.	25	5,378.
2	Total number of individuals (including but is compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100),000 in reportable	e 		4
3	Did the organization list any former officer	, director or tru	ıstee	, ke	y en	nplo	yee,	or I	highest compensated ei	nployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for some some some some some some some some	such individual	'								3		X
7	and related organizations greater than \$15	50,000? If "Yes	, " co	mpl	ete S	Sch	edul	e J	for such individual		4	x	<u> </u>
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched				from	any	y un	relat	ted organization for serv	ices rendered to	5		x
	tion B. Independent Contractors								45 - 4	#100 000 of com		- 6	
1	Complete this table for your five highest countries the organization.	ompensated in	аер	enae	ent c	Ont	racti	Ors		\$100,000 of com	pensano	13 110111	
	(A) Name and business	s address							(B) Description of s	services	Com	(C) pensat	ion
BOST	ON INTERACTIVE										·		
529	MAIN ST, CHARLESTOWN, MA 02129		-						WEBSITE DESIGN & D	EVELOPMENT		13:	L,199,
		<u> </u>							along to beautiful dates. The		-	<u>.</u>	-
		· · · · · · · · · · · · · · · · · · ·			_							_	
2	Total number of independent contractors		not i	mite	d to	thc	ose l	ste	d above) who received r	nore than			
	\$100,000 in compensation from the organ						1				For	m 990	(2009)

rt VI			N FOUNDATION			04-6685725	Page
,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a b c d e f	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c			1		
d	Related organizations	. 1d					
e	Government grants (contribut	ions) 1e					
f	All other contributions, gifts, gran	ts, and					
	sımılar amounts not ıncluded abo	ve 1f	19,113,371.				
l g	Noncash contributions included in lines	1a-1f \$	15,356,328.			,	
h	Total. Add lines 1a-1f		<u> </u>	19 113 371			
			Business Code				
2 a	PJ LIBRARY BOOK PROGRA		900099	2,418,218,	2,418,218,		
- :- b				2,120,020.	2,320,320.		- · · ·
c							
ď							
2 a b c d							
f							
	Total. Add lines 2a-2f	inue		2 410 210			
3	Investment income (including	disudondo intori		2,418,218.			
3		dividends, intere		4 554 040			4 574 04
١.	other similar amounts)			1,571,918.			1,571,91
4	Income from investment of tax	x-exempt bond p	. r				
5	Royalties		<u> </u>				
	_	(i) Real	(ii) Personal				
6 a	•	23,350.					
b	•	7,776,					
C	: Rental income or (loss)	15,574.					
d	Net rental income or (loss)		, •	15,574.		·	15,57
7 a	Gross amount from sales of	(i) Secunties	(ıi) Other				
	assets other than inventory	31,692,786.					
b	Less. cost or other basis						
	and sales expenses	44,014,590.					
c	Gain or (loss)	12 321 804	,				
d	Net gain or (loss)			-12,321,804.			-12,321,80
8 a	Gross income from fundraising including \$	g events (not of		A			
	contributions reported on line						
	Part IV, line 18	a					
h	Less: direct expenses	b					
c		_	•				
_	Gross income from gaming ac						
"	Part IV, line 19	а					
h	Less: direct expenses	b					
-	: Net income or (loss) from garr						
l .	Gross sales of inventory, less	=					
'' a	and allowances						
.		a					
l	Less cost of goods sold	of inventory			-		-
├	Net income or (loss) from sale		Buomasa Cad				.
	Miscellaneous Revenu		Business Code	F 444			F 04=
1	REAL ESTATE PTSP K-1'S		523000	5,323,776.		6,670.	5,317,10
l	INVEST. PTPS K-1'S		523000	106,593.		-125,548.	232,14
C			900099	18,720.	18,720.		
d							
e	Total. Add lines 11a-11d		P	5,449,089,			<u></u>
12	Total revenue. See instructions.		▶	16,246,366,	2,436,938.	-118 878	-5,185,06

04-6685725

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). (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 6.844.539 6,844,539 Grants and other assistance to individuals in the US See Part IV, line 22 944.062 944,062 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 308,807 187,500 121,307 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,423,611 2,059,801 363,810 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 193,229 160,505 32,724 Payroll taxes 10 187,292 159,417 27,875 Fees for services (non-employees): Management h Legal 49,028 46,538 2,490 Accounting 20,808 2,769 18,039 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 199,552 199,552 g 244,990 230,818 14 172 Advertising and promotion 12 459,792 456,545 3,247 13 Office expenses 107,504 82,459 25,045 Information technology 14 39,907 51,929 12,022 15 Royalties 16 Occupancy 53,353 53,353 17 Travel 127,920 127,920 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 73,160 73,160 20 Interest Payments to affiliates 22 Depreciation, depletion, and amortization 23,861 23,861 Insurance 23 26,551 26,551 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.) BOOKS AND CD'S 2,686,235 2,686,235 OFFICE AND GENERAL 320,540 309,517 11,023, All other expenses Total functional expenses. Add lines 1 through 24f 25 15,346,763 14,391,885 954.878 Joint costs. Check here

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

932010 02-04-10

Form **990** (2009)

		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			528,399.	1	471,224
	` 2	Savings and temporary cash investments				2	
i	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employee	es. Co	nplete Part II			
ĺ		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 495	58(c)(3	(B) Complete		1	
		Part II of Schedule L				6	
:	7	Notes and loans receivable, net .			1,377,264.	7	1,331,61
	8	Inventories for sale or use				8	
:	9	Prepaid expenses and deferred charges	12,400.	9	11,50		
	10a	Land, buildings, and equipment: cost or other					٠
		basis. Complete Part VI of Schedule D	10a	590,288.		ľ	
	ь	Less: accumulated depreciation	10b	219,465.	344,024.	10c	370,82
	11	Investments - publicly traded securities		39,637,066.	11	58,039,40	
	12	Investments - other securities See Part IV, line 1	134,028,580.	12	134,714,54		
ı	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0.	15	148,96	
	16	Total assets. Add lines 1 through 15 (must equa	34)	175,927,733.	16	195 088 07	
	17	Accounts payable and accrued expenses	504,588.	17	328,11		
	18	Grants payable	27,756,186.	18	22,491,72		
	19	Deferred revenue			66,920.	19	111,72
-	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete F	⊃art IV	of Schedule D		21	
	22	Payables to current and former officers, director	s, trus	tees, key employees,			*
		highest compensated employees, and disqualified	ed per	sons. Complete Part II			
'		of Schedule L .				22	
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities Complete Part X of Schedule D				25	
_	26_	Total liabilities. Add lines 17 through 25			28,327,694.	26	22,931,55
ł		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
}		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		ļ_	147,480,039.	27	172,031,64
	28	Temporarily restricted net assets				28	4,86
	29	Permanently restricted net assets			120,000.	29	120,00
		Organizations that do not follow SFAS 117, cl	heck h	ere 🕨 🖳 and 🔝			
5	_	complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		<u> </u>		30	
	31	Paid-in or capital surplus, or land, building, or eq				31	 .
	32	Retained earnings, endowment, accumulated in	come,	or other funds	 	32	
•	33	Total net assets or fund balances		<u> </u>	147,600,039.	33	172,156,51
	34	Total liabilities and net assets/fund balances		1	175 927 733	34	195 088 07

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Publ Inspection

Department of the Treasury Internal Revenue Service

Namè of the organization

Employer identification number

OMB No 1545-0047

	THE HAROLD GRINSPOON FOUNDATION	<u>000/20</u>		
Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions			
The organ	zation is not a private foundation because it is: (For lines 1 through 11, check only one box.)			
1 🔲	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4 🗀	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	hospital's	s nam	ie,
	city, and state			
5 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit described	ın		
	section 170(b)(1)(A)(iv). (Complete Part II.)			
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general pull	blic descr	ıbed ı	n
	section 170(b)(1)(A)(vi). (Complete Part II.)			
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)			
9 🔲	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	gross rec	eipts 1	from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support fro	m gross ı	nvest	ment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after	er June 30), 197	5.
	See section 509(a)(2). (Complete Part III.)			
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
11 LX	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the pu	rposes of	one o	or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check	the box t	that	
	describes the type of supporting organization and complete lines 11e through 11h			
	· · · · · · · · · · · · · · · · · · ·	ype III - O		
e Lx_l	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified per	sons othe	er thai	n
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or sec	ction 509(a)(2).	
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III			
	supporting organization, check this box			
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	Г	—-т	
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,		Yes	No
	the governing body of the supported organization?	11g(i)		Х
	(ii) A family member of a person described in (i) above?	11g(ii)		X
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		<u> </u>
h	Provide the following information about the supported organization(s)			
	(iii) Type of Kink to the exception (ii) Did you not to the (vi) Is the			
				_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	ation in col. (i) listed in your organization in col. organization in lines 1-9 organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		0-000-04-0000		organization in col. Organization in col.		
		(see instructions))	Yes	No	Yes	No	Yes	No	
BIRTHRIGHT ISRAEL									
FOUNDATION	13-4092050	7	х		х		х		0.
FOUNDATION FOR									
JEWISH CAMP	22-3551013	7	х		х		х		221,450.
JEWISH FEDERATION					1				
OF GREATER SPRINGF	04-2127023	7	х		х		х		100.036.
HEBREW HIGH SCHOOL			1			!			
OF NEW ENGLAND	06-1455973	2	х		х		х		1,525,325,
THE JEWISH						l			
FEDERATIONS OF NOR	13-1624240	7	x	ļ	х		х		2,849,288.
Total									4.696.099.

