See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE HAROLD GRINSPOON FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
380 UNION ST

City or town, state or country, and ZIP + 4
WEST SPRINGFIELD, MA 01089

D Employer identification number
04-6685725

E Telephone number
(413)781-0712

G Gross receipts $ 91,390,218

F Name and address of principal officer
JEREMY PAVA
380 UNION ST
WEST SPRINGFIELD,MA 01089

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HGF ORG

K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT PRIMARILY JEWISH EDUCATIONAL INSTITUTIONS AND ORGANIZATIONS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	59
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-45,681
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	31,004,325	27,123,530
	9 Program service revenue (Part VIII, line 2g)	3,234,835	4,139,318
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,046,496	2,029,278
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,332,197	26,144,121
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,617,853	59,436,247
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,062,976	7,782,700
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,637,078	3,730,392
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,564,189	6,254,000
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,264,243	17,767,092
	19 Revenue less expenses Subtract line 18 from line 12	51,353,610	41,669,155

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	233,209,287	255,742,652
	21 Total liabilities (Part X, line 26)	18,855,471	11,643,244
	22 Net assets or fund balances Subtract line 21 from line 20	214,353,816	244,099,408

Part II Signature Block

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

Sign Here

****** | 2013-07-12
Signature of officer | Date

JEREMY PAVA TRUSTEE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DAVID KALICKA	Date 2013-07-12	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00963044
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MEYERS BROTHERS KALICKA PC 330 WHITNEY AVE SUITE 800 HOLYOKE, MA 01040			EIN ▶ 04-2713795 Phone no ▶ (413) 536-8510

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 9,282,679 including grants of $ 3,033,931) (Revenue $ 4,120,478)

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 IN 2012 OVER 102,082 CHILDREN AND FAMILIES IN OVER 258 COMMUNITIES RECEIVED BOOKS AND MATERIALS MONTHLY

4b (Code) (Expenses $ 2,343,142 including grants of $ 1,246,537) (Revenue $ 4,250)

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

4c (Code) (Expenses $ 4,818,297 including grants of $ 3,502,232) (Revenue $ 14,590)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 16,444,118

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J*	**23**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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**		No
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**		No
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**		No
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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
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**		No
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**	Yes	

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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	56		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	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**	59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ IS See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
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**		No
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).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	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	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JEREMY PAVA
380 UNION STREET
WEST SPRINGFIELD, MA 01089
(413) 781-0712

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, or 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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD GRINSPOON TRUSTEE	30 00	X						0	0	0
(2) JEREMY PAVA TRUSTEE	10 00	X						0	0	0
(3) WINIFRED SANDLER TRUSTEE	16 00	X						0	0	0
(4) MICHAEL BOHNEN TRUSTEE	4 00	X						0	0	0
(5) RABBI YITZ GREENBERG TRUSTEE	4 00	X						0	0	0
(6) DIANE TRODERMAN TRUSTEE	4 00	X						0	0	0
(7) ANDY EDER TRUSTEE	4 00	X						0	0	0
(8) DAN BACKER TRUSTEE	4 00	X						0	0	0
(9) STUART ANFANG TRUSTEE	4 00	X						0	0	0
(10) JOANNA BALLANTINE EXECUTIVE DIRECTOR	35 00			X				120,969	0	8,785
(11) EDWARD KLINE CHIEF OPERATING OFFICER	40 00			X				187,018	0	373
(12) DAVID SHARKEN PROGRAM MENTOR	40 00					X		127,614	0	10,429
(13) TAMAR REMZ PROGRAM DIRECTOR	40 00					X		109,561	0	3,719
(14) MARCIE GREENFIELD SIMONS PROGRAM LIBRARY DIRECTOR	35 00					X		108,682	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								653,844	0	23,306

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 27,123,530				
	g	Noncash contributions included in lines 1a-1f $ 23,623,530					
	h	**Total.** Add lines 1a-1f		27,123,530			
Program Service Revenue			Business Code				
	2a	PJ LIBRARY BOOK PROGRA	900099	4,120,478	4,120,478		
	b	HGF AWARDS GRANT AND M	900099	14,590	14,590		
	c	GRINSPOON INSTITUTE	900099	4,250	4,250		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		4,139,318			
	3	Investment income (including dividends, interest and other similar amounts)		1,917,717			1,917,717
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	32,065,532				
	b	Less cost or other basis and sales expenses	31,953,971				
	c	Gain or (loss)	111,561				
	d	Net gain or (loss)		111,561			111,561
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	REAL ESTATE PTSP K-1'S	523000	24,480,083		39,341	24,440,742
	b	INVEST PTPS K-1'S	523000	1,639,720		-85,022	1,724,742
	c	MISCELLANEOUS INCOME	900099	24,318			24,318
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		26,144,121			
	12	**Total revenue.** See Instructions		59,436,247	4,139,318	-45,681	28,219,080

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,613,783	4,613,783		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	798,837	798,837		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,370,080	2,370,080		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	241,107	108,384	132,723	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,007,632	2,570,416	437,216	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	222,830	180,149	42,681	
10	Payroll taxes	258,823	202,827	55,996	
11	Fees for services (non-employees)				
a	Management				
b	Legal	13,050	4,122	8,928	
c	Accounting	24,000		24,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	214,108		214,108	
g	Other	434,471	420,433	14,038	
12	Advertising and promotion	641,082	641,082		
13	Office expenses	565,885	493,222	72,663	
14	Information technology	67,793	33,067	34,726	
15	Royalties . .				
16	Occupancy	73,967	43,381	30,586	
17	Travel	227,413	206,272	21,141	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	232,968	224,093	8,875	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	149,559		149,559	
23	Insurance	34,913		34,913	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BOOKS AND CD'S	3,253,612	3,253,612		
b	OTHER PROGRAM EXPENSES	321,179	280,358	40,821	
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	17,767,092	16,444,118	1,322,974	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		770,355	1	81,132
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,362,870	7	1,456,083
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,500	9	36,631
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,186,141			
	b	Less accumulated depreciation	10b 425,744	584,719	10c	760,397
	11	Investments—publicly traded securities		102,077,007	11	140,807,407
	12	Investments—other securities See Part IV, line 11		128,271,445	12	112,601,002
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		131,391	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		233,209,287	16	255,742,652
Liabilities	17	Accounts payable and accrued expenses		254,527	17	406,570
	18	Grants payable		18,338,004	18	10,848,035
	19	Deferred revenue		262,940	19	388,639
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		18,855,471	26	11,643,244
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		214,213,320	27	243,958,246
	28	Temporarily restricted net assets		20,496	28	21,162
	29	Permanently restricted net assets		120,000	29	120,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		214,353,816	33	244,099,408
	34	Total liabilities and net assets/fund balances		233,209,287	34	255,742,652

