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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
45 BROADWAY NO 3050

Room/suite

City or town, state or country, and ZIP + 4  
NEW YORK, NY 10006

F Name and address of principal officer  
JASON CURY  
45 BROADWAY NO 3050  
NEW YORK, NY 10006

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.GRUSSLIFE.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1990

M State of legal domicile NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
SUPPORT FOR JEWISH EDUCATION

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) . . . . .315

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .414

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .528

6 Total number of volunteers (estimate if necessary) . . . . .614

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .7a0

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .7b0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .815,740

9 Program service revenue (Part VIII, line 2g) . . . . .90

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .103,850,185

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .1155,335

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .123,921,260

Current Year

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .1310,602,998

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .140

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .151,171,401

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .16a0

b Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup>

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .17497,704

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .1812,272,103

19 Revenue less expenses Subtract line 18 from line 12 . . . . .19-8,350,843

Current Year

20 Total assets (Part X, line 16) . . . . .2092,183,493

21 Total liabilities (Part X, line 26) . . . . .2111,435,576

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .2280,747,917

Expenses

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Beginning of Current Year

End of Year

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

\*\*\*\*\*

Signature of officer

JASON CURY PRESIDENT

Type or print name and title

2013-11-07

Date

Paid Preparer Use Only

Prrnt/Type preparer's name  
FREDERICK H ROTHMAN

Preparer's signature

Date

Check ☐ if self-employed

PTIN  
P01275277

Firm's name ▶ LOEB & TROPER LLP

Firm's EIN ▶ 13-1517563

Firm's address ▶ 655 THIRD AVENUE 12TH FLOOR  
NEW YORK, NY 10017

Phone no (212) 867-4000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

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

THE MISSION OF GRUSS LIFE MONUMENT FUNDS, INC IS TO PROVIDE BENEFITS TO FULL TIME JEWISH EDUCATORS, PROVIDE FUNDS TO UPGRADE THE PHYSICAL PLANTS OF JEWISH DAY SCHOOLS AND PROVIDE SCHOLARSHIP TO STUDENTS ON THE ELEMENTARY, HIGH SCHOOL AND POST HIGH SCHOOL LEVELS IN ADDITION, PROGRAMS WERE DEVELOPED TO MAKE CERTAIN THAT EVERY FAUCET OF EUDCATION IN THE JEWISH DAY SCHOOLSIS OF SUPERIOR QUALITY

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 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 \$ 1,855,548 including grants of \$ 1,750,000 ) (Revenue \$ )

BUILDING RENOVATION- FUNDING FOR FIXING OF HAZARDOUS CONDITIONS IN JEWISH SCHOOLS LOCATED IN NEW YORK CITY AND NEIGHBORING WESTCHESTER, NASSAU AND SUFFOLK COUNTIES ACCEPTED 23 OUT OF 67 APPLICATIONS

4b

(Code ) (Expenses \$ 1,770,723 including grants of \$ 1,670,000 ) (Revenue \$ )

SCHOLARSHIP FUND-PROVIDE VARIOUS SCHOLARSHIPS TO STUDENTS FOR ACADEMIC STUDIES THE ELEMENTARY SCHOOL SCHOLARSHIP FUND AWARDED 337 STUDENTS IN 53 SCHOOLS 596 JEWISH HIGH SCHOOLS STUDENTS, IN 92 SCHOOLS WERE AWARDED FUNDS THE HIGHER EDUCATION SCHOLARSHIP WAS ACCEPTED BY 7 STUDENTS OUT OF 66 APPLICATIONS IN ADDITION 15 SCHOLARSHIPS WERE GIVEN TO FASHION INSTITUTE OF TECHNOLOGY

4c

(Code ) (Expenses \$ 1,909,390 including grants of \$ 1,800,779 ) (Revenue \$ 1,645,716 )

MEDICAL AND PENSION BENEFIT PROGRAM-PROVIDE SUPPLEMENT HEALTH INSURANCE AND PENSION PREMIUMS OF CAREER EDUCATORS AT JEWISH SCHOOL, AND TEACHERS IN JEWISH DAY SCHOOLS AND YESHIVAS IN THE NEW YORK METROPOLITAN AREA 2,838 EDUCATORS WERE BENEFITED BY THIS PROGRAM

(Code ) (Expenses \$ 4,171,904 including grants of \$ 3,934,595 ) (Revenue \$ 54,494 )

SCHOLARSHIPS AND SPECIAL INNOVATIVE PROJECTS- THESE PROGRAMS ASSIST STUDENTS AS WELL AS JEWISH SCHOOLS

4d

Other program services (Describe in Schedule O )

(Expenses \$ 4,171,904 including grants of \$ 3,934,595 ) (Revenue \$ 54,494 )



















4e

Total program service expenses

9,707,565

Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . 	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . . 		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	3	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	28	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
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, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country VI , CA , CJ , EI , IS , BD 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 as charitable contributions?	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. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the 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 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	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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	Yes
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JASON CURY & CHI SHING TAM 45 BROADWAY SUITE 3050 NEW YORK, NY (212) 757-1500

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JASON CURY PRESIDENT	35 00	X		X				438,535	0	55,245
(2) MARTIN GRUSS CHAIRMAN	50	X		X				0	0	0
(3) ROBERT GOTTESMAN VICE PRESIDENT	50	X		X				0	0	0
(4) ROBERT STEINBERG VICE PRESIDENT	50	X		X				0	0	0
(5) MATTHEW MARYLES TREASURER	50	X		X				0	0	0
(6) LILLIAN EISMAN SECRETARY	50	X		X				0	0	0
(7) LUDWIG BRAVMANN BOARD MEMBER	50	X						0	0	0
(8) ERIC GOLDSTEIN BOARD MEMBER	50	X						0	0	0
(9) JOSHUA GRUSS BOARD MEMBER	50	X						0	0	0
(10) BERNARD LATERMAN BOARD MEMBER	50	X						0	0	0
(11) MICHAEL LEFFELL BOARD MEMBER	50	X						0	0	0
(12) JERRY LEVIN BOARD MEMBER	50	X						0	0	0
(13) EVELYN GRUSS LIPPER BOARD MEMBER	50	X						0	0	0
(14) GEORGE ROHR BOARD MEMBER	50	X						0	0	0
(15) JOHN RUSKAY BOARD MEMBER	50	X						0	0	0
(16) JOEL BERITZ VICE PRESIDENT	35 00			X				198,596	0	22,824
(17) CHI SHING TAM CONTROLLER	35 00					X		147,109	0	33,442



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	950,618	0	128,649

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 ▶4

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 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	83,214		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,000		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		134,214		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	16,276		
4		Income from investment of tax-exempt bond proceeds . . . . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	12,769,744			
c		Gain or (loss)	10,808,822			
d		Net gain or (loss) . . . . .	1,960,922			1,960,922
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		SETTLEMENT FOR RECOVERY OF PROGRA	999999	1,645,716	1,645,716	
b	FOOD SERV TECH CONS	541900	43,663	43,663		
c	MISCELLANEOUS REVENUE	900099	10,831	10,831		
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		1,700,210			
12	Total revenue. See Instructions . . . . .		3,811,622	1,700,210	0	1,977,198

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).