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4 ction B. Total Support		 				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,				1		
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
11	-	L	<u> </u>		<u> </u>		
12						12	
13	First five years. If the Form 990 is fo	=	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
50	organization, check this box and stor ction C. Computation of Publ		rcentage				
				(0)			
	Public support percentage for 2009 (-	column (t))	•	14	<u>%</u>
	Public support percentage from 2008	•	•		14 :- 22 1/20/	15	<u>%</u>
168	33 1/3% support test - 2009. If the c	_			14 IS 33 1/3% OF IT	iore, check this bo	\
	stop here. The organization qualifies		•		l l 15 is 22 1/20/		
	33 1/3% support test - 2008. If the co	-			1 IIIIe 15 IS 33 1/3%	or more, check th	IIS DOX
47.	and stop here. The organization qua	•	•	=	a 12 16a ar 16b <i>a</i>	and line 14 is 100/	
1/2	10% -facts-and-circumstances tes	•					*
	and if the organization meets the "fact					it iv now the organ	IIZATION _
	meets the "facts-and-circumstances"	-	· ·	• •	-	7a and line 15 is	10% or
t	10% -facts-and-circumstances tes	•-					
	more, and if the organization meets to organization meets the "facts-and-cire"				•		_
40	Private foundation. If the organization		-	•		•	
10	r ilvate ioulidation, il the organizatio	an alla Hot Officer a	DON OF THE TO, TO	, 100, 110, 01 1 <i>1</i>	_	edule A (Form 990	
					5011		<u></u>

Part III Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	of you checked the bo	ox on line 9 of Part
Section A. Public Support					-	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		•				
c Add lines 7a and 7b						
8 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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 IV)						
13 Total support (Add lines 9, 10c, 11, and 12)			l			
14 First five years. If the Form 990 is for	or the organization's	s first, second, the	rd, fourth,⁻or fifth t	ax year as a section	on⁻501(c)(3) organız	ation,
check this box and stop here				<u>.</u> .		_
Section C. Computation of Pub		-				
15 Public support percentage for 2009		•	column (f))		15	9
16 Public support percentage from 200					16	
Section D. Computation of Inve	stment Incom	e Percentage	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 2			ne 13. column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2009. If the						7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2008. If the	•					▶
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The orga	anızatıon qualıfies a	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

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 Open to Public Inspection

Name of the organization **Employer identification number** THE HAROLD GRINSPOON FOUNDATION 04-6685725 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 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 > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) _ Yes and section 170(h)(4)(B)(ii)? 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 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		dule D (Form 990) 2009 THE HAROLD	GRINSPOON FOUND	ATION			04 <i>-</i> _	66857	' '25	Pa	age 2
Check all that apoly):	Pa				easures,	or Oth				ınued)	
a Public exhation d Loan or exchange programs b Scholarly research e Other Cher Cher	3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that	at are a s	significant use	of its	collectio	n item	s
b Scholarly research e Cherror Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization socilections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization socilection's collection's organization assesses to be seld for organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It		(check all that apply):									
c Peservation for future generations 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 air, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets 1 During the year, did the organization solicition? Part IV Excrow and Custodial Arrangements. Complete it 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, 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, line 21. 1b If "Yes," explain the arrangement in Part XIV. 2 Biginning balance 2 Biginning balance 3 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Ending balance 4 Did the organization include an amount on Form 990, Part X, line 21? 5 Did the organization include an amount on Form 990, Part X, line 21? 6 Did the organization include an amount on Form 990, Part X, line 21? 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Ending balance 3 Did the organization on clude an amount on Form 990, Part X, line 21? 1 Ending balance 4 Did the organization on the organization answered "Yes" to Form 990, Part IV, line 10 2 Did the organization on the organization answered "Yes" to Form 990, Part IV, line 10 3 Did the organization on the organizat	а	Public exhibition	d	Loan or exc	hange progr	ams					
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 answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table: Tending balance	b	` Scholarly research	е	Other							
to be sold to raise funds rather than to be maintained as part of the organization of collection?	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizat	ion's exe	empt purpose	ın Part	XIV.		
Each 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, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It It It It It It It I	5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or oth	er sımıla	r assets				
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? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if organization a	nswered "Ye	s" to For	m 990, Part I\	/, line 9	e, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year d Ending balance 2 Destributions during the year f Ending balance 3 Destributions during the year f Ending balance 2 Destributions during the year f Ending balance 3 Destributions during the year f Ending balance 2 Destributions during the year f Ending balance 3 Destributions during the year f Ending balance 4 Destributions 6 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 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 Yes No 13 Beginning of year balance 3 3,855,473, 4 1,680,358, 4		reported an amount on Form 990, Pa	rt X, line 21.								
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c	1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	ns or other as	ssets not	t included		_		_
Amount It It It It It It It		on Form 990, Part X?				-			Yes		No
C Beginning balance 1 1 1 1 1 1 1 1 1	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
d dddrtums during the year 1d 1e 1e 1e 1e 1e 1e 1e									Amoun	t	
Ending balance 1e	С	Beginning balance		•			1c				
f Ending balance	d	Additions during the year					1d				
2a Ddd the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year					1e				
Description Part XI Part X Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 10	f	Ending balance					1f		_		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10	2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L_	Yes		No
(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 158,019, 50,702, c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 145,768, 218,577, f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ 97,00 % b Permanent endowment ▶ 2,80 % c Term endowment ▶ 2,0 % 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 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, Inne 10. Describe in Part XIV the intended uses of the organization's endowment funds 1a Land	Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line	10				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ 97,00 % b Permanent endowment ▶ 2,80 % c Term endowment ▶ 2,00 % 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 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. Describtion of investment (a) Cost or other basis (investment) Land b Buildings (a) Cost or other basis (investment) Land c La			(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back	(e) Four	years	<u>back</u>
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ 97,00 % b Permanent endowment ▶ 2,80 % c Term endowment ▶ 12,0 % c Term endowment ▶ 12,0 % d 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 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) Description of investment (a) Cost or other basis (investment) Description of investment 2 (b) Cost or other basis (other) Description of investment 4 Equipment 4 Equipment 5 (c) Accumulated - (d) Book value depreciation depreciation 15 (4) Bouldings 5 (15 (4) 15 (4) 35 (5) (5) (5) (5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	1a	Beginning of year balance	3,856,473.	4,680,358.							
d Grants or scholarships e Other expenditures for facilities and programs 145,768, 218,577, f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	b	•	158,019.	50,702.							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	С		407,435.	-656,010.							
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ 97,00 % b Permanent endowment ▶ 2,80 % c Term endowment ▶ 120 % 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 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) Dasis (investment) Dasis (investment) Dasis (investment) Dasis (other) 1a Land Description of investment Dasis (investment) Dasis (investment) Dasis (investment) Dasis (other) 270,341, 216,435, 53,906, Other	d	·									
g End of year balance 4 276 159, 3 856 473. Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ 97,00 % Permainent endowment ▶ 2,80 % Term endowment ▶ 2,00 % 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 (ii) related organizations 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) Land Buildings 165,064, 16	е	<u>'</u>						i			
g End of year balance 4, 276, 159, 3, 856, 473, 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment			145,768,	218,577.							
Port VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIV the intended uses of the organization's endowment that are leaded organization of investment. See Form 990, Part X, line 10. Describe in Part XIV the intended uses of the organization's endowment basis (investment) Land Lan	f	<u>'</u>									
a Board designated or quasi-endowment ▶ 97,00 % b Permanent endowment ▶ 2,80 % c Term endowment ▶ 120 % 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 (iii) related organizations 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. Describtion of investment Describtion of investment Describtion of investment Land Buildings Leasehold improvements G Equipment C Leasehold improvements G Equipment C Cother	g										
b Permanent endowment 2,80	2		r end balance held a	s							
c Term endowment ▶	а			_%							
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 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) basis (other) 1a Land 165,064, b Buildings 154,883, 3,030, 151,853, c Leasehold improvements d Equipment Equipment 270,341, 216,435, 53,906, e Other	b										
by:	С		_								
(ii) unrelated organizations (iii) related organizations 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) basis (other) depreciation 1a Land basis (investment) 165,064, 165,06	За		ssion of the organiza	ation that are held a	ind administe	ered for t	he organizatio	n	г		
(ii) related organizations 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) basis (other) depreciation 1a Land 165_064, 16		-								Yes	
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 depreciation 1a Land 165,064, 165,064		•••								\dashv	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) basis (other) depreciation 1a Land 165,064, 165,064		.,								\dashv	<u>x</u>
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 depreciation 1a Land 165,064, 165	b								_3b_		
Description of investment	Bo:				D-4 V 1	10					
basis (investment) basis (other) depreciation 1a Land 165,064, 165,064, b Buildings 154,883, 3,030, 151,853, c Leasehold improvements 270,341, 216,435, 53,906, e Other 0ther 0ther<	rai										
1a Land 165,064. 165,064. b Buildings 154,883. 3,030. 151,853. c Leasehold improvements 270,341. 216,435. 53,906. e Other 270,341. 216,435. 53,906.		Description of investment		- -				-	(d) Bool	c value	,
b Buildings		land	Dasis (ilivestri	letti) Dasis		ue	preciation				
c Leasehold improvements 270,341. 216,435. 53,906. e Other 3,906.					·		2 22				
d Equipment 270,341. 216,435. 53,906. e Other		• • • • • • • • • • • • • • • • • • • •			154,883.		3,030	'- 		151,	<u>853.</u>
e Other	_	·	· · · · · · · · · · · · · · · · · · ·		270 245		216 425				
		• •		-	2/0,341.			· 		_ 53,	906.
		· · · · · · · · · · · · · · · · · · ·	gual Form 990 Part	X column (R) line 1	10(c))					370	823