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,436,247
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,767,092
3	Revenue less expenses Subtract line 2 from line 1	3	41,669,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214,353,816
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,923,563
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	244,099,408

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ 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 name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(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 public described in **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 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									2,842,775

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization'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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,676,214	4,276,159	3,856,473	4,680,358	
b Contributions	116,602	56,307	158,019	50,702	
c Investment earnings or losses	144,491	590,732	407,435	-656,010	
d Grants or scholarships					
e Other expenditures for facilities and programs	230,273	246,984	145,768	218,577	
f Administrative expenses					
g End of year balance	4,707,034	4,676,214	4,276,159	3,856,473	

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

- a Board designated or quasi-endowment ▶ 97 000 %
- b Permanent endowment ▶ 2 550 %
- c Term endowment ▶ 0 450 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		101,264		101,264
b Buildings				
c Leasehold improvements				
d Equipment		968,007	425,744	542,263
e Other		116,870		116,870
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				760,397

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIP INTERESTS	43,772,298	F
(B) CASH AND CASH EQUIVALENTS	533,509	F
(C) PRIVATE EQUITY FUNDS	14,873,507	F
(D) CD'S AND GOVERNMENT FUNDS	16,105,323	F
(E) OTHER INVESTMENTS	37,316,365	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	112,601,002	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	59,436,247
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,767,092
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	41,669,155
4	Net unrealized gains (losses) on investments	4	4,611,967
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-16,535,530
9	Total adjustments (net) Add lines 4 - 8	9	-11,923,563
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	29,745,592

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

1	Total revenue, gains, and other support per audited financial statements			1	40,165,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,611,967		
b	Donated services and use of facilities	2b	141,879		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	75,283		
e	Add lines **2a** through **2d**			2e	4,829,129
3	Subtract line **2e** from line **1**			3	35,336,277
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	24,099,970		
c	Add lines **4a** and **4b**			4c	24,099,970
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	59,436,247

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

1	Total expenses and losses per audited financial statements			1	10,419,814
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	141,879		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	812		
e	Add lines **2a** through **2d**			2e	142,691
3	Subtract line **2e** from line **1**			3	10,277,123
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,489,969		
c	Add lines **4a** and **4b**			4c	7,489,969
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	17,767,092

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT IN PERPETUITY THE MISSION OF THE FOUNDATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PROFESSIONAL ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS, IN ACCORDANCE WITH PROFESSIONAL STANDARDS RELATED TO THE ACCOUNTING FOR INCOME TAXES THEY REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION A TAX POSITION IS DEEMED TO INCLUDE SUCH THINGS AS THE FOUNDATION'S TAX EXEMPT STATUS MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS ENDING ON OR AFTER AUGUST 31, 2009
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN ACCRUED COMMITMENTS AND GRANTS PAYABLE 7,489,969 PARTNERSHIP INTERESTS DIFF REALIZED V UNREALIZED INCOME/GAIN -14,850,817 CHANGE IN MARKET VALUE OF LIMITED PARTNERSHIP INVESTMENTS -2,776,915 PARTNERSHIP INTERESTS NONDEDUCTIBLE EXPENSE -4,303 OTHER ADJUSTMENTS -812 PARTNERSHIP INTERESTS SEC 754 ADJUSTMENT 75,283 PARTNERSHIP K-1 REDEMPTION GAIN -6,467,935 TOTAL TO SCHEDULE D, PART XI, LINE 8 -16,535,530
PART XII, LINE 2D - OTHER ADJUSTMENTS		SECTION 754 ADJUSTMENT NOT RECORDED ON F/S 75,283
PART XII, LINE 4B - OTHER ADJUSTMENTS		PARTNERSHIP INTERESTS NONDEDUCTIBLE EXPENSE 4,303 PARTNERSHIP INTERESTS DIFF REALIZED V UNREALIZED INCOME/GAIN 14,850,817 CHANGE IN MARKET VALUE OF REAL ESTATE LIMITED PARTNERSHIP INTERESTS 2,776,915 PARTNERSHIP K-1 REDEMPTION GAIN 6,467,935
PART XIII, LINE 2D - OTHER ADJUSTMENTS		OTHER ADJUSTMENTS 812
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CHANGE IN ACCRUAL FOR COMMITMENTS AND GRANTS PAYABLE 7,489,969

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
MIDDLE EAST	0	2	PROGRAM SERVICES	TO SUPPORT LITERACY, JEWISH AND COMMUNITY LIFE AND ECONOMIC DEVELOPMENT PROGRAMS IN ISRAEL	2,345,847
NORTH AMERICA	0	0	PROGRAM SERVICESPROGRAM SERVICES	PJ LIBRARY PROGRAM- DISTRIBUTE BOOKS TO CHILDREN IN CANADA	340,099
3a Sub-total	0	2			2,685,946
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	2			2,685,946

Part II **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 . . . . . ▶ ☑
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	TO FUND A BUSINESS DEVELOPMENT CENTER IN ISRAEL	6,250	CHECK			
		MIDDLE EAST	ENHANCING JEWISH AND COMMUNITY LIFE IN ISRAEL	21,000	CHECK AND ELECTRONIC FUNDS TRANSFER			
		MIDDLE EAST	TO SUPPORT LITERACY PROGRAMS IN ISRAEL	2,300,000	CHECK AND ELECTRONIC FUNDS TRANSFER			
		NORTH AMERICA	PJ LIBRARY PROGRAMS, DISTRIBUTE BOOKS TO CHILDREN IN CANADA	42,830	CHECK			

2 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 . . . . . ▶ 4

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 136

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE MONITORED BY THE DIRECTOR OF GRANTS THROUGH A COMPUTERIZED SYSTEM THE BOARD VOTES ON GRANT RECIPIENTS AND THE DIRECTOR OF GRANTS VERIFIES THAT THE GRANTEES MEET THE STANDARDS TO RECEIVE FUNDS LARGER GRANTS REQUIRE INTERIM REPORTING AND REVIEW OF USE OF FUNDING