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.	7,315,088	7,315,088		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,670,000	1,670,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	170,286	170,286		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	570,982	236,234	334,748	
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.	506,244	126,558	379,686	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	26,488	5,609	20,879	
9	Other employee benefits.	83,654	25,320	58,334	
10	Payroll taxes.	55,650	18,365	37,285	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	11,744	6,365	5,379	
c	Accounting.	71,930		71,930	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	89,678	29,593	60,085	
14	Information technology.				
15	Royalties.				
16	Occupancy.	129,115	42,608	86,507	
17	Travel.	62,071	46,771	15,300	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	31,127	10,272	20,855	
23	Insurance.	19,072		19,072	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a					
b					
c					
d					
e	All other expenses.	13,624	4,496	9,128	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	10,826,753	9,707,565	1,119,188	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			59,483	1	254,196
	2	Savings and temporary cash investments . . . . .			3,056,458	2	1,721,229
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			55,559	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			11,133,171	7	9,441,922
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	272,683			
	b	Less: accumulated depreciation . . . . .	10b	227,508	64,689	10c	45,175
	11	Investments—publicly traded securities . . . . .			14,028,651	11	9,265,085
	12	Investments—other securities. See Part IV, line 11 . . . . .			62,491,435	12	67,727,396
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			1,294,047	15	144,614
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			92,183,493	16	88,599,617	
Liabilities	17	Accounts payable and accrued expenses . . . . .			482,987	17	470,283
	18	Grants payable . . . . .			10,774,218	18	8,347,529
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to 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 . . . . .			178,371	25	202,963
	26	Total liabilities. Add lines 17 through 25 . . . . .			11,435,576	26	9,020,775
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			4,113,814	27	13,739,283
	28	Temporarily restricted net assets . . . . .			76,634,103	28	65,839,559
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .			80,747,917	33	79,578,842
	34	Total liabilities and net assets/fund balances . . . . .			92,183,493	34	88,599,617

Part XI Reconciliation 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	3,811,622
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	10,826,753
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-7,015,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	80,747,917
5	Net unrealized gains (losses) on investments . . . . .	5	3,848,194
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	1,997,862
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,578,842

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC

Employer identification number

13-3573461

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 described in **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 - Non-functionally integrated
- 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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) UJA FEDERATION	510172429	7	Yes						0
Total									0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC

Employer identification number  
13-3573461

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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 XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		241,627	196,452	45,175
e Other . . . . .		31,056	31,056	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				45,175



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	8,067,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	3,848,194
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	407,438
e	Add lines 2a through 2d . . . . .	2e	4,255,632
3	Subtract line 2e from line 1 . . . . .	3	3,811,622
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	3,811,622

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	10,826,753
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	10,826,753
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	10,826,753

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FUNDS HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		REVENUE OF RELATED PARTIES 407,438

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

2012

Open to Public  
Inspection

Name of the organization  
CAROLINE & JOSEPH S GRUSS LIFE MONUMENT  
FUNDS INC

Employer identification number  
13-3573461

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 (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
NORTH AMERICA	0	0	GRANTS TO RECEPIENTS LOCATED IN REGION		170,286
3a Sub-total	0	0			170,286
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			170,286

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. Part II can be duplicated 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)
			NORTH AMERICA	EDUCATION TECHNOLOGY	170,286				

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 . . . . ▶

1

3

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

0

## Part III

[illegible]



**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

## Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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

2012

Open to Public  
Inspection

Name of the organization  
CAROLINE & JOSEPH S GRUSS LIFE MONUMENT  
FUNDS INC

Employer identification number  
13-3573461

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. Part II can be duplicated 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 . . . . .

210

3

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

210

**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.  
Part III can be duplicated 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
(1) COLLEGE SCHOLARSHIPS	39	427,384			
(2) ELEMENTARY SCHOLARSHIPS	379	500,000			
(3) FIT SCHOLARSHIP	20	66,861			
(4) HIGH SCHOOL SCHOLARSHIP	691	1,159,000			

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS, INC HAS ESTABLISHED DISTINCT GUIDELINES FOR APPLICATION AND ELIGIBILITY CRITERIA FOR EACH OF ITS SPECIFICS GRANTS PROGRAMS THE INDIVIDUAL OR INSTITUTION WHICH APPLIES FOR FUNDING MUST EXHIBIT DEMONSTRATED FINANCIAL NEED AS WELL AS VERIFY THAT FUNDS WILL BE USED SOLELY FOR THE PURPOSES DELINEATED IN THE ORIGINAL AWARD ANNOUNCEMENT A PROCEDURE OF FOLLOW-UP AND EVALUATION FURTHER ASSISTS IN MONITORING THE GRANTS AND LOANS WHICH WE APPROVE

Software ID:

Software Version:

EIN: 13-3573461

Name: CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC

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
ABRAHAM JOSHUA HESCHEL SCHOOL ES20 WEST END AVE NEW YORK, NY 10023	13-3091539	501( C )(3)	75,735				FACULTY ASSISTANCE
AHI EZER YESHIVA2433 OCEAN PKWY BROOKLYN, NY 11235	11-2025982	501( C )(3)	2,062				FACULTY ASSISTANCE

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
ASSOCIATED BETH RIVKAH SCHOOL ES310 CROWN ST BROOKLYN,NY 11225	11-2163504	501( C )(3)	16,782				FACULTY ASSISTANCE
BAIS ESTHER SCHOOL ES 1353 50TH ST BROOKLYN,NY 11219	11-2680069	501( C )(3)	2,640				FACULTY ASSISTANCE

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
BAIS TZIPORAH ES1449 39TH ST BROOKLYN,NY 11218	13-3044171	501( C )(3)	57				FACULTY ASSISTANCE
BAIS YAAKOV ACADEMY OF BROOKLYN ES1213-1223 ELM AVE BROOKLYN,NY 11230	11-3122562	501( C )(3)	49,787				FACULTY ASSISTANCE, BUILDING RENOVATION

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
BAIS YAAKOV ACADEMY OF QUEENS124-50 METROPOLITAN AVE KEW GARDENS,NY 11415	11-6003455	501( C )(3)	28,421				FACULTY ASSISTANCE
BAIS YAAKOV D'CHASIDEI GUR ES1975 51ST ST BROOKLYN,NY 11204	11-2592466	501( C )(3)	3,994				FACULTY ASSISTANCE



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
BAIS YAAKOV OF 18TH AVENUE4419 18TH AVE BROOKLYN,NY 11204	13-2720462	501( C )(3)	2,457				FAULTY ASSISTANCE, COMPUTER ASSISTED LEARNING
BAIS YAAKOV OF BENSONHURST3901 14TH AVE BROOKLYN,NY 11218	11-3333475	501( C )(3)	43				FACULTY ASSISTANCE

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
BAIS YAKOV DKHAL ADAS YEREIM - BORO PARK ES 1169 43RD ST BROOKLYN,NY 11219	20-3298496	501( C )(3)	1,570				FACULTY ASSISTANCE
BARKAI YESHIVA5302 21ST AVE BROOKLYN,NY 11204	11-3487526	501( C )(3)	1,922				FACULTY ASSISTANCE

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
BARKAI YESHIVA5302 21ST AVE BROOKLYN,NY 11204	11-3487526	501( C )(3)	19,559				FACULTY ASSISTANCE
BAY TERRACE JEWISH CENTER ES13-00 209TH ST BAYSIDE,NY 11360	11-2027034	501( C )(3)	1,743				FACULTY ASSISTANCE