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	see Form 990, Part X, line 12.	<u> </u>	_	
(a) Description of security or category . (including name of security)	(b) Book value	Со	(c) Method of valuest or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
LIMITED PARTNERSHIP INTERESTS	52,102,477,	END-OF-YEAR	MARKET VALUE	
CASH AND CASH EQUIVALENTS	123,956.		MARKET VALUE	
PRIVATE EQUITY FUNDS	8,642,393.		MARKET VALUE	
CD'S AND GOVERNMENT FUNDS	41,026,157,		MARKET VALUE	 -
OTHER INVESTMENTS	32,819,566,		MARKET VALUE	
Table (Cold/b) must appel Form 000, Don't V. and (D) line 10 \	124 544 542	-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	134,714,549,			
Fait VIII Investments - Program Related.	See Form 990, Part X, line 13	<u>s. </u>	(c) Method of value	ntion
(a) Description of investment type	(b) Book value	Со	st or end-of-year ma	
				<u> </u>
				,
		•		
				
Total (Col (h) must squal Form 000, Port V sol (P) loss 12)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin	15			
	a) Description			(b) Book value
(-	, , , , , , , , , , , , , , , , , , ,			(5) 5551. 12.55
				
	<u> </u>			
		·	· · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15)		>	
Part X Other Liabilities. See Form 990, Part	(, line 25	 		
1 (a) Description of liability		(b) Amount		
Federal income taxes				
<u> </u>				
Total. (Column (b) must equal Form 990, Part X, col (B) III			<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text of the fo	otnote to the organization's t	financial statements	s that reports the org	ganization's liability for
uncertain tax positions under FIN 48				

_	dule D (Form 990) 2009 THE HAROLD GRINSPOON FOUNDATION			04-6685	725F	age 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited	Financial Stat	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		16,246	366.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	_	15,346	763.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		899	<u>603.</u>
4	Net unrealized gains (losses) on investments		4		18,589	<u>,321.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		_ 8		5,067	,550 <u>.</u>
9	Total adjustments (net) Add lines 4 through 8		9		23,656	871.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10		24,556	474.
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	34,837	<u>.859.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a	21,316,142	_		
b	Donated services and use of facilities	2b	191,305	<u>.</u>		
C	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIV.)	2d	7,776	<u>.</u>		
е	Add lines 2a through 2d			2e	21,515	,223,
3	Subtract line 2e from line 1			3	13,322	<u>,636.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
þ	Other (Describe in Part XIV.)	4b	2,923,730	4		
C	Add lines 4a and 4b			4c	2,923	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	\A/:Al-	F	5	16,246	366.
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents with	Expenses pe	r Keturn		
1	Total expenses and losses per audited financial statements			1	10,281	<u>,385.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1				
а	Donated services and use of facilities	2a	191,305	<u>-</u>		
b	Prior year adjustments	2b		4		
C	Other losses	2c		4 1		
ď	Other (Describe in Part XIV)	2d	7,776	<u> </u>		
е	Add lines 2a through 2d			2e		<u>,081.</u>
3	Subtract line 2e from line 1	•		3	10,082	<u> 304.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b	5,264,459	<u>.</u>		
C	Add lines 4a and 4b			4c	5,264	<u>,459.</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,346	763.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part					Part
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com	plete this pai	t to provide any a	dditional inf	ormation.	
PART	V LINE 4: TO SUPPORT IN PERPETUITY THE MISSION OF THE FOUND	ATION				
			••		·	
PART	XI, LINE 8 - OTHER ADJUSTMENTS:	<u> </u>				
CHAI	GE IN ACCRUED COMMITMENTS AND GRANTS PAYABLE: 5264459.			•	-	
PAR	NERSHIP INTERESTS: DIFF REALIZED V UNREALIZED INCOME/GAIN: -2	917848.				· ·
<u>CHAI</u>	GE IN MARKET VALUE OF LIMITED PARTNERSHIP INVESTMENTS: 272682	1,				
PART	NERSHIP INTERESTS: NONDEDUCTIBLE EXPENSE: -5882,					
				Schodule	D (Form 990	/ 2000

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Schedule U (Form 990) 2009 THE HAROLD GRINSPOON FOUNDATION	04-6685725	Page 5
Part XIV Supplemental Information (continued)		
PART XII LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES RECLASSED AGAINST RENTAL INCOME: 7776.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
PARTNERSHIP INTERESTS: NONDEDUCTIBLE EXPENSE: 5882,		
PARTNERSHIP INTERESTS: DIFF REALIZED V UNREALIZED INCOME/GAIN: 2917848,		
PART XIII LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES RECLASSED AGAINST RENTAL INCOME: 7776.		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
CHANGE IN ACCRUAL FOR COMMITMENTS AND GRANTS PAYABLE: 5264459,		
CHANGE IN ACCRUAL FOR COMMITMENTS AND GRANTS PAIABLE: 5204459,		
		
		
		
·		
		

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No	1545-0047
20	OO
ZU	09
Open t	o Public
Inspec	tion

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

				PJ LIBRARY PROGRAM-	
MIDDLE EAST	1	1	PROGRAM SERVICES	DISTRIBUTE BOOKS TO CHILDREN IN ISRAEL	642.014.
NORTH AMERICA	0		PROGRAM SERVICES	PJ LIBRARY PROGRAM- DISTRIBUTE BOOKS TO CHILDREN IN CANADA	130,710.
-					
-					

Schedule F (Form 990) 2009 Part II Grants and Other recipient who rece	(Form 990) 2009 THE HAROLD GRINSPOON FOUNDATIO Grants and Other Assistance to Organizations or Entities Outsi recipient who received more than \$5,000. Check this box if no one	3aniz 300. (THE HAROLD GRINSPOON FOUNDATION nce to Organizations or Entities Outside than \$5,000. Check this box if no one re	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Complete if the org than \$5,000	04-6685725 ganization answered "Y	1 <u>25</u> "Yes" to Form 9	190, Part IV, line 15, for	any Page 2
Use Schedule F. 1	Use Schedule F-1 (Form 990) if additional space is needed. (b) IRS code section	onal	space is needed.	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	and EIN (if applicable)			grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
	100000000000000000000000000000000000000								
or total number of IRS, or for which t	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	ns list	ted above that are re- s provided a section 5	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities	foreign country,	recognized as tax-e.	kempt by		
	-							Schedu	Schedule F (Form 990) 2009

02-01-10

Page 3	
04-6685725	. Complete if the organization answered "Yes" to Form 990. Part IV. line 16.
THE HAROLD GRINSPOON FOUNDATION	Part III Grants and Other Assistance to Individuals Outside the United States
Schedule F (Form 990) 2009	Part III Grants and Other 4ss

Grants and Other Assistance to Individuals Outside the Use Schedule F-1 (Form 990) if additional space is needed.