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-6685725
Name: THE HAROLD GRINSPOON FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
92ND STREET Y 1395 LEXINGTON AVE NEW YORK, NY 10128	13-1624229	501(C)3	7,705				NYC-92ND STREET Y PJ LIBRARY STAFF SUBSIDY
AGUDATH ISRAEL OF ILLINOIS3542 WEST PETERSON AVENUE CHICAGO, IL 60659	36-3529801	501(C)3	27,500				"CREATE & MEET YOUR MATCH IV" CHALLENGE CAMPAIGN COHORT 4 CAMP LEGACY INCENTIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN COALITION AGAINST A NUCLEAR IRAN INC 45 ROCKEFELLER PLZ NEW YORK, NY 101110100	26-2387657	501(C)3	10,000				SUPPORT IN 2011-12
AMERICAN FRIENDS OF KORET ISRAEL ECONOMIC DEVELOPMENT FUNDS33 NEW MONTGOMERY STREET SUITE 1090 1090 SAN FRANCISCO, CA 941054526	94-3201147	501(C)3	6,250				ADMINISTRATIVE SUPPORT 2004-2014

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AREIVIM PHILANTHROPIC GROUP7607 OLD YORK ROAD MELROSE PARK,PA 190273010	20-8024537	501(C)3	663,000				FUND FOR OUR JEWISH FUTURE
AUERBACH CENTRAL AGENCY FOR JEWISH EDUCATION605 PASCACK ROAD WASHINGTON TOWNSHIP,NJ 076764325	23-2473518	501(C)3	10,000				PHILADELPHIA PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BERGEN COUNTY Y A JCC33 EAST 33RD STREET SEVENTH FLOOR NEW YORK, NY 10016	22-1487394	501(C)3	10,000				BERGEN COUNTY PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT
BIRTHRIGHT ISRAEL FOUNDATION9400 SW BEAVERTON HILLSDALE HIGHWAY 147 BEAVERTON, OR 97005	13-4092050	501(C)3	100,000				GENERAL SUPPORT IN 2011

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
B'NAI B'RITH CAMP 2020 K STREET NW 7TH FLOOR WASHINGTON, MA 20006	91-1842787	501(C)3	58,618				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 2 YEARS
B'NAI B'RITH YOUTH ORGANIZATION520 WEST 8TH AVENUE 15TH FLOOR NEW YORK, NY 10018	31-1794932	501(C)3	12,500				SUPPORT IN 2011-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
B'NEI AKIVA OF THE US & CANADA 520 WEST 8TH AVENUE 15TH FLOOR NEW YORK, NY 10018	13-3713762	501(C)3	75,000				CREATE YOUR MATCH III CHALLENGE CAMPAIGN
BRANDEIS UNIVERSITYP O BOX 549110 WALTHAM, MA 024549110	04-2103552	501(C)3	11,805				SUBFUND DISTRIBUTION DESIGNATED 50% FOR DELET, 50% FOR HADASSAH BRANDEIS INSTITUTE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BUREAU OF JEWISH EDUCATION OF RHODE ISLAND 130 SESSIONS STREET PROVIDENCE,RI 02906	05-0266920	509(A)(1)	7,255				PROVIDENCE PJ LIBRARY STAFF SUBSIDY EXTENSION
CAMP BAUERCREST20 NORMANDY DRIVE SUDBURY,MA 01776	04-6002096	501(C)3	11,658				"CREATE YOUR MATCH III" CHALLENGE CAMPAIGN,COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR 3 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP JCA SHALOM 34342 MULHOLLAND HIGHWAY MALIBU,CA 90265	84-1652923	501(C)3	21,368				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 2 YEARS
CAMP JORIPO BOX 5299 WAKEFIELD,RI 02979	05-0268612	501(C)3	10,000				COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR 3 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP JRF1299 CHURCH ROAD WYNCOTE,PA 19095	13-2500888	501(C)3	34,206				"CHAI MATCH" CHALLENGE CAMPAIGN
CAMP JUDAEA 2700 NE EXPRESSWAY C-500 ATLANTA,GA 30345	58-6014651	501(C)3	5,000				CAMP LEGACY INCENTIVE GRANT, 2 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP KINDER RING574 EAST MEADOW AVENUE EAST MEADOW,NY 11554	13-4014418	501(C)3	43,020				"CREATE & MEET YOUR MATCH IV" CHALLENGE CAMPAIGNS,COHORT 4 CAMP LEGACY INCENTIVE GRANT
CAMP LAURELWOOD463 SUMMER HILL ROAD MADISON,CT 06443	06-0693092	501(C)3	10,000				COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR 3 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP MORASHA 1118 AVENUE J 3RD FLOOR BROOKLYN,NY 11230	13-1999091	501(C)3	6,067				"MEET YOUR MATCH IV" CHALLENGE CAMPAIGN
CAMP MOSHAVA OF WILD ROSE INC3740 W DEMPSTER SKOKIE,IL 60076	36-3874839	501(C)3	15,000				CAMP LEGACY INCENTIVE GRANT, 3 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP MT CHAI 4126 EXECUTIVE DRIVE LA JOLLA,CA 92037	91-2150831	501(C)3	12,691				"CHAI MATCH" CHALLENGE CAMPAIGN
CAMP NAGEELA 110 ROCKAWAY TURNPIKE LAWRENCE,NY 11559	11-3149111	501(C)3	53,271				"CREATE YOUR MATCH IV" & "MEET YOUR MATCH IV" CHALLENGE CAMPAIGNS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP POYNTELLE LEWIS VILLAGE 212-00 23RD AVENUE BAYSIDE,NY 11360	11-3071518	501(C)3	10,000				CAMP LEGACY INCENTIVE GRANT, 3 YEARS
CAMP SABRA2 MILLSTONE CAMPUS DRIVE ST LOUIS,MO 63146	43-0681477	501(C)3	39,188				"CREATE YOUR MATCH IV" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP SENECA LAKE1200 EDGEWOOD AVENUE ROCHESTER, NY 14618	16-0743060	501(C)3	28,002				"CHAI MATCH" & "CREATE YOUR MATCH III" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 2 YEARS
CAMP SOLOMON SCHECHTER117 EAST LOUISA STREET 110 SEATTLE, WA 98102	93-0572590	501(C)3	35,824				"CREATE YOUR MATCH IV" &"MEET YOUR MATCH IV" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP STONE2463 SOUTH GREEN ROAD CLEVELAND,OH 44122	34-0897622	501(C)3	64,000				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 3 YEARS
CAMP WISE26001 S WOODLAND ROAD BEACHWOOD,OH 441223367	34-0714439	501(C)3	8,187				"CREATE YOUR MATCH IV" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP YAVNEH 160 HERRICK ROAD NEWTON,MA 02459	04-6004710	501(C)3	5,000				CAMP LEGACY INCENTIVE GRANT, 2 YEARS
CAMP YOUNG JUDAEA - TEXAS 9647 HILLCROFT HOUSTON,TX 77096	74-6063430	501(C)3	36,667				"MEET YOUR MATCH IV" CHALLENGE CAMPAIGN,COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR 3 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAMP YOUNG JUDAEA MIDWEST4711 GOLF ROAD SUITE 600 SKOKIE,IL 20076	39-1672846	501(C)3	14,505				"CHAI MATCH" CHALLENGE CAMPAIGN, "MEET YOUR MATCH III" CHALLENGE CAMPAIGN
CAMP YOUNG JUDAEA TEL YEHUDAH50 WEST 58TH STREET NEW YORK,NY 10019	13-5654375	501(C)3	57,824				"CHAI MATCH" CHALLENGE CAMPAIGN COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR THREE YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CAPITAL CAMPS & RETREAT CENTER 1130 ROCKVILEE PIKE SUITE 407 ROCKVILLE, MD 208520000	52-1515202	501(C)3	10,000				COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR 3 YEARS
COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES3267 NORTH MILITARY TRAIL WEST PALM BEACH, FL 334092732	65-0219982	501(C)3	15,000				W PALM BEACH PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT & STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CONGREGATION BETH ISRAEL NORTH ADAMS53 LOIS STREET NORTH ADAMS,MA 01247	04-2300998	501(C)3	5,685				CONGREGATION BETH ISRAEL FAMILY & TEEN EDUCATION INITIATIVE 2011-12
CONGREGATION KEHILATH JESHURUN125 EAST 85TH STREET NEW YORK,NY 10028	13-1656644	501(C)3	5,600				NYC-CONGREGATION KEHILATH JESHURUN-UES PJ LIB OPPORTUNITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZATIONS40 EXCHANGE PLACE SUITE 1302 NEW YORK, NY 10005	13-3955736	501(C)3	5,000				COJECO-NYC-D-PJ LIBRARY OPPORTUNITY GRANT
ELI & BESSIE COHEN HILLEL ACADEMY6 COMMUNITY RD MARBLEHEAD, MA 019452706	04-2282633	501(C)3	8,900				NORTH SHORE-MA PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FLORENCE MELTON ADULT MINI-SCHOOL CORPORATION95 REVERE DRIVE SUITE F NORTHBROOK,IL 600622822	01-0725179	501(C)3	5,000				FOUNDATIONS COURSE CUM PJ INITIATIVE
FOUNDATION FOR JEWISH CAMP253 WEST 35TH STREET 4TH FLOOR NEW YORK,NY 10001	22-3551013	501(C)3	300,000				PJ GOES TO CAMP SUMMER 2012, TRUSTEESHIP IN 2011