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
BEER HAGOLAH INSTITUTES HS671 LOUISIANA AVE BROOKLYN,NY 11239	11-2501388	501( C )(3)	44,064				FACULTY ASSISTANCE, ENROLLMENT INCENTIVE, MISC
BEIS CHAYA MUSHKA1505 CARROLL ST BROOKLYN,NY 11213	11-3496769	501( C )(3)	17				FACULTY ASSISTANCE

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
BET TORAH RELIGIOUS SCHOOL ES60 SMITH AVE MT KISCO,NY 10549	13-1980421	501( C )(3)	688				FACULTY ASSISTANCE
BET YAAKOV OHR SARAH (MEOROT BEIT YAAKOV) ES1123 AVE N BROOKLYN,NY 11230	11-3359430	501( C )(3)	1,539				FACULTY ASSISTANCE

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
BETH CHANA SCHOOLE S 712 BEDFORD AVE BROOKLYN,NY 11206	11-2557683	501( C )(3)	357				FACULTY ASSISTANCE
BETH EL SYNAGOGUE REL SCHOOL OF NEW ROCHELLE ESNORTHFIELD RD NORTH AVE NEW ROCHELLE,NY 10804	13-1760097	501( C )(3)	400				FACULTY ASSISTANCE

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
BETH JACOB DAY SCHOOL FOR GIRLS ES85 PARKVILLE AVE BROOKLYN,NY 11230	11-6000096	501( C )(3)	9,896				FACULTY ASSISTANCE, BUILDING RENOVATION
BETH JACOB OF BORO PARK1371 46TH ST BROOKLYN,NY 11219	11-1639801	501( C )(3)	29,819				FACULTY ASSISTANCE

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BETH JACOB PAROCHIAL SCHOOL OF MANHATTAN 142 BROOME ST NEW YORK, NY 10002	13-2721090	501( C )(3)	1,068				FACULTY ASSISTANCE, COMPUTER ASSISTED LEARNING
BNOS BAIS YAAKOV OF FAR ROCKAWAY ES613 BEACH 9TH ST FAR ROCKAWAY, NY 11691	11-3220788	501( C )(3)	13,701				FACULTY ASSISTANCE



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BNOS ISRAEL SCHOOL 1629 EAST 15TH ST BROOKLYN,NY 11229	11-2145062	501( C )(3)	2,580				FACULTY ASSISTANCE
BNOS MALKA ACADEMY 71-02 113TH ST FOREST HILLS,NY 11375	11-3331303	501( C )(3)	8,779				FACULTY ASSISTANCE, BUILDING RENOVATION

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

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BNOS MENACHEM SCHOOL FOR GIRLS ES739 EAST NEW YORK AVE BROOKLYN, NY 11203	11-3612050	501( C )(3)	10,112				FACULTY ASSISTANCE
BNOS YAKOV SCHOOL FOR GIRLS OF BORO PARK ES 1402 40 ST BROOKLYN, NY 11218	11-6003354	501( C )(3)	1,584				FACULTY ASSISTANCE

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

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BNOS YAKOV SCHOOL FOR GIRLS OF WILLIAMSBURG ES274 KEAP ST/62-68 HARRISON AVE BROOKLYN,NY 11211	11-6003354	501( C )(3)	1,617				FACULTY ASSISTANCE
BNOS YERUSHALAYIM DCHASIDEI BELZ ES600 MCDONALD AVE BROOKLYN,NY 11218	23-7339651	501( C )(3)	186				FACULTY ASSISTANCE

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

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BNOS ZION OF BOBOV ES 5000 14TH AVE BROOKLYN,NY 11219	11-1754037	501( C )(3)	10,525				FACULTY ASSISTANCE
BOBOVER YESHIVA BNEI ZION ES4206 15TH AVE BROOKLYN,NY 11219	11-1754037	501( C )(3)	3,725				FACULTY ASSISTANCE, BUILDING RENOVATION

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

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BRANDEIS SCHOOL25 FROST LANE LAWRENCE, NY 11559	11-1666832	501( C )(3)	29,378				FACULTY ASSISTANCE, SCIENCE LABS
CARMEL ACADEMY (WFHA ) 270 LAKE AVE GREENWICH, CT 06830	13-4013334	501( C )(3)	35,253				FACULTY ASSISTANCE, SCIENCE LABS, SMART BOARD

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

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CENTER FOR INITIATIVES IN JEWISH EDUCATION45 BROADWAY NEW YORK,NY 10006	77-0698155	501( C )(3)	2,803,650				COMPUTERASSISTED LEARNING
CENTRAL SYNAGOGUE RELIGIOUS SCHOOL OF NEW YORK ES123 EAST 55TH ST NEW YORK,NY 10022	13-1628161	501( C )(3)	8,893				FACULTY ASSISTANCE

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

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COMMUNITY SYNAGOGUE OF PORT WASHINGTON ES 160 MIDDLE NECK RD PORT WASHINGTON,NY 11050	11-1992681	501( C )(3)	9,183				FACULTY ASSISTANCE
COMMUNITY SYNAGOGUE REL SCHOOL OF RYE ES200 FOREST AVE RYE,NY 10580	13-1740225	501( C )(3)	90				FACULTY ASSISTANCE

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

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CONGREGATION BETH ELOHIM274 GARFIELD PLACE BROOKLYN,NY 11215	11-1672755	501( C )(3)	9,399				FACULTY ASSISTANCE
CONGREGATION KNESES TIFERETH ISRAEL ES575 KING ST PORT CHESTER,NY 10573	13-1881140	501( C )(3)	4,536				FACULTY ASSISTANCE



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CONGREGATION MACHNA SHALVA ES4820 16TH AVE BROOKLYN, NY 11204	72-1563379	501( C )(3)	95				FACULTY ASSISTANCE
CONGREGATION SONS OF ISRAEL BRIARCLIFF ES 1666 PLEASANTVILLE RD BRIARCLIFF MANOR, NY 10510	13-6007213	501( C )(3)	47				FACULTY ASSISTANCE

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

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CONGREGATION SONS OF ISRAEL WOODMERE ES111 IRVING PLACE WOODMERE,NY 11598	11-1704596	501( C )(3)	1,836				FACULTY ASSISTANCE
DIX HILLS JEWISH CENTER ES555 VANDERBILT PKWY DIX HILLS,NY 11746	11-2166192	501( C )(3)	375				FACULTY ASSISTANCE

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

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EAST MEADOW JEWISH CENTER RELIGIOUS SCHOOL ES1400 PROSPECT AVE EAST MEADOW,NY 11554	11-1960131	501( C )(3)	233				FACULTY ASSISTANCE
EAST MIDWOOD HEBREW DAY SCHOOL1256 EAST 21ST ST BROOKLYN,NY 11210	11-3217904	501( C )(3)	4,097				FACULTY ASSISTANCE

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

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EDUCATIONAL INSTITUTE OHOLEI TORAH ES667 EASTERN PKWY BROOKLYN,NY 11213	11-6077811	501( C )(3)	8,557				FACULTY ASSISTANCE
EZRA ACADEMY OF QUEENS HIGH SCHOOL 119-45 UNION TURNPIKE FOREST HILLS,NY 11375	11-2222173	501( C )(3)	1,792				FACULTY ASSISTANCE