						. •	
(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2009
(g) Description of non-cash assistance							Sched
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant							
(c) Number of (d) Amount of recipients cash grant							
(b) Region	 		~ <u>-</u>	 	 		
(a) Type of grant or assistance		, -					

02-01-10

							OMB NO	OMB No 1545-0047
(Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	sə:		20	2009
Department of the Treasury		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes"	on Form 990, Par	t IV, line 21 or 22.		Open t	Open to Public
Internal Revenue Service			Attach to Form 990.	n 990.				
Name of the organization	- NOOGON	NOTER				ш	Employer identification number 04-6685725	ion number 725
Part General Information on Grants and Assistance	nd Assistance	WATTER						
⊣ ფ	o substantiate	the amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	uo	
criteria used to award the grants or assistance?	stance?			· ·	,		X Yes	2
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for m	onitoring the use of grant	funds in the United	States.				
1 2	Governments	and Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part I	V, line 21, for any	
recipient that received more than \$	\$5,000 Check	this box if no one recipien	t received more th	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if additiona	l space is needed	A
t (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of rash grant (e) Amount of or assistance (f) Method of valuation (book, aluation (book, appraisal, or government (g) Description of rash grant (h) Purpose or assistance	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant ce
SEE ATTACHED LIST			5,941,924,	0.				
2 Enter total number of section 501(c)(3) and government organizations	and governmen	t organizations					A	135,
3 Enter total number of other organizations	S					:	•	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Not	ce, see the Instructions	for Form 990.				Schedule I (Form 990) 2009	.т 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 04-6685725 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance ö o. Ö ö 5,250, 59,857 7,411 568,601 4,549 31 (c) Amount of cash grant DIRECTOR OF GRANTS VERIFIES THAT THE GRANTEES MEET THE STANDARDS TO RECEIVE THROUGH A COMPUTERIZED SYSTEM, THE BOARD VOTES ON GRANT RECIPIENTS AND THE SCHEDULE I PART I, LINE 2: GRANTS ARE MONITORED BY THE DIRECTOR OF GRANTS FUNDS, LARGER GRANTS REQUIRE INTERIM REPORTING AND REVIEW OF USE OF 54 (b) Number of recipients 218 GRINSPOON FOUNDATION THE HAROLD (a) Type of grant or assistance Schedule I (Form 990) 2009 TUITION INCENTIVES UNSUNG HERO AWARDS PRESCHOOL GRANTS TEACHER AWARDS TRAVEL GRANTS 932102 02-02-10 FUNDING Part III

Schedule I-1 (Form 990) 2009 THE HAROLD GRINSPOON FOUNDATION Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	INSPOON FOUR	NDATION Is in the Unite	d States (Schedule	I (Form 990), Part III	(04-6685725 Page 2	
(a) Type of grant or assistance	<u> </u>	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Camptung Channed		,	235 550	c			•
PROFESSIONAL DEVELOPMENT GRANTS		39	16,702,	0			
OTHER		146.	46,142,	0			
-							
							• •
-							
832242 02-01-10			32			Schedule I-1 (Form 990) 2009	_

SCHEDULE J (Form 990)

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.

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE HAROLD GRINSPOON FOUNDATION

Employer identification number

04-6685725

Pa	art I Questions Regarding Compensation			
			Yes	No
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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
			,	>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		5	\$ •
	CEO/Executive Director Check all that apply.			>
	x Compensation committee Written employment contract			*
	Independent compensation consultant X Compensation survey or study			^
	Form 990 of other organizations		. 1	^
			, ,	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		٧.	`
	organization or a related organization:	>	3	
а	D. C.	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	*,	d.	
		74	, ^	
	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	م¢	/	27.4
	contingent on the revenues of:	72		
а	The organization?	5a		х
b	Any related organization?	5b		х
	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	_		
а	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III.			
7				
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_ X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2009

THE HAROLD GRINSPOON FOUNDATION

Schedule J (Form 990) 2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1009-MISC compensation	S. compensation	0	5	(4)	(E)
		(b) Dicardown of		o componisation	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name.		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	reported in prior Form 990 or
								10III 990-EZ
•	<u>e</u>	187,391,	0	0	0.	350.	187,741,	0.
EDWARD KLINE	(ii)	0.	0	0	0	0	0	0
	(0)	I						
	<u> </u>							
	Ξ							
-	<u> </u>							
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	(E)	1 (
	(1)							
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	(ii)							
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	(ii)							:
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-	(ii)	1						:
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•	1							
	<u>[0]</u>							
	(1)							
	<u>(i)</u>							•
	1							
	9							
•	(II)							

Schedule J (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions With Interested Persons

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

	HAROLD GR					- 504(-)(4)				4-6685	725		
Part I Excess Benefit Complete if the orga					-		=			V line 41	Ωh		
1 (a) Name of dis			165	On Folia	990, Part IV,		Description (V, III 16 40		(c) Corr	ected?
(a) Name of this						(6)						Yes	No
					-						*		
									-				
 2 Enter the amount of tax imp section 4958 3 Enter the amount of tax, if a 							s during the	year un	der	▶ \$ ▶ \$			
Part II Loans to and/o	r From Int	eres	ted F	Persons	5.								
Complete if the orga											proved	1	
(a) Name of interested person and purpose	(b) Loan the orga				nal principal nount	(d) Bala	ince due		in ult?	by bo	pard or nittee?		ritten ment?
	То	Fre	om					Yes	No	Yes	No	Yes	No
	-										 		
											ļ		
										 	ļ		
							<u>.</u>			 			
otal	stance De	K:A:	I-		▶ \$								
Part III Grants or Assis Complete if the organization			_										
(a) Name of interested			100		onship betwe			and		(c) An	nount an	d type o	f
EVORAH PAVA			DAUG	HTER OF	TRUSTEE				TU:	ITION A	ASSITAL	ICE	
ATHANIEL PAVA			SON	OF TRUS	TEE				TU	ITION A	ASSITAL	ICE	
				•					 				
Part IV Business Trans	sactions Ir	volv	ing I	nterest	ed Persor	ıs.							
Complete if the orga (a) Name of interested	•	wered	(b) F	Relationsh	ıp between ı	nterested	(c) Amo		, , ,	Descrip		(e) Sha	aring of
			'	person an	d the organiz	zation	transa	ction		transact	tion	rever	nues?
BEVERLY PAVA				FAMILY 1	MEMBER			11.74	1 COMP	ENSATI	0	Yes	No_x
SUSAN KLINE				FAMILY 1						ENSATI			х
									 .		<u></u>	 	

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2009

Instructions for Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

2009

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2009

Name of the organization

THE HAROLD GRINSPOON FOUNDATION 04-6685725 Types of Property (d) (b) (a) (c) Check if Number of Revenues reported on Method of determining contributions Form 990, Part VIII, line 1g applicable revenues Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 7 Boats and planes 8 Intellectual property Securities - Publicly traded q Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 15 356 328. THIRD PARTY APPRAISAL Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate · Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Ye<u>s</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1:28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

932141

LHA

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

describe in Part II.

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.

2009
Open to Public Inspection

Name of the organization	Employer identification number
THE HAROLD GRINSPOON FOUNDATION	04-6685725
FORM 990, PART VI, SECTION A, LINE 2: PART VI: LINE 2:	
	·
JEREMY PAVA AND HAROLD GRINSPOON - BUSINESS RELATIONSHIP	
DIANE TRODERMAN AND HAROLD GRINSPOON- FAMILY RELATIONSHIP	
WINTERED CANDIED AND UADOLD CRINCROON PANTLY DELAMIONOUTD	
WINIFRED SANDLER AND HAROLD GRINSPOON - FAMILY RELATIONSHIP	
EDWARD KLINE AND SUSAN KLINE - FAMILY RELATIONSHIP	
	···········
FORM 990, PART VI, SECTION B, LINE 11: JEREMY PAVA, A BOARD TRUSTEE, AND	
MATT MOTYKA, THE DIRECTOR OF ACCOUNTING, REVIEW THE RETURN IN DETAIL AND	
MUDDINAMID PROUTER A CORV TO NA MEMORING OF THE POND OF TRUITERING FOR	
THEREAFTER, PROVIDE A COPY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR	·-··
THEIR REVIEW PRIOR TO THE FILING OF THE 990.	
FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD ARE REQUIRED	
TO DISCLOSE AN INTEREST IN ANY TRANSACTION OR ARRANGEMENT AND THE MEMBER IS	
REQUIRED TO ABSTAIN FROM PARTICIPATING IN THE DISCUSSIONS AND VOTING	
REGARDING THE TRANSACTION IF THE INTEREST IS DETERMINED TO BE A CONFLICT OF	
INTEREST OR MAY BE CONSTRUED AS A CONFLICT OF INTEREST. THE REMAINING	
BOARD MEMBERS SHALL DETERMINE IF THE TRANSACTION OR ARRANGEMENT IS FAIR AND	
REASONABLE TO THE FOUNDATION AND IN ITS BEST INTEREST AND FOR ITS OWN	
BENEFIT	<u> </u>
FORM 990, PART VI, SECTION B, LINE 15: PERSONNEL COMMITTEE (CONSISTING OF 3	
BOARD MEMBERS) CONDUCTS SURVEY OF COMPENSATION PAID BY LIKE ORGANIZATIONS	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10	Schedule O (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 Open to Public Inspection

Name of the organization THE HAROLD GRINSPOON FOUNDATION	04-6685725
APPROVES COMPENSATION DECISIONS, AND DOCUMENTS THE DELIBERATION AND	
DECISION OF EXECUTIVE COMPENSATION, THE LAST FULL REVIEW TO DETERMINE	<u>.</u> .
OFFICER COMPENSATION WAS DONE IN 2008.	
FORM 990, PART VI, SECTION C, LINE 18: THE ORGZANIZATION MAKES ITS 1023,	
990 AND 990-T AVAILABLE UPON REQUEST	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
AVAILABLE UPON REQUEST.	
990 PART XI, LINE 2C	
DESCRIPTION OF CHANGE IN PROCESS	
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR	
SCH L PART III GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:	
(A) NAME OF PERSON: DEVORAH PAVA	
(C) AMOUNT OF GRANT \$ 3500.	
(C) TYPE OF ASSISTANCE: TUITION ASSITANCE PROGRAM	
(A) NAME OF PERSON: NATHANIEL PAVA	
(C) AMOUNT OF GRANT \$ 3500.	·
(C) TYPE OF ASSISTANCE: TUITION ASSITANCE PROGRAM	
SCH I. PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (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.