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GREATER MIAMI JEWISH FEDERATION4200 BISCAYNE BLVD FL 2 MIAMI,FL 331373246	59-0624404	501(C)3	10,000				MIAMI PJ LIBRARY STAFF SUBSIDY EXTENSION
HABONIM DROR CAMP GALILPO BOX 1245 NEWTOWN,PA 18940	23-6005866	501(C)3	7,000				"MEET YOUR MATCH II" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 2 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HABONIM DROR CAMP GILBOA 8339 WEST 3RD STREET LOS ANGELES,CA 90048	95-1929706	501(C)3	48,699				"CHAI MATCH" CHALLENGE CAMPAIGN COHORT 4 CAMP LEGACY INCENTIVE GRANT FOR 3 YEARS
HABONIM DROR CAMP NA'ALEH 114 WEST 26TH STREET NEW YORK,NY 10001	13-4125198	501(C)3	3,389				"CHAI MATCH" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HABONIM DROR CAMP TAVOR2755 WINGATE LANE EAST WEST BEND, WI 53090	36-6009159	501(C)3	10,000				CAMP LEGACY INCENTIVE GRANT, 3 YEARS
HAMPSHIRE COLLEGE893 WEST STREET AMHERST, MA 01002	04-6130872	501(C)3	5,000				JEWISH LIFE PROGRAM IN 2011-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HARTFORD JEWISH COMMUNITY CENTER335 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0662142	501(C)3	7,410				HARTFORD PJ LIBRARY STAFF SUBSIDY EXTENSION
HASHOMER HATZAIR114 WEST 26TH STREET SUITE 1001 NEW YORK, NY 10001	13-5653335	501(C)3	56,355				CYCA & MY MATCH GRANTS FOR CAMP SHOMRIA NY & CANADA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HEBREW COLLEGE 160 HERRICK ROAD NEWTON CENTRE, MA 02459	04-2104300	501(C)3	8,215				SUBFUND DISTRIBUTION FOR THE YEAR ENDING 8/31/10
HEBREW HIGH SCHOOL OF NEW ENGLAND300 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-1455973	501(C)3	62,553				BIG BANG EVENT, OPERATING SUPPORT & SUBFUND DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HERITAGE ACADEMY594 CONVERSE STREET LONGMEADOW,CT 01106	04-2203827	501(C)3	164,823				AD JOURNAL,COMMUNITY LEGACY YEAR, OPERATING & MUSIC PROGRAM & SUBFUND DISTRIBUTION
HERZL CAMP7204 WEST 27TH STREET SUITE 226 ST LOUIS PARK,MN 55426	41-6009136	501(C)3	5,000				CAMP LEGACY INCENTIVE GRANT, 2 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HILLEL - THE FOUNDATION FOR JEWISH CAMPUS LIFE800 EIGHTH STREET NW WASHINGTON,DC 200013724	52-1844823	501(C)3	52,512				DISCRETIONARY FUND 2011-12,GRINSPOON-MZ FOUNDATION,ISRAEL ADVOCACY INTERNSHIP
HILLEL AT UMASS 388 N PLEASANT STREET AMHERST,MA 01002	04-3110103	501(C)3	21,415				EVENTS TRIBUTE TO EXCELLENCE & JEWISH LEADERS IN BUSINESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
INSTITUTE FOR JEWISH SPIRITUALITY135 WEST 29TH STREET SUITE 1103 NEW YORK,NY 10001	36-4531559	501(C)3	5,000				WISE AGING PROJECT
INTERFAITHFAMILYCOM 90 OAK STREET 4TH FLOOR NEWTON,MA 02464	04-3577816	501(C)3	5,000				PJ LIBRARY OUTREACH WORK IN 2011-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ISABELLA FREEDMAN JEWISH RETREAT CENTER 116 JOHNSON ROAD FALLS VILLAGE,CT 06031	13-1623922	501(C)3	48,183				"CHAI MATCH" CHALLENGE CAMPAIGN
JCC CAMP INTERLAKEN6255 N SANTA MONICA BOULEVARD MILWAUKEE,WI 53217	39-0806234	501(C)3	37,500				"CREATE YOUR MATCH III" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH CAUSES OF CHOICE INC75 2ND AVENUE SUITE 200 NEEDHAM,MA 024942848	26-2818594	501(C)3	10,000				SUPPORT IN 2012
JEWISH CHILDREN'S REGIONAL SERVICE3500 NORTH CAUSEWAY BOULEVARD SUITE 1120 METAIRIE,LA 700023599	72-0408936	501(C)3	10,270				NEW ORLEANS PJ LIBRARY OPPORT GRANT, SOUTHERN STATES PJ LIBRARY CHALLENGE & STAFF SALARY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH COMM FEDERATION OF GR ROCHESTER 441 EAST AVENUE ROCHESTER,NY 146071932	16-0868942	501(C)3	9,255				ROCHESTER PJ LIBRARY STAFF SUBSIDY
JEWISH COMM FEDERATION OF SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 941051236	94-1156533	501(C)3	10,000				SAN FRANCISCO PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH COMMUNITY CENTER8485 RIDGE ROAD CINCINNATI,OH 452361300	31-0536986	501(C)3	5,000				CINCINNATI PJ LIBRARY CHALLENGE 2 STAFF EXTENSION GRANT
JEWISH COMMUNITY CENTER OF DUTCHESS COUNTY INC110 SOUTH GRAND AVENUE POUGHKEEPSIE,NY 126033009	14-1338474	501(C)3	15,000				HUDSON VALLEY - DUTCHESS PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH COMMUNITY CENTER OF SYRACUSE INC 5655 THOMPSON ROAD DEWITT, NY 132140000	15-0539101	501(C)3	8,000				SYRACUSE PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT
JEWISH COMMUNITY CENTERS ASSOC OF NORTH AMERICA520 8TH AVE FL 4 NEW YORK, NY 100184393	13-5599486	501(C)3	20,000				"MEET YOUR MATCH V" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH COMMUNITY CENTERS OF DENVER350 S DAHLIA DENVER,CO 80246	84-0404245	501(C)3	25,000				"MEET YOUR MATCH V" CHALLENGE CAMPAIGN
JEWISH COMMUNITY CENTERS OF GREATER BOSTON 333 NAHANTON STREET BOSTON,MA 02459	04-2317972	501(C)3	15,000				BOSTON PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH COMMUNITY FEDERATION OF THE GREATER EAST BAY300 GRAND AVENUE OAKLAND,CA 946104826	94-1156560	501(C)3	15,000				EAST BAY PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT
JEWISH COMMUNITY FOUNDATION OF METROWEST NEW JERSEY901 ROUTE 10 WHIPPANY,NJ 07981	22-1714130	501(C)3	5,000				METROWEST NJ PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH COMMUNITY OF AMHERST742 MAIN STREET AMHERST,MA 01002	04-2394315	501(C)3	16,484				COMMUNITY LEGACY, JEWISH COMMUNITY OF AMHERST FAMILY EDUCATION & TEEN INITIATIVE
JEWISH COUNCIL FOR YOUTH SERVICES180 W WASHINGTON ST SUITE 1100 CHICAGO,IL 60602	36-2193616	501(C)3	25,000				"MEET YOUR MATCH V" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH EDUCATION SERVICE OF NORTH AMERICA318 WEST 39TH STREET 5TH FLOOR NEW YORK, NY 10018	13-1628141	501(C)3	61,291				GRINSPOON-STEINHARDT AWARDS FOR EXCELLENCE IN JEWISH EDUCATION 2007-2013
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS15 LENOX STREET SPRINGFIELD, MA 01108	04-2104352	501(C)3	11,000				REFUGEES IN WESTERN MASS COMMUNITY LEGACY, FAMILY EDUCATION & JEWISH SONG CIRCLE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BOULEVARD SUITE 800 LOS ANGELES,CA 900484909	95-1643388	501(C)3	20,000				PJ LIBRARY STAFF SALARY GRANT & LOS ANGELES - VALLEY PJ LIBRARY STAFF SUBSIDY EXTENSION
JEWISH FEDERATION OF CENTRAL NEW JERSEY1391 MARTINE AVENUE SCOTCH PLAINS, NJ 070762516	22-1533506	501(C)3	6,740				CENTRAL NJ PJ LIBRARY STAFF SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF CLEVELAND27501 SCIENCE PARK DRIVE CLEVELAND,OH 441227302	34-0714445	501(C)3	10,000				CLEVELAND PJ LIBRARY CHALLENGE GRANT & CHALLENGE GRANT 2 STAFF SALARY GRANT
JEWISH FEDERATION OF GREATER HOUSTON5603 S BRAESWOOD BOULEVARD HOUSTON,TX 77096	74-1109654	501(C)3	9,975				HOUSTON PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF GREATER INDIANAPOLIS6705 HOOVER ROAD INDIANAPOLIS,IN 462604120	35-0888017	501(C)3	8,000				INDIANAPOLIS PJ LIBRARY OPPORTUNITY MATCH STAFF SALARY GRANT
JEWISH FEDERATION OF GREATER KANSAS CITY5801 WEST 115 STREET SUITE 201 OVERLAND PARK, KS 66211	44-0545913	501(C)3	6,950				KANSAS CITY PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF GREATER NEW HAVEN360 AMITY ROAD WOODBRIDGE,CT 06525	06-0647025	501(C)3	7,425				NEW HAVEN PJ LIBRARY CHALLENGE 1 STAFF SALARY GRANT EXTENSION
JEWISH FEDERATION OF GREATER PHOENIX 12701 N SCOTTSDALE ROAD STE 201 SCOTTSDALE,AZ 852545455	86-0096784	501(C)3	10,000				PHOENIX PJ LIBRARY STAFF SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF GREATER SEATTLE 2031 THIRD AVENUE SEATTLE, WA 98121	91-0575950	501(C)3	15,000				COMMUNITY PROFESSIONALS, PJ LIBRARY STAFF SALARY GRANT
JEWISH FEDERATION OF LAS VEGAS2317 RENAISSANCE DRIVE LAS VEGAS, NV 891196191	88-0098500	501(C)3	10,000				LAS VEGAS PJ LIBRARY CHALLENGE 1 STAFF SALARY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF METROPOLITAN CHICAGO30 SOUTH WELLS STREET CHICAGO,IL 606065054	36-2167761	501(C)3	10,000				CHICAGO PJ LIBRARY OPPORTUNITY MATCH STAFF SALARY GRANT
JEWISH FEDERATION OF METROPOLITAN DETROIT6735 TELEGRAPH ROAD SUITE 370 BLOOMFIELD HILLS, MI 48301	38-1359214	501(C)3	15,000				DETROIT PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF ORANGE COUNTY1 FEDERATION WAY SUITE 210 IRVINE,CA 926030174	95-2407026	501(C)3	7,740				ORANGE COUNTY - CA PJ LIBRARY STAFF SUBSIDY
JEWISH FEDERATION OF PORTLAND6680 SW CAPITOL HIGHWAY PORTLAND,OR 972191958	93-0386825	501(C)3	9,060				PORTLAND OR PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF SILICON VALLEY 14855 OKA ROAD SUITE 200 LOS GATOS,CA 950321919	94-1167405	501(C)3	8,745				SILICON VALLEY PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT
JEWISH FEDERATION OF SOUTHERN ARIZONA3822 E RIVER ROAD TUCSON,AZ 85718	86-0096795	501(C)3	5,120				SOUTHERN ARIZONA PJ LIBRARY STAFF SUBSIDY EXTENSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF SOUTHERN NEW JERSEY1301 SPRINGDALE ROAD SUITE 200 CHERRY HILL,NJ 080032763	21-0634489	501(C)3	5,585				SOUTHERN NJ PJ LIBRARY CHALLENGE 2 STAFF SALARY EXTENSION & CHALLENGE 2 STAFF SALARY GRANT
JEWISH FEDERATION OF THE BERKSHIRES 196 SOUTH STREET PITTSFIELD,MA 01201	04-2131409	501(C)3	7,100				PJL STAFF GRANT, EVENTS-SUMMER CELE OF JEWISH MUSIC & JEWISH/AFRICAN AMERICAN FUSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FEDERATION OF THE SACRAMENTO REGION2014 CAPITOL AVENUE SUITE 109 SACRAMENTO,CA 95811	94-1156558	501(C)3	10,000				SACRAMENTO PJ LIBRARY OPPORTUNITY MATCH STAFF SALARY GRANT
JEWISH FEDERATION OF WESTERN MASSACHUSETTS 1160 DICKINSON STREET SPRINGFIELD,MA 01108	04-2127023	501(C)3	124,350				ANN'L CAMPAIGN COMM LEGACY, PJ STAFF GRANTS,6 EVENTS INCL TRY A SYNAGOGUE, COMM MITZVAH, PATH HOLINESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FUNDERS NETWORK150 WEST 30TH STREET SUITE 900 NEW YORK, NY 10001	23-2742482	501(C)3	10,000				SPONSORSHIP OF THE MARCH 2012 CONFERENCE IN TEL AVIV
JEWISH JUMPSTART1801 AVENUE OF THE STARS LOS ANGELES, CA 900675902	26-2173175	501(C)3	40,000				NATIONAL SURVEY OF AMERICAN JEWISH GIVING 2012