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

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FOREST HILLS JEWISH CENTER ES106-06 QUEENS BLVD FOREST HILLS,NY 11375	11-1631821	501( C )(3)	2,203				FACULTY ASSISTANCE
GERER MESIVTA BAIS YISROEL5407 16TH AVE BROOKLYN,NY 11204	27-1121697	501( C )(3)	2,298				FACULTY ASSISTANCE

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

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GRUSS LIFE MONUMENT FUNDS45 BROADWAY NEWYORK,NY 10006	13-3573461	501( C )(3)	36,360				FACULTY ASSISTANCE
HANNAH SENESH COMMUNITY DAY SCHOOL 342 SMITH ST BROOKLYN,NY 11231	20-3330699	501( C )(3)	12,656				FACULTY ASSISTANCE

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

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HEBREW ACADEMY FOR SPECIAL CHILDREN5902 14TH AVE BROOKLYN,NY 11219	11-2107335	501( C )(3)	4,317				FACULTY ASSISTANCE
HEBREW ACADEMY OF LONG BEACH132 SPRUCE ST CEDARHURST,NY 11516	11-1892079	501( C )(3)	84,125				FACULTY ASSISTANCE

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HEBREW ACADEMY OF NASSAU COUNTY ES240 HEMPSTEAD AVE WEST HEMPSTEAD, NY 11552	11-1733449	501( C )(3)	39,055				FACULTY ASSISTANCE, BUILDING RENOVATION, INNOVATIVE PROGRAM
HEBREW ACADEMY OF THE FIVE TOWNS AND RKWAY ES389 CENTRAL AVE LAWRENCE, NY 11559	11-2551180	501( C )(3)	236,069				FACULTY ASSISTANCE,INNOVATIVE PROGRAM, MISC



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HILLEL YESHIVA1025 DEAL RD OCEAN,NJ 07712	21-0682028	501( C )(3)	4,351				FACULTY ASSISTANCE
HUNTINGTON JEWISH CENTER ES510 PARK AVE HUNTINGTON,NY 11743	11-1740299	501( C )(3)	417				FACULTY ASSISTANCE

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ICHUD MOSDOS HACHINUCH OF BROOKLYN3908 16TH AVE BROOKLYN,NY 11218	03-0500351	501( C )(3)	2,600				FACULTY ASSISTANCE
ISRAEL CENTER FOR EXCELLENCE THROUGH EDUCATION-USA211 EAST CHICAGO ST CHICAGO,IL 60611	27-3032809	501( C )(3)	50,000				FACULTY ASSISTANCE

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JERICO JEWISH CENTER SCHOOL ES430 NORTH BROADWAY JERICO,NY 11753	11-6003249	501( C )(3)	393				FACULTY ASSISTANCE
JEWISH CENTER FOR SPECIAL EDUCATION ES 1760 53RD ST BROOKLYN,NY 11204	11-2488016	501( C )(3)	6,387				FACULTY ASSISTANCE

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JEWISH EDUCATION PROJECT (BJE)520 8TH AVE 15TH FL NEW YORK,NY 10018	13-1632519	501( C )(3)	24,722				FACULTY ASSISTANCE, BUILDING RENOVATION
JEWISH FOUNDATION SCHOOL400 CASWELL AVE STATEN ISLAND,NY 10314	13-6271914	501( C )(3)	11,331				FACULTY ASSISTANCE

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JEWISH INSTITUTE OF QUEENS60-05 WOODHAVEN BLVD ELMHURST, NY 11373	54-2068797	501( C )(3)	3,685				FACULTY ASSISTANCE
KINNERET DAY SCHOOL 2600 NETHERLAND AVE BRONX, NY 10463	13-1778283	501( C )(3)	9,686				FACULTY ASSISTANCE

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KULANU TORAH ACADEMY 124 MCGLYNN PLACE CEDARHURST,NY 11516	11-3539334	501( C )(3)	10,036				FACULTY ASSISTANCE
LEV BAIS YAAKOV3574 NOSTRAND AVE BROOKYLN,NY 11229	11-3371981	501( C )(3)	1,103				FACULTY ASSISTANCE, BUILDING RENOVATION

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LONG ISLAND HEBREW ACADEMY122 CUTTER MILL RD GREAT NECK,NY 11021	11-3468387	501( C )(3)	120				FACULTY ASSISTANCE
MACHON BAIS YAAKOV HIGH SCHOOL1681-83 42ND ST BROOKLYN,NY 11204	11-2819214	501( C )(3)	57,351				FACULTY ASSISTANCE

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MADRAIGOS936 BROADWAY WOODMERE,NY 11598	41-2209053	501( C )(3)	26,100				FACULTY ASSISTANCE
MAGEN DAVID YESHIVAH ES2130 MCDONALD AVE BROOKLYN,NY 11223	11-1666839	501( C )(3)	104,043				FACULTY ASSISTANCE



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MANHATTAN DAY SCHOOL 310 WEST 75TH ST NEWYORK,NY 10023	13-1641081	501( C )(3)	31,126				FACULTY ASSISTANCE
MANHATTAN HIGH SCHOOL FOR GIRLS154 EAST 70TH ST NEWYORK,NY 10021	13-3709401	501( C )(3)	7,045				FACULTY ASSISTANCE, COMPUTER ASSISTED LEARNING

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MASORES BAIS YAAKOV ES1395 OCEAN AVE BROOKLYN,NY 11230	11-2902382	501( C )(3)	8,758				FACULTY ASSISTANCE, BUILDING RENOVATION, COMPUTER ASSISTED LEARNING
MAZEL DAY SCHOOL (FREE)2901-2915 BRIGHTON 6TH ST BROOKLYN,NY 11235	11-2457451	501( C )(3)	50,963				FACULTY ASSISTANCE

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MERCAZ HATORAH OF BELLE HARBOR505 BEACH 129TH ST BELLE HARBOR,NY 11694	11-2943122	501( C )(3)	279				FACULTY ASSISTANCE
MERKAZ BNOS HIGH SCHOOL1400 WEST 6TH ST BROOKLYN,NY 11204	11-3029228	501( C )(3)	989				FACULTY ASSISTANCE

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MESIVTA ATERES YAAKOV OF GREATER LI HS131 WASHINGTON AVE LAWRENCE,NY 11559	83-0361245	501( C )(3)	5,934				FACULTY ASSISTANCE
MESIVTA NACHLAS YAKOV DKHAL ADAS YEREIM185 WILSON ST BROOKLYN,NY 11211	11-2002924	501( C )(3)	2,669				FACULTY ASSISTANCE, BUILDING RENOVATION

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MESIVTA RABBI CHAIM BERLIN1585 CONEY ISLAND AVE BROOKLYN,NY 11230	11-2225154	501( C )(3)	43,000				FACULTY ASSISTANCE
MESIVTA TIFERETH JERUSALEM ES145 EAST BROADWAY NEWYORK,NY 10002	13-5600419	501( C )(3)	17,528				FACULTY ASSISTANCE