2009
Open to Public Inspection

Name of the organization THE HAROLD GRINSPOON FOUNDATION	Employer identification number 04-6685725
(A) NAME OF PERSON: BEVERLY PAVA	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	
FAMILY MEMBER OF JEREMY PAVA BOARD TRUSTEE WITH VOTING RIGHTS.	
(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID	
(A) NAME OF PERSON: SUSAN KLINE	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	
FAMILY MEMBER OF EDWARD KLINE, CURRENT OFFICER WITHOUT VOTING RIGHTS	3.
(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

► See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 04-6685725

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

THE HAROLD GRINSPOON FOUNDATION

(a)	(2)	(2)	(P)	(e)	(2)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
HGF REALTY LLC - 20-4648790					
380 UNION ST	ACQUIRE, DEVELOP, LEASE,				
W SPFLD, MA 01089	AND DISPOSE OF REAL ESTATE	MASSACHUSETTS	23,350.	215,653,	
THE HAROLD GRINSPOON INTERNATIONAL	PURSUE EXCLUSIVELY			,	
FOUNDATION LLC - 27-0176319, 380 UNION ST, W RELIGIOUS, CHARITABLE,	W RELIGIOUS, CHARITABLE,				
SPFLD, MA 01089	LITERARY OR EDUCATIONAL	MASSACHUSETTS	0.	244,916,	
Identification of Belated Tax. Exempt Organizations (Complete		f the organization answered "Yes" to Form 990 - Bart IV line 34 herause it had one or more related tax-exemnt	1 IV line 34 herails	it had one or more re	lated tax-exempt

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BIRTHRIGHT ISRAEL FOUNDATION - 13-4092050	PROVIDES EDUCATIONAL TRIPS TO ISRAEL FOR JEWISH YOUNG				
NEW YORK, NY 10156	- 1	NEW YORK	501(C)(3)	170(B)(1)(A)(V NOT KNOWN	VOT KNOWN
HEBREW HIGH SCHOOL OF NEW ENGLAND -					
06-1455973, 1244 N. MAIN ST. WEST HARTFORD,	PROVIDE HIGH SCHOOL JEWISH				
CT 06117	RELIGIOUS INSTRUCTION	CONNECTICUT	501(C)(3)	170(B)(1)(A)(I NOT KNOWN	TOT KNOWN
THE JEWISH FEDERATIONS OF NORTH AMERICA INC PROTECT & ENHANCE THE	PROTECT & ENHANCE THE				
- 13-1624240, 111 EIGHTH AVE., STE 11E, NEW WELL-BEING OF	WELL-BEING OF JEWS & JEWISH		·		
YORK, NY 10011	COMMUNITIES	NEW YORK	501(C)(3)	170(B)(1)(A)(V NOT KNOWN	VOT KNOWN
FOUNDATION FOR JEWISH CAMPING, INC -	BUILD A JEWISH IDENTITY AND				•
22-3551013, 15 WEST 36TH ST, NEW YORK, NY	INCREASE QUANTITY/QUALITY				
10018	OF JEWISH CAMPING	NEW YORK	501(C)(3)	170(B)(1)(A)(V NOT KNOWN	VOT KNOWN

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

40

Schedule R (Form 990) 2009

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 Part III

THE HAROLD GRINSPOON FOUNDATION

Percentage ownership General or managing partner? Yes Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets N/A ate allocations? Yes No Disproportion-Ξ Share of total income 628,355, Share of end-of-year assets Type of entity (C corp, S corp, or trust) **e** 161,985, Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) INVESTMENT e Legal domicile (state or foreign country) છ 41 (d)
Direct controlling
entity Primary activity 9 Legal domicile (state or foreign country) Primary activity <u>e</u> EAL ESTATE Name, address, and EIN of related organization 04-3203704, 380 UNION STREET 01089 Name, address, and EiN of related organization TEXAS MOUNT VERNON MANOR WEST SPRINGFIELD, MA LIMITED PARTNERSHIP 932162 07-21-10 Part IV

04-6685725

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	I, III, or IV of this schedule			Yes	ž
1 During the tax year, did the organization engage	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a cont	or (iv) rent from a controlled entity		-E		×
b Gift, grant, or capital contribution to other organization(s)	nization(s)		₽	×	
c Gift, grant, or capital contribution from other organization(s)	ganization(s)		5		×
d Loans or loan guarantees to or for other organization(s)	zation(s)		1d		×
e Loans or loan guarantees by other organization(s)	(s)		9	-	×
f Sale of assets to other organization(s)			* =		×
g Purchase of assets from other organization(s)			19	1	×
h Exchange of assets			ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)	o other organization(s)		; -		×
j Lease of facilities, equipment, or other assets from other organization(s)	rom other organization(s)		1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)	draising solicitations for other organization(s)		¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	draising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets	other assets		T,		×
n Sharing of paid employees			t.	1	×
o Reimbursement paid to other organization for expenses	xesuedxe		10		×
p Reimbursement paid by other organization for expenses	xesuedxe		10		×
q Other transfer of cash or property to other organization(s)	nization(s)		5	Ì	×
r Other transfer of cash or property from other organization(s)	ganization(s)		-		×
2 If the answer to any of the above is "Yes," see t	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds			1
	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volved	_
(1) THE JEWISH FEDERATIONS OF NORTH AMERICA	ICA	В	2	849	288
(2) JEWISH FEDERATION OF WESTERN MASSACHUSETTS	USETITS	æ		100 036	036
(3) HERREW HIGH SCHOOL OF NEW ENGLAND		рс	_	525	325
(4) FOINDATION FOR JEWISH CAMP		ρc		221	450
-					
(6)					
932163 02-04-10	4.2	Sched	Schedule R (Form 990) 2009	(066	l SS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	egarding exclusion for certain investment partne	rships.					
(e)	(q)		©	(e)	€	(6)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No	•		of Schedule K-1 (Form 1065)	Yes No
		-					
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1							
						Schedule R (Form 990) 2009	1 990) 2009

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Tax-Exempt Organizations	
of Related	
of Identification	
Continuation c	
Part II	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JEWISH FEDERATION OF WESTERN MASSACHUSETTS INC - 04-2127023 1160 DICKINSON ST SPRINGFIELD, MA 01108	TS, TO ENSURE CONTINUITY & WELL-BEING OF A VIBRANT JEWISH COMMUNITY	MASSACHUSETTS	501(c)(3)	170(B)(1)(A)(V NOT KNOWN	YOT KNOWN
					•
				•	Schedule R-1 (Form 990) 2009

932222 02-02-10

oon Foundation		-
Harold Grinspoon	8/30/2010	EIN - 04-6685725

			Continue to Contra
8/30/2010			CYM = Create Your Match
EIN - 04-6685725			MYM = Meet Your Match
Schedule I, Part II			RYM - RaiseYour Match
		c. IRC	
a. Organization	b. EIN	Section	of cash h. Purpose (general support unless otherwise noted)
Agudath Israel of Illinois	36-3529801	509(a)(2)	\$65,344.44 MYM4
3542 West Peterson Avenue			
Chicago, IL 00039 American Freends of Koret Israel Fronomic	771107170	501(c)3	\$6 250 00 KIEDE administrative counant for loan
Development Funds		2/2/100	Action of Michigan and Michigan and Police (1) I control
c/o Koret Foundation			
33 New Montgomery Street, Suite 1090			
San Francisco, CA 94105-4526			
Auerbach Central Agency for Jewish Education	232473518	509(a)(1)	\$10,000 00 PJ Library Staff Salary Subsidy
7607 Old York Road			
Meirose Park, PA 19027-3010			
Bergen County Y, a JCC	221487394	509(a)(2)	\$10,000.00 PJ Library Staff Salary Subsidy
605 Pascack Road			
Washington Township, NJ 07676-4325			
Berkshire Hills - Emanuel Camp	13-1739934	501(c)3	\$16,874.33 MYM2 and RYM2
547 Saw Mill River Road, Suite 3D			
Ardsley, NY 10502			
B'naı B'rith Camp	93-0386850	501(c)3	\$31,209.83 CYM2 and MYM2
9400 SW Beaverton Hillsdale Highway #147			
Beaverton, OR 97005			
B'nai B'rith Perlman Camp	53-0209632	501(c)3	\$7,731 87 MYM4
4 Professional Drive, Suite 122			
Gaithersburg, MD 20879			
B'naı B'rıth Youth Organization	311794932	501(c)3	\$12,500 00
2020 K Street, NW 7th Floor			
Washington, DC 20006			
B'net Akiva of the US & Canada	13-3713762	501(c)3	\$16,166 33 MYM3
520 West 8th Avenue, 15th Floor			
New York, NY 10018			
Branders University	04-2103552	501(c)3	\$69,751 94 Brandeis in the Berkshires
Mailstop 100			
P O Box 549110			
Waltham, MA 02454-9110			
Camp Avoda	04-6002095	501(c)3	\$27,713 16 CYM3 and MYM3
11 Essex Street			
Lynnfield, MA 01940			
Camp Barney Medintz	58-0566126	501(c)3	\$16,777.78 MYM3
5342 Tilly Mill Road			
Dunwoody, GA 30338			
Camp Bauercrest	046002096	509(a)(1)	\$21,083 33 MYM and CYM3
20 Normandy Drive			