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH THEOLOGICAL SEMINARY OF AMERICA3080 BROADWAY NEW YORK, NY 10027	13-0887640	501(C)3	10,000				JTS VOICES & VISIONS 10 MONTH PROJECT
KINGS BAY YM-YWHA INC3495 NOSTRAND AVENUE BROOKLYN, NY 112295131	11-3068515	501(C)3	7,925				NYC-KINGS BAY YM-YMHA-BK PJ LIBRARY STAFF SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LANDERGRINSPOON ACADEMY257 PROSPECT STREET NORTHAMPTON,MA 01060	04-3304825	501(C)3	117,086				OPERATING MUSIC AND JUDAIC STUDIES SUPPORT, EVENTS A NIGHT AROUND THE TABLE & PJ PALS
LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY4126 EXECUTIVE DRIVE LA JOLLA,CA 920371348	95-1985444	501(C)3	15,000				PJ STAFF SUBSIDY EXTENSION,SAN DIEGO PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LUBAVITCHER YESHIVA ACADEMY 1148 CONVERSE STREET LONGMEADOW, MA 01106	04-6004494	501(C)3	63,745				COMMUNITY LEGACY, OPERATING, MUSIC, & FAMILY EDUCATION SUPPORT, SUBFUND DISTRIBUTION
MANDEL CENTER FOR STUDIES IN JEWISH EDUCATION415 SOUTH ST WALTHAM, MA 024549110	04-2103552	501(C)3	11,805				SUBFUND DISTRIBUTION DESIGNATED 50% FOR DELET, 50% FOR HADASSAH BRANDEIS INSTITUTE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MARKS JCH OF BENSONHURST7802 BAY PARKWAY BROOKLYN,NY 112141508	11-1633484	501(C)3	8,055				BROOKLYN PJ LIBRARY STAFF SUBSIDY, PJ LIBRARY RUSSIAN PROGRAM
MECHON HADAR190 AMSTERDAM AVENUE NEW YORK,NY 10023	26-4412164	501(C)3	20,000				YESHIVAT HADAR IN 2011-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NATIONAL YIDDISH BOOK CENTER1021 WEST STREET AMHERST, MA 01002	04-2708878	501(C)3	5,000				CAPITAL CAMPAIGN
PARK AVENUE SYNAGOGUE50 EAST 87TH STREET NEW YORK, NY 10128	13-1860028	509(A)(1)	5,500				NYC-PARK AVENUE SYNAGOGUE-UES PJ LIBRARY STAFF SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PARTNERSHIP FOR EFFECTIVE LEARNING AND INNOVATIVE EDUCATION318 WEST 39TH STREET 5TH FLOOR NEW YORK, NY 10018	26-1211731	501(C)3	50,000				ANNUAL SUPPORT 2006 - 2011
PARTNERSHIP FOR EXCELLENCE IN JEWISH EDUCATION88 BROAD STREET 6TH FLOOR BOSTON, MA 02110	04-3365815	501(C)3	300,000				PARTNERSHIP FOR EXCELLENCE IN JEWISH EDUCATION 2007-2012