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MESIVTA YAM HATORAH 2716 HEALY AVE FAR ROCKAWAY, NY 11691	95-4118740	501( C )(3)	32				FACULTY ASSISTANCE
MESIVTA YESODEI YESHURUN141-51 71ST AVE FLUSHING,NY 11367	11-1681674	501( C )(3)	9,449				FACULTY ASSISTANCE

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MIDRESHET SHALHEVET HIGH SCHOOL FOR GIRLS 1000 ROSEDALE RD NORTH WOODMERE,NY 11581	11-3119721	501( C )(3)	2,165				FACULTY ASSISTANCE, BUILDING RENOVATION
MIRRER YESHIVA CENTRAL INSTITUTE ES 1791-5 OCEAN PKWY BROOKLYN,NY 11223	11-3119576	501( C )(3)	98,616				FACULTY ASSISTANCE

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MOSDOS CHASIDEI SQUARE - BORO PARK ES 1373 43RD ST BROOKLYN,NY 11219	11-3136757	501( C )(3)	620				FACULTY ASSISTANCE
NEFESH ACADEMY1750 EAST 18TH ST BROOKLYN,NY 11229	11-3028354	501( C )(3)	2,447				FACULTY ASSISTANCE, BUILDING RENOVATION



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NESIVOS BAIS YAAKOV 1017-1021 45TH ST BROOKLYN,NY 11219	20-0517515	501( C )(3)	190				FACULTY ASSISTANCE
NICHOLAS MARCHESE52 JENKINS ST MERRICK,NY 11566	12-8609818	501( C )(3)	50,850				FACULTY ASSISTANCE

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
NORTH SHORE HEBREW ACADEMY ELEMENTARY SCHOOL16 CHERRY LANE GREAT NECK,NY 11024	11-2200920	501( C )(3)	44,049				FACULTY ASSISTANCE
NORTH SHORE HEBREW ACADEMY HIGH SCHOOL 400 NORTH SERVICE RD GREAT NECK,NY 11020	11-3561811	501( C )(3)	20,614				FACULTY ASSISTANCE

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NORTH SHORE JEWISH CENTER ES385 OLD TOWN RD PORT JEFFERSON STA,NY 11776	11-1775933	501( C )(3)	186				FACULTY ASSISTANCE, INNOVATIVE PROGRAMING
OHEL4510 16TH AVE BROOKLYN,NY 11204	11-6078704	501( C )(3)	24,464				FACULTY ASSISTANCE

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OHR HAMEIR THEOLOGICAL SEMINARY FURNACE WOODS RD / PO BOX 2130 CORTLANDT MANOR,NY 10567	13-1977140	501( C )(3)	7,716				FACULTY ASSISTANCE
OLD WESTBURY HEBREW CONGREGATION ES21 OLD WESTBURY RD OLD WESTBURY,NY 11568	11-1875760	501( C )(3)	399				FACULTY ASSISTANCE

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

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PARK EAST ESHI DAY SCHOOL164 EAST 68TH ST NEW YORK,NY 10065	51-0243931	501( C )(3)	13,064				FACULTY ASSISTANCE
PLAINVIEW JEWISH CENTER ES95 FLORAL DRIVE WEST PLAINVIEW,NY 11803	11-1901660	501( C )(3)	140				FACULTY ASSISTANCE

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PRIORITY 126 COLUMBIA AVE CEDARHURST,NY 11516	95-4118740	501( C )(3)	1,483				FACULTY ASSISTANCE
PROSPECT PARK YESHIVA ES1604 AVE R BROOKLYN,NY 11229	11-6001333	501( C )(3)	22,116				FACULTY ASSISTANCE

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PTACH1689 EAST 5TH ST BROOKLYN,NY 11230	11-2419184	501( C )(3)	19,772				FACULTY ASSISTANCE
RABBI JACOB JOSEPH BOYS SCHOOL400 CASWELL AVE STATEN ISLAND,NY 10314	13-3703256	501( C )(3)	8,008				FACULTY ASSISTANCE

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RABBINICAL SEMINARY OF AMERICA HIGH SCHOOL 76-01 147TH ST FLUSHING,NY 11367	11-1752021	501( C )(3)	1,415				FACULTY ASSISTANCE
RAMAZ LOWER SCHOOLLL4 EAST 85TH ST NEW YORK,NY 10028	13-1635279	501( C )(3)	89,272				FACULTY ASSISTANCE



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RAMBAM MESIVTA15 FROST LANE LAWRENCE,NY 11559	11-3119721	501( C )(3)	7,707				FACULTY ASSISTANCE
RODEPH SHOLOM DAY SCHOOL10 WEST 84TH ST NEWYORK,NY 10024	13-1628164	501( C )(3)	51,566				FACULTY ASSISTANCE, BUILDING RENOVATION

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

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SAR ACADEMY ELEMENTARY SCHOOL655 WEST 254TH ST BRONX,NY 10471	13-2646185	501( C )(3)	133,752				FACULTY ASSISTANCE, SHALOM SEASAME
SESAME WORKSHOPONE LINCOLN PLAZA NEWYORK,NY 10023	13-2655731	501( C )(3)	133,333				FACULTY ASSISTANCE

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

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SHAAREI ZION OHEL BRACHA -BOYS66-35 108TH ST FOREST HILLS,NY 11375	11-3336257	501( C )(3)	3,896				FACULTY ASSISTANCE
SHEVACH HIGH SCHOOL 75-09 MAIN ST FLUSHING,NY 11367	11-2568978	501( C )(3)	3,158				FACULTY ASSISTANCE

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SHULAMITH SCHOOL FOR GIRLS140 IRVING PLACE WOODMERE,NY 11598	11-1686380	501( C )(3)	10,734				FACULTY ASSISTANCE
SHULAMITH SCHOOL FOR GIRLS OF BROOKLYN1277 EAST 14TH ST BROOKLYN,NY 11230	27-4092673	501( C )(3)	2,498				FACULTY ASSISTANCE

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SILVERSTEIN HEBREW ACADEMY117 CUTTERMILL RD GREAT NECK,NY 11021	13-4033889	501( C )(3)	545				FACULTY ASSISTANCE
SINAI ACADEMIC CENTER HIGH SCHOOL2025 79TH ST BROOKLYN,NY 11214	13-3426955	501( C )(3)	1,599				FACULTY ASSISTANCE, ENROLLMENT INCENTIVE

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SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY1 BARBARA LANE JERICO,NY 11753	11-2149235	501( C )(3)	182,345				FACULTY ASSISTANCE
SOLOMON SCHECHTER SCHOOL OF MANHATTAN 805 COLUMBUS AVE NEWYORK,NY 10025	41-2063123	501( C )(3)	16,449				FACULTY ASSISTANCE, BUILDING RENOVATION

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SOLOMON SCHECHTER SCHOOL OF QUEENS76-16 PARSONS BLVD FLUSHING,NY 11366	11-1803692	501( C )(3)	73,145				FACULTY ASSISTANCE
SOLOMON SCHECHTER SCHOOL OF WESTCHESTER HS555 WEST HARTSTALE AVE HARTSDALE,NY 10530	13-6209307	501( C )(3)	161,530				FACULTY ASSISTANCE, ENROLLMENT INCENTIVE, MISC