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וומוסים פיוווסלפיוווס מיסים וויסים			Acronyms legend:	id:
8/30/2010			•	CYM = Create Your Match
EIN - 04-6685725			I	MYM = Meet Your Match
Schedule I, Part II			1	RYM - RaiseYour Match
		c. IRC	d. Amount	
a. Organization	b. EIN	Section	of cash	h. Purpose (general su
Sudbury, MA 01776				
Camp JORI	05-0268612 501(c)3	501(c)3	\$7,359.50 CYM	УW
P.O. Box 5299				
Wakefield, RI 02979				
Camp JRF	132500888	509(a)(1)	\$25,962 50 C	\$25,962 50 CYM and RYM
101 Greenwood Avenue, Suite 430				
Jenkintown, PA 19046				

Schedule I. Part II			RVM - RaiseVour Match	Vour Match
		c. IRC	d. Amount	
a. Organization	b. EIN	Section		h. Purpose (general support unless otherwise noted)
Sudbury, MA 01776				
Camp JORI	05-0268612	501(c)3	\$7,359.50 CYM	
P.O. Box 5299				
Wakefield, RI 02979				
Camp JRF	132500888	509(a)(1)	\$25,962 50 CYM and RYM	
101 Greenwood Avenue, Suite 430				
Jenkintown, PA 19046				
Camp Judaea	58-6014651	501(c)3	\$86,192 89 MYM2, CYM2 and RYM2	and RYM2
2700 NE Expressway, C-500				
Atlanta, GA 30345				
Camp Kinder Ring	13-4014418	501(c)3	\$69,959.32 MYM4	
335 Sylvan Lake Road				
Hopewell Junction, NY 12533				
Camp Laurelwood	06-0693092	501(c)3	\$50,000 00 RYM2	
463 Summer Hill Road				
Madison, CT 06443				
Camp Livingston	31-6050765	501(c)3	\$7,492.04 MYM4	
8401 Montgomery Road				
Cincinnati, OH 45236				
Camp Morasha	13-1999091	509(a)(2)	\$14,466.67 MYM4	
1118 Avenue J, 3rd Floor				
Brooklyn, NY 11230				
Camp Moshava of Wild Rose, Inc.	36-3874839	501(c)3	\$63,708.83 CYM2 and RYM2	42
3740 W Dempster				
Skokie, IL 60076				
Camp Mt. Chai	91-2150831	501(c)3	\$75,000 00 CYM3	
4126 Executive Drive				
La Jolla, CA 92037				
Camp Nageela	11-3149111	509(a)(1)	\$54,100.00 MYM4	
110 Rockaway Turnpike				
Lawrence, NY 11559				
Camp Ramah California	95-1843131	509(a)(1)	\$113,611 12 CYM3 and MYM3	ИЗ
15600 Mulholland Drive, Suite 252				
Los Angeles, CA 90077				
Camp Ramah in New England	04-3035964	501(c)3	\$40,851 86 MYM, CYM, RYM and general support	YM and general support
2 Commerce Way				
Norwood, MA 02062				
Camp Ramah in the Berkshires	13-1997276	509(a)(1)	\$60,239 02 MYM3 5 and CYM3	YM3
25 Rockwood Place, Suite 345				
Englewood, NJ 07631				
Camp Ramah in the Poconos	23-1607236	509(a)(1)	\$22,022 67 MYM2	

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8/30/2010			CYM = Create Your Match
EIN - 04-6685725 Schedule Part II			MYM - Raise Your Match
-		c. IRC	d. Amount
a. Organization	b. EIN	Section	of cash h. Purpose (general support unless otherwise noted)
261 Old York Road, Suite 734			
Jenkintown, PA 19046			
Camp Ramah III Wisconsin	36-6009250	509(a)(1)	\$89,596.44 MYM2, CYM2 and RYM2
65 East Wacker Place, #1200			
Chicago, IL 60601			
Camp Sabra	43-0681477	509(a)(2)	\$22,984 23 MYM4
2 Millstone Campus Drive			
St Louis, MO 63146			
Camp Seneca Lake	16-0743060	501(c)3	\$32,329 93 MYM3 and CYM3
Jewish Community Center of Greater Rochester			
1200 Edgewood Avenue			
Rochester, NY 14618			
Camp Solomon Schechter	93-0572590	509(a)(2)	\$23,554 87 MYM4
117 East Louisa Street, #110			
Seattle, WA 98102			
Camp Stone	34-0897622	501(c)3	\$99,250.00 MYM3 5 and CYM3
2463 South Green Road			
Cleveland, OH 44122			
Camp Tawonga	94-3227261	501(c)3	\$25,000.00 MYM3
131 Steuart Street, Suite 460			
San Francisco, CA 94105			
Camp Young Judaea - Texas	13-1656651	509(a)(1)	\$22,912.48 CYM and RYM
9647 Hillcroft			
Houston, TX 77096			
Camp Young Judaea Midwest	39-1672846	501(c)3	\$7,386.34 MYM 3 S
4711 Golf Road, Suite 600			
Skokie, IL 20076			
Children's Torah Center of Amherst	20-5323129	501(c)3	\$10,000 00
30 North Hadley Road			
Amherst, MA 01002			
Commission for Jewish Education of the Palm	650219982	509(a)(1)	\$10,000.00 PJ Library Staff Salary Subsidy
Beaches			
3267 North Military Trail			
West Palm Beach, FL 33409-2732			
Congregation Beth Israel, North Adams	042300998	501(c)3	\$5,420.00 Teen and Family Education
53 Lois Street			
North Adams, MA 01247			
Congregation B'nai Israel	04-6052052	501(c)3	\$5,046.47 Family Education, Judith Shulevitz event
253 Prospect Street			
Northampton, MA 01060			
Congregation B'nai Torah	20-5982153	501(c)3	\$6,382.91 Teen Education

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8/30/2010			CYM	CYM = Create Your Match
EIN - 04-6685725 Schedule I Part II			MYM RYM	MYM = Meet Your Match RYM - RaiseYour Match
		c. IRC	d. Amount	
a. Organization	b. EIN	Section	of cash	h. Purpose (general support unless otherwise noted)
2 Eunice Drive				
Longmeadow, MA 01106			,	
Congregation Knesset Israel	04-2214853	509(a)(1)	\$13,000.00 Teen E	\$13,000.00 Teen Education, Berkshire Jewish Film Festival
16 Colt Road				
Pittsfield, MA 01201	00000000	(1)(1)(0)	114 00 000 018	10 000 000 nr 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Eli & Bessie Cohen Hillel Academy	042282033	309(a)(1)	\$10,000 00 PJ LIBE	ity Statt Salaty Substidy
o Community Rd Marklahard MA 01045,2706				
Federation CJA (member of Jewish Federations of North America)	131624240	509(a)(1)	\$10,000 00 PJ Libr	\$10,000 00 PJ Library Staff Salary Subsidy
1 Carre Cummings Square		•		
Montreal, QC H3W1M6				
Foundation for Jewish Camp	22-3551013	501(c)3	\$221,450 00 general	\$221,450 00 general support, PJ Goes to Camp
15 West 36th Street, 13th floor				
New York, NY 10018				
The Fund for Our Jewish Future	20-8024537	501(c)3	\$150,000 00	
6 East 39th Street, Floor 10				
New York, NY 10016				
Greater Miami Jewish Federation	59-0624404	509(a)(1)	\$10,000 00 PJ Libr	\$10,000 00 PJ Library Staff Salary Subsidy
4200 Biscayne Blvd FI 2				
Miami, FL 33137-3246		9		
Habonim Dror Camp Galil	23-6005866	501(c)3	\$19,679 50 MYM2	\$19,679 50 MYM2, CYM2 and RYM2
P.O. Box 1245				
Newtown, PA 18940				
Habonim Dror Camp Gilboa	95-1929706	509(a)(2)	\$5,313 33 MYM3.5	V
8339 West 3rd Street				
Los Angeles, CA 90048				
Habonim Dror Camp Moshava	52-6054091	509(a)(2)	\$15,222.78 MYM3 5	·n
1001 South Belgrade Road				
Silver Spring, MD 20902		,		!!
Habonim Dror Camp Naalch	11-3301957	501(c)3	\$48,162 21 MYM2 and CYM2	and CYM2
114 West 26th Street				
New York, NY 10001				
Habonim Dror Camp Tavor	36-6009159	509(a)(1)	\$11,635 34 MYM2	
2755 Wingate Lane East				
West Bend, WI 53090				
Habonim Dror North America	13-5596779	501(c)3	\$56,191.67 MYM2	\$56,191.67 MYM2, CYM2 and RYM2
114 West 26th Street, Suite 1004				
New York, NY 10001				
Hampshire College	04-6130872	509(a)(1)	\$6,000 00 Jewish	\$6,000 00 Jewish Life program, Nechama Tec lecture
893 West Street				
Amherst, MA 01002				