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PEF ISRAEL ENDOWMENT FUNDS317 MADISON AVENUE - SUITE 607 NEW YORK, NY 10017	13-6104086	501(C)3	6,000				B'NAI TZEDEK GRANT FOR THE YOUTH EMPOWERMENT PROGRAM SIFRIYAT PIJAMA STORYTELLING
RAMAH IN THE ROCKIES300 S DAHLIA ST STE 205 DENVER, CO 80246	20-4078988	501(C)3	40,375				"MEET YOUR MATCH V" CHALLENGE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RECONSTRUCTIONIST RABBINICAL COLLEGE 1299 CHURCH ROAD WYNCOTE,PA 190951898	23-1710675	501(C)3	5,000				SUPPORT OF THE MOVEMENTS IN 2012
SEARCH FOR COMMON GROUND1601 CONNECTICUT AVE - NW SUITE 200 WASHINGTON,DC 20009	52-1257425	501(C)3	5,000				SUPPORT IN 2011-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SINAI ACADEMY OF THE BERKSHIRES199 SOUTH STREET PITTSFIELD,MA 01202	04-3273787	501(C)3	35,789				OPERATING SUPPORT IN 2011-12, ENDOWMENT CAMPAIGN MATCH FUND
SPRINGFIELD JEWISH COMMUNITY CENTER1160 DICKINSON STREET SPRINGFIELD,MA 011083197	04-2103802	501(C)3	102,065				COMMUNITY LEGACY, SPECIAL & FAMILY EDUC ,FILM FESTIVAL, SUBFUND DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SUFFOLK Y JEWISH COMMUNITY CENTER INC74 HAUPPAUGE ROAD COMMACK,NY 117254445	11-2435521	501(C)3	10,000				NYC-SUFFOLK Y-LI PJ LIBRARY STAFF SUBSIDY
TEMPLE BETH EL 979 DICKINSON STREET SPRINGFIELD,MA 01108	04-2149322	501(C)3	8,635				COMMUNITY LEGACY ADULT JEWISH LEARNING RES CTR- JEWISH EDUCATION, TEMPLE BETH EL TEEN INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TEMPLE ISRAEL 112 EAST 75TH STREET NEW YORK, NY 10021	13-6127096	501(C)3	10,850				NYC - TEMPLE ISRAEL UES PJ LIBRARY STAFF SUBSIDY
THE JEWISH COMMUNITY CENTER MANHATTAN334 AMSTERDAM AVENUE AT 76TH STREET NEW YORK, NY 100230000	13-3490745	501(C)3	10,400				NYC-JCC MANHATTAN-UWS PJ LIBRARY STAFF SUBSIDY PJ LIBRARY RUSSIAN PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW ATLANTA,GA 30309	58-1021791	501(C)3	15,000				ATLANTA PJ LIBRARY STAFF SALARY SUBSIDY-EXTENSION
THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET NW STE 1050 WASHINGTON,DC 20036	52-1376034	501(C)3	20,000				GENERAL SUPPORT IN 2012