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TALMUD TORAH & YESHIVA IMREI CHAIM VIZNITZ1824 53RD ST BROOKLYN,NY 11204	11-3100972	501( C )(3)	3,080				FACULTY ASSISTANCE
TALMUD TORAH BNEI ZION OF BOBOV ES4820 16TH AVE BROOKLYN,NY 11204	72-1563379	501( C )(3)	66				FACULTY ASSISTANCE



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TALMUD TORAH MEVAKSHAI HASHEM1569 47TH ST BROOKLYN,NY 11219	27-3083348	501( C )(3)	32				FACULTY ASSISTANCE
TALMUD TORAH OHR MOSHE1774 58TH ST BROOKLYN,NY 11204	20-1580981	501( C )(3)	29				FACULTY ASSISTANCE

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TALMUD TORAH SIACH YITZCHOK1513 CENTRAL AVE FAR ROCKAWAY, NY 11691	06-1194132	501( C )(3)	5,206				FACULTY ASSISTANCE
TEMPLE AM ECHAD (TEMPLE EMANUEL OF LYNBROOK) ES1 SAPERSTEIN PLAZA LYNBROOK,NY 11563	11-1704592	501( C )(3)	2,481				FACULTY ASSISTANCE

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TEMPLE BETH AM RELIGIOUS SCHOOL OF MERRICK ES2377 MERRICK AVE MERRICK,NY 11566	11-6003162	501( C )(3)	466				FACULTY ASSISTANCE
TEMPLE BETH DAVID REL SCHOOL OF COMMACK ES 100 HAUPPAUGE RD COMMACK,NY 11725	11-1973312	501( C )(3)	2,157				FACULTY ASSISTANCE

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TEMPLE BETH EL OF GREAT NECK ES5 OLD MILL RD GREAT NECK,NY 11023	11-1771935	501( C )(3)	8,087				FACULTY ASSISTANCE
TEMPLE BETH EL OF HUNTINGTON ES660 PARK AVE HUNTINGTON,NY 11743	11-1810659	501( C )(3)	74				FACULTY ASSISTANCE

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TEMPLE BETH TORAH OF DIX HILLS ES35 BAGATELLE RD MELVILLE,NY 11747	23-7017658	501( C )(3)	455				FACULTY ASSISTANCE
TEMPLE EMANUEL OF EAST MEADOW ES123 MERRICK AVE EAST MEADOW,NY 11554	11-6003232	501( C )(3)	1,631				FACULTY ASSISTANCE

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TEMPLE ISRAEL CENTER REL SCHOOL OF WHITE PLAINS ES280 OLD MAMARONECK RD WHITE PLAINS,NY 10605	13-1740409	501( C )(3)	4,250				FACULTY ASSISTANCE
TEMPLE ISRAEL OF GREAT NECK ES108 OLD MILL RD GREAT NECK,NY 11023	11-1715797	501( C )(3)	5,445				FACULTY ASSISTANCE

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TEMPLE ISRAEL RELIGIOUS SCHOOL OF NEW YORK ES112 EAST 75TH ST NEW YORK,NY 10021	13-1624205	501( C )(3)	4,470				FACULTY ASSISTANCE
TEMPLE JUDEA OF MANHASSET ES333 SEARINGTOWN RD MANHASSET,NY 11030	11-1989494	501( C )(3)	706				FACULTY ASSISTANCE

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TEMPLE SINAI OF ROSLYN HEIGHTS ES425 ROSLYN RD ROSLYN HEIGHTS, NY 11577	11-1667614	501( C )(3)	2,487				FACULTY ASSISTANCE
THE CHEDER129 ELMWOOD AVE BROOKLYN, NY 11230	11-3155803	501( C )(3)	1,219				FACULTY ASSISTANCE, COMPUTER ASSISTED LEARNING, ENROLLMENT INCENTIVE



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THE JEWISH ACADEMY178 CEDAR RD EAST NORTHPORT,NY 11731	13-4286629	501( C )(3)	26,736				FACULTY ASSISTANCE, BUILDING RENOVATION
TORAH ACADEMY FOR GIRLS ES444 BEACH 6TH ST FAR ROCKAWAY,NY 11691	11-2017632	501( C )(3)	218,919				FACULTY ASSISTANCE

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TORAH HS OF LONG BEACH 205 WEST BEECH ST LONG BEACH,NY 11561	11-2076023	501( C )(3)	6,985				FACULTY ASSISTANCE
UNITED LUBAVITCHER YESHIVOTH ES841 OCEAN PKWY BROOKLYN,NY 11230	11-1797198	501( C )(3)	22,151				FACULTY ASSISTANCE

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VIZNITZER CHAIDER TIFERES YISROEL1416 43RD ST BROOKLYN,NY 11219	11-3447257	501( C )(3)	95				FACULTY ASSISTANCE
WESTCHESTER DAY SCHOOL856 ORIENTA AVE MAMARONECK,NY 10543	13-2646183	501( C )(3)	26,253				FACULTY ASSISTANCE

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WESTCHESTER HEBREW HIGH SCHOOL856 ORIENTA AVE MAMARONECK,NY 10543	13-2666864	501( C )(3)	8,064				FACULTY ASSISTANCE
WESTCHESTER JEWISH CENTER ESROCKLAND PALMER AVES MAMARONECK,NY 10543	13-1782492	501( C )(3)	722				FACULTY ASSISTANCE

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YESHIVA ACADEMY OF SOUTH QUEENS (YESHIVA PRIMARY)210-10 UNION TURNPIKE HOLLIS HILLS,NY 11364	11-2068120	501( C )(3)					LFIE INSURANCE
YESHIVA ACADEMY OF SOUTH QUEENS (YESHIVA PRIMARY)210-10 UNION TURNPIKE HOLLIS HILLS,NY 11364	11-2068120	501( C )(3)	1,621				FACULTY ASSISTANCE

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YESHIVA AHAVAS ISRAEL ES2 LEE AVE BROOKLYN,NY 11211	11-2986403	501( C )(3)	630				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA AHAVAS TORAH 2961 NOSTRAND AVE BROOKLYN,NY 11229	11-2895689	501( C )(3)	21,808				FACULTY ASSISTANCE

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YESHIVA ARUGATH HABOSEM40 LYNCH ST BROOKLYN,NY 11206	11-1754036	501( C )(3)	868				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA ATERET TORAH ES901 QUENTIN RD BROOKLYN,NY 11223	11-2535636	501( C )(3)	63,452				FACULTY ASSISTANCE

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YESHIVA BEIS MEIR1327 38TH ST BROOKLYN,NY 11218	11-2939953	501( C )(3)	1,989				FACULTY ASSISTANCE
YESHIVA BETH HAMEDRASH SHAAREI YOSHER4102 16TH AVE BROOKLYN,NY 11204	11-6030154	501( C )(3)	1,494				FACULTY ASSISTANCE, BUILDING RENOVATION



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YESHIVA BETH HILLEL KASNA OF WILLIAMSBURG35 WILLIAMSBURG ST WEST BROOKLYN,NY 11249	11-3405896	501( C )(3)	100,409				FACULTY ASSISTANCE
YESHIVA BETH HILLEL OF KASNA ES1364-66 42ND ST BROOKLYN,NY 11219	11-1959374	501( C )(3)	713				FACULTY ASSISTANCE