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8/30/2010			CYM = Create Your Match
EIN - 04-6685725			MYM = Meet Your Match
Schedule I, Part II			RYM - Raise Your Match
		c. IRC	
a. Organization	D. EIN	Section	of cash h. Purpose (general support unless otherwise noted)
Hartford Jewish Community Center	06-0662142	509(a)(2)	\$8,775 00 PJ Library Staff Salary Subsidy
335 Bloomfield Avenue			
West Hartford, CT 06117			
Hashomer Hatzair	13-5653335	509(a)(1)	\$22,078.00 MYM4
114 West 26th Street, Surte 1001			
New York, NY 10001			
Hatıkvah Holocaust Education Center	04-2127023	501(c)3	\$17,996 32
1160 Dickinson Street			
Springfield, MA 01108			
Hebrew College	04-2104300	501(c)3	\$13,291.62 webinars and classes re PJ Library
160 Herrick Road			
Newton Centre, MA 02459			
Hebrew High School of New England	06-1455973	501(c)3	\$1,525,325 19 Capital Campaign, ad journals, operating support
1244 North Main Street			
West Hartford, CT 06117			
Heritage Academy	04-2203827	501(c)3	\$178,862 12 operating support, music program, ad jounal, Yom Ha'atzmaut,
594 Converse Street			computers, "Create a Jewish World" event
Longmeadow, MA 01106			
Herzl Camp	41-6009136	501(c)3	\$82,130 61 Tech Program, MYM3 and CYM3
7204 West 27th Street, Suite 226			
St Louis Park, MN 55426			
Hevreh of Southern Berkshires	04-2683112	501(c)3	\$7,000.00 Teen Education, Afro-Semitic Experience Concert
P O Box 912			
Great Barrington, MA 01230			
Hillel at UMASS	04-6139156	501(c)3	\$11,402 44 general support, spring events
388 N Pleasant Street			
Amherst, MA 01002			
Hillel - The Foundation for Jewish Campus Life	52-1844823	501(c)3	\$73,200.00 UMass Hillel, Beit Hillel at Max Stern College, Grinspoon Israel
Arthur & Rochelle Belfer Building			Advocacy Interns
800 Eighth Street N W.			
Washington, DC 20001-3724			
JCC Camp Interlaken	39-0806234	509(a)(2)	\$32,221.89 MYM 3 5
6255 N Santa Monica Boulevard			
Milwaukee, WI 53217			
JDub Music Inc	27-0095012	501(c)3	\$7,500.00 Kids Compilation project
7 East 10th Street, 3rd floor			
New York, NY 10003			
Jewish Causes of Choice Inc	262818594	509(a)(1)	\$10,000 00
75 2nd Avenue, Suite 200			
Needham, MA 02494-2848			
Jewish Childrens Regional Service	720408936	501(c)3	\$10,000 00 PJ Library Staff Salary Subsidy

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8/30/2010			CYM = Create Your Match
EIN - 04-6685725			MYM = Meet Your Match
Schedule I, Part II			RYM - RaiseYour Match
		c. IRC	
a. Organization	D. EIN	Section	of cash n. Purpose (general support unless otherwise noted)
3500 North Causeway Boulevard, Suite 1120			
Metairie, LA 70002-3599			
Jewish Comm Federation of San Francisco	941156533	509(a)(1)	\$10,000 00 PJ Library Staff Salary Subsidy
121 Steuart Street			
San Francisco, CA 94105-1236			
Jewish Community Association of Austin	74-1469465	509(a)(1)	\$8,840 00 PJ Library Staff Salary Subsidy
7300 Hart Lane			
Austin, TX 78731			
Jewish Community Center of Syracuse Inc	150539101	509(a)(2)	\$10,000 00 PJ Library Staff Salary Subsidy
5655 Thompson Road			
Dewitt, NY 13214-0000			
Jewish Community Day School	04-3278141	501(c)3	\$7,500 00 Grandparents Campaign
57 Stanley Avenue			
Watertown, MA 02472			
Jewish Community Federation of Cleveland	340714445	509(a)(1)	\$10,000.00 PJ Library Staff Salary Subsidy
Mandel Building			
27501 Science Park Drive			
Cleveland, OH 44122-7302			
Jewish Community Federation of Louisville Inc	610444765	501(c)3	\$10,000 00 PJ Library Staff Salary Subsidy
3630 Dutchmans Lane			
Louisville, KY 40205-3216			
Jewish Community Foundation of Central	23-1352587	509(a)(1)	\$10,000 00 B'nai Tzedek Staff Subsidy
Pennsylvania			
3301 North Front Street			
Harrisburg, PA 17110			
Jewish Community of Amherst	04-2394315	501(c)3	\$24,643 59 Camp Shemesh scholarships, Teen & Family Education, and the
742 Main Street			Chanukah Dance
Amherst, MA 01002			
Jewish Early Childhood Education Initiative	201479947	501(c)3	\$150,000 00
Six East 39th Street, 10th Flocr			
New York, NY 10016			
Jewish Education Service of North America	13-1628141	501(c)3	\$96,648 58 Grinspoon-Steinhardt Awards
318 West 39th Street, 5th Floor			
New York, NY 10018			
Jewish Family Service of Western Massachusetts	04-2104352	501(c)3	\$11,410.00 Family Education, linens for new refugees
15 Lenox Street			
Springfield, MA 01108			
Jewish Federation Council of Greater Los Angeles	951643388	509(a)(1)	\$10,000 00 PJ Library Staff Salary Subsidy
6505 Wilshire Boulevard Suite 800			
Los Angeles, CA 90048-4909			
Jewish Federation of Cincinnati	310537174	509(a)(2)	\$8,500.00 PJ Library Staff Salary Subsidy

Harold Grinspoon Foundation

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CYM = Create Your Match

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Schedule I. Part II			M Y M = Meet Y our Match RYM - RaiseYour Match	
		c. IRC	d. Amount	
a. Organization	b. EIN	Section	of cash h. Purpose (general support unless otherwise noted)	
8499 Kidge Koad Cincinnati OH 45236				
The Jewish Federation of Greater Atlanta	58-1021791	509(a)(1)	\$10,000 00 PJ Library Staff Salary Subsidy	
1440 Spring Street NW				
Atlanta, GA 30309				
Jewish Federation of Greater Dayton	310537488	509(a)(1)	\$11,000 00 staff subsidies for PJ Library and B'nai Tzedek	
Davion. OH 45402				
Jewish Federation of Greater Houston	74-1109654	509(a)(1)	\$10,000 00 PJ Library Staff Salary Subsidy	
5603 S. Braeswood Boulevard				
Houston, TX 77096				
Jewish Federation of Greater Middlesex County	221500549	509(a)(1)	\$10,000.00 PJ Library Staff Salary Subsidy	
230 Old Bridge Tumpike				
South River, NJ 08882				
Jewish Federation of Greater Monmouth County	222041946	509(a)(1)	\$5,200.00 PJ Library Staff Salary Subsidy	
100 U S Highway 9, Suite 7				
Manalapan, NJ 07726				
Jewish Federation of Greater New Haven	06-0647025	509(a)(1)	\$10,000.00 PJ Library Staff Salary Subsidy	
360 Amity Road				
Woodbridge, CT 06525				
Jewish Federation of Greater Seattle	91-0575950	509(a)(1)	\$20,000.00 staff subsidies for PJ Library and B'nai Tzedek	
2031 Third Avenue				
Seattle, WA 98121				
Jewish Federation of Greater Washington	53-0212445	509(a)(1)	\$8,250 00 PJ Library Staff Salary Subsidy	
6101 Montrose Road				
Rockville, MD 20852				
Jewish Federation of Metropolitan Detroit	38-1359214	509(a)(2)	\$10,000.00 PJ Library Staff Salary Subsidy	
6735 Telegraph Road, Suite 370				
Bloomfield Hills, MI 48301				
Jewish Federation of Silicon Valley	941167405	509(a)(1)	\$10,000 00 PJ Library Staff Salary Subsidy	
14855 Oka Road, Suite 200				
Los Gatos, CA 95032-1919				
Jewish Federation of Southern Arizona	860096795	509(a)(1)	\$15,000 00 staff subsidies for PJ Library and B'nai Tzedek	
3822 E River Road				
Tucson, AZ 85718				
Jewish Federation of St. Joseph Valley	35-0941124	509(a)(1)	\$7,500.00 PJ Library Staff Salary Subsidy	
3202 Shalom Way				
South Bend, IN 46615				
Jewish Federation of St Louis	430652643	509(a)(1)	\$7,800 00 PJ Library Staff Salary Subsidy	
12 Millstone Campus Drive				
St. Louis, MO 63146-5776				
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Harold Grinspoon Foundation

CYM = Create Your Match

Harold Grinspoon Foundation			Acronyms legend:
8/30/2010			CXM
EIN - 04-6685725			MXN
Schedule I, Part II			RYM
		c. IRC	d. Amount
a. Organization	b. EIN	Section	of cash
Jewish Federation of the Sacramento Region	941156558	509(a)(1)	\$10,000 00 PJ Libi
2014 Capitol Avenue, Suite 109			
Sacramento, CA 95811			