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNION FOR REFORM JUDAISM633 THIRD AVENUE NEW YORK, NY 100176778	13-1663143	501(C)3	13,833				"CHAI MATCH" CHALLENGE CAMPAIGN SUPPORT OF THE MOVEMENTS IN 2012
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA11 BROADWAY FL 14 NEW YORK, NY 100041315	13-5623717	501(C)3	10,000				SUPPORT OF THE MOVEMENTS IN 2012

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNITED JEWISH COMMUNITIES OF METROWEST901 ROUTE 10 EAST WHIPPANY,NJ 079810000	22-1487222	501(C)3	10,000				METROWEST NJ PJ LIBRARY CHALLENGE 2 STAFF SALARY GRANT & STAFF SUBSIDY EXTENSION
UNITED JEWISH COMMUNITY OF BROWARD COUNTY INC5890 SOUTH PINE ISLAND ROAD DAVIE,FL 33328	59-0967823	501(C)3	5,000				BROWARD COUNTY- PJ LIBRARY OPPORTUNITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNITED JEWISH FEDERATION OF PITTSBURGH234 MCKEE PLACE PITTSBURGH,PA 152133916	25-1017602	509(A)(1)	8,590				PITTSBURGH PJ LIBRARY CHALLENGE 2 EXTENSION & CHALLENGE 2 STAFF SALARY GRANT
UNITED SYNAGOGUE OF CONSERV JUDAISM 820 SECOND AVENUE 10TH FLOOR BOSTON,MA 100174504	13-1659707	501(C)3	10,000				SUPPORT OF THE MOVEMENTS IN 2012

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
URJ CAMP COLEMAN1580 SPALDING DRIVE ATLANTA,GA 30350	13-1663143	501(C)3	10,000				CAMP LEGACY INCENTIVE GRANT, 3 YEARS
URJ CAMP NEWMAN 235 MONTGOMERY STREET 1120 SAN FRANCISCO, CA 94104	13-1663143	501(C)3	5,000				CAMP LEGACY INCENTIVE GRANT, 2 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
URJ EISNER CAMP CRANE LAKE53 BROOKSIDE ROAD GREAT BARRINGTON,MA 01230	13-1663143	501(C)3	73,000				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT YEAR 4
URJ GREENE FAMILY CAMP1192 SMITH LANE BRUCEVILLE,TX 76630	13-1663143	501(C)3	59,000				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, CAMP LEGACY INCENTIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
URJ HENRY S JACOBS CAMP 3863 MORRISON ROAD UTICA,MS 39175	13-1663143	501(C)3	50,220				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 2 YEARS
WILSHIRE BOULEVARD TEMPLE CAMPS 3663 WILSHIRE BOULEVARD LOS ANGELES,CA 90010	95-1724746	501(C)3	30,979				"MEET YOUR MATCH IV" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 3 YEARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
YOUNG JUDAEA SPROUT LAKE CAMP50 WEST 58TH STREET NEW YORK, NY 10019	13-2830437	501(C)3	41,088				"CHAI MATCH" CHALLENGE CAMPAIGN CAMP LEGACY INCENTIVE GRANT, 2 YEARS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TEACHER AWARDS	4	4,000			
TUITION INCENTIVES	166	434,750			
UNSUNG HERO AWARDS	16	6,810			
TRAVEL GRANTS-CULTURAL/EDUCATIONAL	33	37,575			
PRESCHOOL GRANTS	9	7,500			
CAMPING GRANTS	240	244,545			
PROFESSIONAL DEVELOPMENT GRANTS	127	15,649			
OTHER	142	48,008			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD KLINE	(i)	187,018	0	0	0	373	187,391	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN KLINE	FAMILY MEMBER OF EDWARD KLINE, CURRENT OFFICER WITHOUT VOTING RIGHTS	61,885	COMPENSATION PAID		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	4	23,623,530	THIRD PARTY APPRAISAL
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 4