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YESHIVA BOYAN TIFERES MORDECHAI SHLOMO ES 1205 44TH ST BROOKLYN,NY 11219	11-3450353	501( C )(3)	922				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA CHANUCH LENAAR876 EASTERN PKWY BROOKLYN,NY 11213	11-2412065	501( C )(3)	36				FACULTY ASSISTANCE

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YESHIVA CHASAN SOFER ES1876 50TH ST BROOKLYN,NY 11204	13-5616535	501( C )(3)	22,135				FACULTY ASSISTANCE, INNOVATIVE PROGRAMING
YESHIVA DARCHEI TORAH ES257 BEACH 17TH ST FAR ROCKAWAY,NY 11691	11-2545173	501( C )(3)	64,002				FACULTY ASSISTANCE, BUILDING RENOVATION

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YESHIVA DARCHEI TORAH HS257 BEACH 17 ST FAR ROCKAWAY, NY 11691	11-2545173	501( C )(3)	13,500				FACULTY ASSISTANCE
YESHIVA DERECH CHAIM HS1573 39TH ST BROOKLYN,NY 11218	11-2357063	501( C )(3)	5,285				FACULTY ASSISTANCE

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YESHIVA DERECH HATORAH2810 NOSTRAND AVE BROOKLYN,NY 11229	11-2546056	501( C )(3)	11,280				FACULTY ASSISTANCE
YESHIVA DKIRYAS PUPA HS340 ILLINGTON RD OSSINING,NY 10562	11-6003354	501( C )(3)	115				FACULTY ASSISTANCE

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
YESHIVA EDUCATION FOR SPECIAL STUDENTS147-37 70TH RD FLUSHING,NY 11367	11-3123894	501( C )(3)	1,353				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA HAR TORAH250-10 GRAND CENTRAL PKWY LITTLE NECK,NY 11426	11-3172538	501( C )(3)	126,166				FACULTY ASSISTANCE

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
YESHIVA IMREI YOSEF ES 5801 15TH AVE BROOKLYN,NY 11219	23-7390834	501( C )(3)	921				FACULTY ASSISTANCE
YESHIVA JESODE HATORAH195 WILSON ST BROOKLYN,NY 11211	11-6003214	501( C )(3)	477				FACULTY ASSISTANCE

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
YESHIVA KARLIN STOLIN ES1818 54TH ST BROOKLYN,NY 11204	11-3244089	501( C )(3)	6,515				FACULTY ASSISTANCE
YESHIVA KEHILATH YAKOV OF BORO PARK ES 4706 10 AVE BROOKLYN,NY 11219	11-6003354	501( C )(3)	752				FACULTY ASSISTANCE



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
YESHIVA KEHILATH YAKOV OF WILLIAMSBURG ES638 BEDFORD AVE BROOKLYN,NY 11211	11-6003354	501( C )(3)	52,945				FACULTY ASSISTANCE
YESHIVA KETANA OF BENSONHURST - BOYS 2025 67TH ST BROOKLYN,NY 11204	11-3333475	501( C )(3)	556				FACULTY ASSISTANCE

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
YESHIVA KETANA OF LONG ISLAND321 DOUGHTY BLVD INWOOD,NY 11096	11-3319522	501( C )(3)	3,898				FACULTY ASSISTANCE
YESHIVA KETANA OF MANHATTAN346 WEST 89TH ST NEW YORK,NY 10024	13-3423229	501( C )(3)	7,401				FACULTY ASSISTANCE

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
YESHIVA KETANA OF QUEENS78-15 PARSONS BLVD FLUSHING,NY 11366	13-3994933	501( C )(3)	2,914				FACULTY ASSISTANCE
YESHIVA NOVOMINSK - KOL YEHUDA1690 60TH ST BROOKLYN,NY 11204	13-3071539	501( C )(3)	5,538				FACULTY ASSISTANCE

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
YESHIVA OF BELLE HARBOR134-01 ROCKAWAY BEACH BLVD BELLE HARBOR,NY 11694	11-2143216	501( C )(3)	315				FACULTY ASSISTANCE
YESHIVA OF CENTRAL QUEENS147-37 70TH RD FLUSHING,NY 11367	11-1672827	501( C )(3)	27,089				FACULTY ASSISTANCE

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
YESHIVA OF CROWN HEIGHTS6363 AVE U BROOKLYN,NY 11234	11-1633496	501( C )(3)	7,869				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA OF FAR ROCKAWAY HS802 HICKSVILLE RD FAR ROCKAWAY,NY 11691	11-2205623	501( C )(3)	52,738				FACULTY ASSISTANCE, BUILDING RENOVATION

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
YESHIVA OF FLATBUSH ES 919 EAST 10TH ST BROOKLYN,NY 11230	11-1630915	501( C )(3)	129,610				FACULTY ASSISTANCE
YESHIVA OF STATEN ISLAND1870 DRUMGOOLE RD EAST STATEN ISLAND,NY 10309	13-5600419	501( C )(3)	1,210				FACULTY ASSISTANCE

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
YESHIVA OF TELSHE ALUMNI4904 INDEPENDENCE AVE RIVERDALE,NY 10471	22-2368223	501( C )(3)	4,112				FACULTY ASSISTANCE
YESHIVA OHAVEI TORAH 450 WEST 250TH ST BRONX,NY 10471	13-4077155	501( C )(3)	4,008				FACULTY ASSISTANCE, BUILDING RENOVATION

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
YESHIVA OHEL YOCHANAN1325 38TH ST BROOKLYN,NY 11218	56-2325311	501( C )(3)	30,430				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA OHR SHRAGA DVERETZKY1102 AVE L BROOKLYN,NY 11230	11-2878236	501( C )(3)	35,163				FACULTY ASSISTANCE, BUILDING RENOVATION



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
YESHIVA RABBI CHAIM BERLIN1310 AVE I BROOKLYN,NY 11230	11-2225154	501( C )(3)	58,784				FACULTY ASSISTANCE
YESHIVA RAMBAM HS60 WEST END AVE BROOKLYN,NY 11235	11-1667833	501( C )(3)	4,025				FACULTY ASSISTANCE

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
YESHIVA RTZAHD HS8700 AVE K BROOKLYN,NY 11236	11-2830912	501( C )(3)	1,767				FACULTY ASSISTANCE
YESHIVA RUACH CHAIM 2611 AVE Z BROOKLYN,NY 11235	11-1952865	501( C )(3)	981				FACULTY ASSISTANCE

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
YESHIVA SHAAR HATORAH117-06 84TH AVE KEW GARDENS,NY 11418	11-2449817	501( C )(3)	5,368				FACULTY ASSISTANCE, COMPUTER ASSISTED LEARNING
YESHIVA SHAARE TORAH ES1680 CONEY ISLAND AVE BROOKLYN,NY 11230	11-2613334	501( C )(3)	130				FACULTY ASSISTANCE

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
YESHIVA SHAARE TORAH HS -BOYS1202 AVE P BROOKLYN,NY 11229	11-2613334	501( C )(3)	12,302				FACULTY ASSISTANCE
YESHIVA SHEARITH HAPLETAH ES620 BEDFORD AVE BROOKLYN,NY 11249	11-1977906	501( C )(3)	2,117				FACULTY ASSISTANCE