0107/05/0			CIM - Cicate 10ul match
EIN - 04-6685725			MYM = Meet Your Match
Schedule I, Part II		9	RYM - RaiseYour Match
Organization	Z L	c. IRC Section	d. Amount of cash h Purpose (general support unless otherwise noted)
a. Olganization I ewish Federation of the Sacramento Region	941156558	509(a)(1)	0 PJ Libra
2014 Capitol Avenue, Suite 109		(1)(2)	
Sacramento, CA 95811			
Jewish Federation of Greater Ann Arbor	38-2711480	509(a)(1)	\$6,131 00 staff subsidies for PJ Library and B'nai Tzedek
2939 Birch Hollow Drive			
Ann Arbor, MI 48108		,	
Jewish Federation of Western Massachusetts	04-2127023	501(c)3	\$100,036.00
1160 Dickinson Street			
Springfield, MA 01108	!	•	
The Jewish Federations of North America	131624240	501(c)3	\$107,750 00 Music Conservatory Afula scholarships, Entek Yizreel College
25 Broadway			Small Business Program and Medical Simulation Center
New York, NY 10004			
Jewish Funders Network	23-2742482	501(c)3	\$15,000.00 Jewish Teen Funders Network
150 West 30th Street, Suite 900			
New York, NY 10001			
Jewish Theological Seminary of America	13-6167967	501(c)3	\$18,000.00 scholarship to Davidson Graduate School of Jewish Education
3080 Broadway			
New York, NY 10027			
Lander~Grinspoon Academy	04-3304825	501(c)3	\$165,063.50 Principal's salary, Capital Campaign, "Night Around the Table,"
257 Prospect Street			Music program, Operating support, "Be a PJ Pal"
Northampton, MA 01060			
Lubavitcher Yeshiva Academy.	04-6004494	501(c)3	\$81,661 47 Operating support, Family Education, Music program, transportation
1148 Converse Street			
Longmeadow, MA 01106			
Marilyn and Marvin Simon Family Jewish	540616479	509(a)(1)	\$7,308 00 PJ Library Staff Salary Subsidy
Community Center			
5000 Corporate Woods Drive, Suite 100			
Virginia Beach, VA 23462-4429			
Mechon Hadar	26-4412164	501(c)3	\$20,000 00
190 Amsterdam Avenue			
New York, NY 10023			
Memphis Jewish Federation	620475747	501(c)3	\$8,000 00 PJ Library Staff Salary Subsidy
6560 Poplar Avenue			
Germantown, TN 38138-0000			
National Jewish Center for Learning and Leadership	23-7390358	501(c)3	\$25,500.00 Greenberg writing project
Inc.			
440 Park Avenue South - 4th Floor			
New York, NY 10016			
Oregon Jewish Community Foundation	93-1019725	509(a)(1)	\$7,000.00 PJ Library Staff Salary Subsidy
610 SW Broadway, Suite 407			
Portland, OR 97205			
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spoon Foundation		
Harold Grinsp	8/30/2010	EIN - 04-6685725

Schedule I. Part II			RYM	RYM - Raise Your Match
`		c. IRC	d. Amount	
a. Organization	b. EIN	Section		h. Purpose (general support unless otherwise noted)
Fathership for Effective Learning and Innovative Education	16/1171-97	509(a)(1)	\$100,000.00	
318 West 39th Street, 5th Floor				
Define for Evellence in Joursh Education	\$185965-00	\$10(a)(1)	\$150,000,00	
88 Broad Street, 6th Floor	0100000-10	(1)(a)(coc	00.000	
Boston, MA 02110				
PEF Israel Endowment Funds	13-6104086	501(c)3	\$112,755 00 recommo	\$112,755 00 recommended for Unistream in Gilboa, Afula and Upper Nazareth,
317 Madison Avenue - Suite 607			Tmura,	Tmura, Yesodot's Jewish Thought & Democratic Values Curriculum
New York, NY 10017				
Pinemere Camp Association	23-1429830	501(c)3	\$10,386.23 MYM3	
4100 Main Street, Suite 301				
Philadelphia, PA 19127				
Project Kesher	36-3673594	501(c)3	\$12,500 00 Project Kesher in Israel	Kesher ın Israel
2144 Ashland Avenue				
Unit 3				
Evanston, IL 60201				
Ramah Darom - The Center for Southern Jewry	58-2146741	509(a)(1)	\$12,258.33 RYM	
6400 Powers Ferry Road, Suite 215				
Atlanta, GA 30525				
Sarasota-Manatee Jewish Federation Inc	591227747	509(a)(1)	\$6,500 00 PJ Libra	\$6,500 00 PJ Library Staff Salary Subsidy
580 South McIntosh Road				
Sarasota, FL 34232-1957				
Schechter Institute of Jewish Studies	223342043	501(c)3	\$20,000 00 MA sc	\$20,000 00 M A scholarships for TALI Educators
Box 3566				
P.O. Box 8500				
Philadelphia, PA 19178-3566				
Sinai Academy of the Berkshires	04-3273787	501(c)3	\$41,265.79 ad journ	\$41,265.79 ad journal, community talent show, operating support
199 South Street				
Pittsfield, MA 01202				
Springfield Jewish Community Center	04-2103802	501(c)3	\$ 72,871 97 Special	\$ 72,871 97 Special Needs program, Family Education, 2010 day camp Judaics,
1160 Dickinson Street			Pioneer	Pioneer Valley Jewish Film Festival
Springfield, MA 01108-3197				
Surprise Lake Camp	131623869	509(a)(1)	\$14,167 11 MYM, CYM, RYM	CYM, RYM
307 Seventh Avenue, Suite 900				
New York, NY 10001				
Tamarack Camps	38-1360545	501(c)3	\$84,953 74 MYM2, CYM2 and RYM2	CYM2 and RYM2
6735 Telegraph Road				
Bloomfield Hills, MI 48301				
Tampa JCC and Federation	237182057	509(a)(1)	\$10,000 00 PJ Libra	\$10,000 00 PJ Library Staff Salary Subsidy
13009 Community Campus Drive				

Harold Grinspoon Foundation

Acronyms legend:

EIN - 04-6685725 Schedule I, Part I 8/30/2010

h. Purpose (general support unless otherwise noted) \$9,980.15 Ethan Tucker event, Kupperman Learning Center, Teen & Family Ed CYM = Create Your Match MYM = Meet Your Match \$10,000 00 PJ Library Staff Salary Subsidy \$10,000 00 PJ Library Staff Salary Subsidy \$7,500.00 PJ Library Staff Salary Subsidy RYM - RaiseYour Match \$33,971 67 MYM2 and CYM2 \$21,751.00 CYM and RYM \$13,371 10 CYM, RYM \$32,111 11 MYM4 \$16,250 00 MYM \$11,833 67 MYM \$6,230 16 RYM \$15,787.50 RYM \$20,000 00 d. Amount of cash Section 509(a)(1) 501(c)3 501(c)3 13-1663143 13-1663143 13-1663143 13-1663143 13-1663143 13-1663143 13-1663143 221487222 251017602 06-6068624 521376034 042149322 13-1663143 b. EIN he Washington Institute for Near East Policy United Jewish Communities Of MetroWest United Jewish Federation of Pittsburgh JRJ Olin-Sang-Ruby Union Institute 3805 108th Avenue NE, Suite 100 JRJ Goldman Union Camp Institute 555 Skokie Boulevard, Suite 333 235 Montgomery Street, #1120 New York, NY 10017-6778 **UJA Federation of Greenwich** Pittsburgh, PA 15213-3916 Whippany, NJ 07981-0000 San Francisco, CA 94104 Jnion for Reform Judaism JRJ Greene Family Camp Springfield, MA 01108 Greenwich, CT 06830 Bruceville, TX 76630 Northbrook, IL 60062 Rutherford, NJ 07070 Bellevue, WA 98004 979 Dickinson Street 1580 Spalding Drive Zionsville, IN 46077 One Holly Hill Lane 301 Route 17 North URJ Camp Coleman Atlanta, GA 30350 URJ Camp Kalsman 1828 L Street, NW a. Organization Tampa, FL 33625 JRJ Camp Newman 633 Third Avenue 901 Route 10 East 9349 Moore Road 234 McKee Place 1192 Smith Lane URJ Camp Eisner Temple Beth El

Washington, DC 20036

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Acronyms legend:

RYM - Raise Your Match

EIN - 04-6685725 8/30/2010

Schedule I, Part II

h. Purpose (general support unless otherwise noted) \$9,750.00 Afula Melody Returns and B'naı Mıtzvah programs \$10,000 00 PJ Library Staff Salary Subsidy of cash \$53,316 10 MYM4 \$5,941,923 89 d. Amount Section 509(a)(1) 030372485 509(a)(1) 501(c)3 **b. EIN** 95-1724746 133041381 a. Organization Wılshire Boulevard Temple Camps Yearning For Learning Center Montpelier, VT 05602-2422 3663 Wilshire Boulevard Los Angeles, CA 90010 950 3rd Avenue, 9th floor New York, NY 10022 total # organizations 33 Loomis St

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