		Yes	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?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
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, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

Identifier	Return Reference	Explanation
	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 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 CHIEF FINANCIAL OFFICER, REVIEW THE RETURN IN DETAIL AND 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
	FORM 990, PART VI, SECTION B, LINE 15	PERSONNEL COMMITTEE(CONSISTING OF 3 BOARD MEMBERS) CONDUCTS SURVEY OF COMPENSATION PAID BY LIKE ORGANIZATIONS, APPROVES COMPENSATION DECISIONS, AND DOCUMENTS THE DELIBERATION AND DECISION OF EXECUTIVE COMPENSATION THE LAST FULL REVIEW TO DETERMINE 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,611,967 CHANGE IN ACCRUED COMMITMENTS AND GRANTS PAYABLE 7,489,969 PARTNERSHIP INTERESTS DIFF REALIZED V UNREALIZED INCOME/GAIN -14,850,817 CHANGE IN MARKET VALUE OF LIMITED PARTNERSHIP INVESTMENTS - 2,776,915 PARTNERSHIP INTERESTS NONDEDUCTIBLE EXPENSE -4,303 OTHER ADJUSTMENTS -812 PARTNERSHIP INTERESTS SEC 754 ADJUSTMENT 75,283 PARTNERSHIP K-1 REDEMPTION GAIN - 6,467,935 TOTAL TO FORM 990, PART XI, LINE 5 -11,923,563
DESCRIPTION OF CHANGE IN PROCESS	990 PART XI, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196011083

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HGF REALTY LLC 380 UNION ST W SPFLD, MA 01089 20-4648790	ACQUIRE, DEVELOP, LEASE, AND DISPOSE OF REAL ESTATE	MA		101,264	
(2) THE HAROLD GRINSPOON INTERNATIONAL FOUNDATION LLC 380 UNION ST W SPFLD, MA 01089 27-0176319	PURSUE EXCLUSIVELY RELIGIOUS, CHARITABLE, LITERARY OR EDUCATIONAL PURPOSES	MA		26,897	

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

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BIRTHRIGHT ISRAEL FOUNDATION PO BOX 1784 NEW YORK, NY 10156 13-4092050	PROVIDES EDUCATIONAL TRIPS TO ISRAEL FOR JEWISH YOUNG ADULTS	NY	501(C)(3)	170(B)(1)(A)(VI)	NOT KNOWN		No
(2) YIDDISH BOOK CENTER 1021 WEST STREET AMHERST, MA 01002 04-2708878	ADVANCE KNOWLEDGE OF THE CONTENT OF YIDDISH BOOKS AND JEWISH IDENTITY	MA	501(C)(3)	170(B)(1)(A)(II)	NOT KNOWN		No
(3) THE JEWISH FEDERATIONS OF NORTH AMERICA INC 111 EIGHTH AVE STE 11E NEW YORK, NY 10011 13-1624240	PROTECT & ENHANCE THE WELL-BEING OF JEWS & JEWISH COMMUNITIES	NY	501(C)(3)	170(B)(1)(A)(VI)	NOT KNOWN		No
(4) FOUNDATION FOR JEWISH CAMPING INC 15 WEST 36TH ST NEW YORK, NY 10018 22-3551013	BUILD A JEWISH IDENTITY AND INCREASE QUANTITY/QUALITY OF JEWISH CAMPING	NY	501(C)(3)	170(B)(1)(A)(VI)	NOT KNOWN		No
(5) JEWISH FEDERATION OF WESTERN MASSACHUSETTS 1160 DICKINSON ST SPRINGFIELD, MA 01108 04-2127023	TO ENSURE CONTINUITY & WELL-BEING OF A VIBRANT JEWISH COMMUNITY	MA	501(C)(3)	170(B)(1)(A)(VI)	NOT KNOWN		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TEXAS MOUNT VERNON MANOR LIMITED PARTNERSHIP 380 UNION STREET WEST SPRINGFIELD, MA 01089 04-3203704	REAL ESTATE	TX	N/A	INVESTMENT	118,280	1,422,250		No			No	62 750 %
(2) CARRIAGE POLO RUN LLC 380 UNION STREET WEST SPRINGFIELD, MA 01089 26-2017751	REAL ESTATE	CT	N/A	INVESTMENT	468,729	544,864		No			No	53 500 %
(3) STORRS POLO RUN LIMITED PARTNERSHIP 380 UNION STREET WEST SPRINGFIELD, MA 01089 56-2296732	REAL ESTATE	CT	N/A	INVESTMENT	145,961	5,336,746		No			No	53 500 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2 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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE JEWISH FEDERATIONS OF NORTH AMERICA	B	2,306,000	CASH GRANT
(2) JEWISH FEDERATION OF WESTERN MASSACHUSETTS	B	124,350	CASH GRANT
(3) FOUNDATION FOR JEWISH CAMP	B	300,000	CASH GRANT
(4) BIRTHRIGHT ISRAEL FOUNDATION	B	100,000	CASH GRANT
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 04-6685725
Name: THE HAROLD GRINSPOON FOUNDATION

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BIRTHRIGHT ISRAEL FOUNDATION	134092050	7	Yes		Yes		Yes		100000
(B) FOUNDATION FOR JEWISH CAMP	223551013	7	Yes		Yes		Yes		300000
(C) JEWISH FEDERATION OF WESTERN MASSACHUSETTS	042127023	7	Yes		Yes		Yes		124350
(D) JEWISH FEDERATION OF GREATER NEW HAVEN	060647025	2		No	Yes		Yes		7425
(E) THE JEWISH FEDERATIONS OF NORTH AMERICA (UNITED JEWISH COMMUNITIES)	131624240	7	Yes		Yes		Yes		2306000
(F) THE YIDDISH BOOK CENTER	042708878	7	Yes		Yes		Yes		5000