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
YESHIVA TIFERES YISROEL ES1271 EAST 35TH ST BROOKLYN,NY 11210	11-2906454	501( C )(3)	53,948				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA TIFERETH ELIMELECH ES1650 56TH ST BROOKLYN,NY 11204	11-2620220	501( C )(3)	13,600				FACULTY ASSISTANCE

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
YESHIVA TIFERETH MOSHE83-06 ABINGDON RD KEW GARDENS,NY 11415	11-2149108	501( C )(3)	19,408				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA TORAH TEMIMAH 555 OCEAN PKWY BROOKLYN,NY 11218	11-2127174	501( C )(3)	101,603				FACULTY ASSISTANCE, BUILDING RENOVATION

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
YESHIVA TORAH VODAATH425 EAST 9TH ST BROOKLYN,NY 11218	11-3091709	501( C )(3)	125,153				FACULTY ASSISTANCE, COMPUTER ASSISTED LEARNING
YESHIVA TORAS CHAIM OF SOUTH SHORE1170 WILLIAM ST HEWLETT,NY 11557	11-2125702	501( C )(3)	23,900				FACULTY ASSISTANCE, COMPUTER ASSISTED LEARNING

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
YESHIVA TORAS EMES 1904 AVE N BROOKLYN,NY 11230	11-6038935	501( C )(3)	9,084				FACULTY ASSISTANCE
YESHIVA TZEMACH TZADIK VIZNITZ186 ROSS ST BROOKLYN,NY 11211	11-2598110	501( C )(3)	243				FACULTY ASSISTANCE, INNOVATIVE PROGRAMING



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
YESHIVA UNIVERSITY500 WEST 185TH ST NEWYORK,NY 10003	13-1624225	501( C )(3)	91,453				FACULTY ASSISTANCE
YESHIVA UNIVERSITY HIGH SCHOOL FOR BOYS 2540 AMSTERDAM AVE NEWYORK,NY 10033	20-0247649	501( C )(3)	43,632				FACULTY ASSISTANCE

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
YESHIVA YAGDIL TORAH 5110 18TH AVE BROOKLYN,NY 11204	11-2160842	501( C )(3)	3,443				FACULTY ASSISTANCE, BUILDING RENOVATION
YESHIVA YESODE HATORAH ES1350 50TH ST BROOKLYN,NY 11219	11-3275833	501( C )(3)	71,332				FACULTY ASSISTANCE

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
YESHIVAS VYELIPOL HS 860 EAST 27TH ST BROOKLYN,NY 11210	51-0173681	501( C )(3)	278				FACULTY ASSISTANCE
YESHIVAT MIKDASH MELECH ES YESHIVAT MEKOR HAIM1326 OCEAN PKWY BROOKLYN,NY 11230	23-7343102	501( C )(3)	605				FACULTY ASSISTANCE, BUILDING RENOVATION

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
YESHIVAT NOAM70 WEST CENTURY RD PARAMUS,NJ 07652	22-3722875	501( C )(3)	11,925				FACULTY ASSISTANCE
YESHIVAT OHR HAIIM86-06 135TH ST RICHMOND HILLS,NY 11418	11-2720367	501( C )(3)	68,778				FACULTY ASSISTANCE

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
YESHIVAT OR HATORAH 2959 AVE Y BROOKLYN,NY 11235	11-3396577	501( C )(3)	944				FACULTY ASSISTANCE
ZVI DOV ROTH DAY SCHOOL OF YESHIVA RAMBAM60 WEST END AVENUE BROOKLYN,NY 11235	11-1667833	501( C )(3)	1,760				FACULTY ASSISTANCE

Schedule J (Form 990)  <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  ▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</b>  ▶ <b>Attach to Form 990. ▶ See separate instructions.</b>	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC	Employer identification number  13-3573461
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Part I

Questions Regarding Compensation

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

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JASON CURY PRESIDENT	(i)	428,772	0	9,763	12,250	42,995	493,780	0
	(ii)	0	0	0	0	0	0	0
(2) JOEL BERITZ VICE PRESIDENT	(i)	180,860	0	17,736	9,041	13,783	221,420	0
	(ii)	0	0	0	0	0	0	0
(3) CHI SHING TAM CONTROLLER	(i)	144,638	0	2,471	7,909	25,533	180,551	0
	(ii)	0	0	0	0	0	0	0
(4) YURIKO WRIGHT CHIEF INVESTMENT OFFICER	(i)	165,983	0	395	8,299	8,839	183,516	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**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

**2012****Open to Public  
Inspection**Name of the organization  
CAROLINE & JOSEPH S GRUSS LIFE MONUMENT  
FUNDS INC**Employer identification number**

13-3573461

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	MARTIN GRUSS, CHAIRMAN, AND EVELYN GRUSS-LIPPER, TRUSTEE HAVE A FAMILY RELATIONSHIP MARTIN GRUSS, CHAIRMAN, AND JOSHUA GRUSS, BOARD MEMBER HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE WILL MEET AND REVIEW THE 990 PRIOR TO ITS SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER AND OFFICER MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT AND SUBMIT IT TO THE PRESIDENT MEMBERS OF THE BOARD OR COMMITTEE AND OFFICERS MUST DISCLOSE THEIR RELATIONSHIP WHETHER IT IS FINANCIAL OR FAMILY AT EACH MEETING IF A MEMBER FEELS THEY HAVE A CONFLICT WITH THE AGENDA THE MEMBER MUST ABSTAIN FROM VOTING
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE OF NON EMPLOYEES TO ANNUALLY REVIEW AND APPROVE EMPLOYEE INCREASES THE COMMITTEE RELIES ON COST OF LIVING INDICS AND INCREASES GIVEN BY COMPARABLE ORGANIZATIONS IN DETERMINING ANNUAL EMPLOYEE INCREASES FOR ALL STAFF MEMBERS(INCLUDING THE CEO) THE PROCESS WAS LAST DONE IN NOVEMBER 2009
	FORM 990, PART VI, SECTION C, LINE 19	THE PUBLIC CAN REQUEST COPY OF THESE DOCUMENTS BY CONTACTING THE ORGANIZATION DIRECTLY
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CANCELLATION OF PRIOR YEAR'S UNUSED APPROPRIATIONS 1,997,862
	FORM 990 PART XII LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC

Employer identification number  
13-3573461

▶ 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.

Part I

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

(a) Name, address, and EIN (if applicable) 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

Part II

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

(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 entity?	
						Yes	No
(1) UJA-FEDERATION OF JEWISH PHILANTHROPIES OF NY INC 130 EAST 59TH STREET NEW YORK, NY 10022 51-0172429	JOINTLY SUPPORTING GRANT SERVICES	NY	501(C)(3)	LINE 7	N/A		No
(2) MAREVE CORPORATION 45 BROADWAY NEW YORK, NY 10006 13-3701551	TITLE-HOLDING COMPANY	NY	501(C)(2)	N/A	CAROLINE AND JOSEPH GRUSS LIFE MONUMENT	Yes	

Part III

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

(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?		(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	

Part IV

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

(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

Yes

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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.

[illegible]

Software ID:

Software Version:

EIN: 13-3573461

Name: CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC

Part VII Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)		
Identifier	Return Reference	Explanation
	FORM 990, PART V, SECTION	PROGRAM EXPENSES DISBURSED ON BEHALF OF UJA FEDERATION OF JEWISH PHILANTROPIES OF NEW YORK, INC

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