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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 private foundations)**

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
THE HAROLD GRINSPOON FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
67 HUNT STREET NO 100

City or town, state or province, country, and ZIP or foreign postal code
AGAWAM, MA 01001

**D Employer identification number**
04-6685725

**E** Telephone number
(413) 781-0712

**G** Gross receipts $ 157,849,777

**F** Name and address of principal officer
WINIFRED SANDLER GRINSPOO
67 HUNT STREET NO 100
AGAWAM, MA 01001

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

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

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW HGF ORG

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

**L** Year of formation 1991

**M** State of legal domicile MA

## Part I Summary

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

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 9 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 5 |
| **5** | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | **5** | 92 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 50 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | -163,921 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 20,003 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 8,889,976 | 115,685,334 |
| **9** | Program service revenue (Part VIII, line 2g) | 7,492,050 | 7,635,267 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 8,149,019 | 8,421,469 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 10,804,975 | 5,257,407 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 35,336,020 | 136,999,477 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 10,092,158 | 9,856,621 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,276,084 | 7,215,232 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 232,709 | 200,400 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶1,147,420 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 10,857,589 | 11,774,220 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 27,458,540 | 29,046,473 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 7,877,480 | 107,953,004 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 321,376,347 | 435,566,611 |
| **21** | Total liabilities (Part X, line 26) | 10,024,333 | 6,310,563 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 311,352,014 | 429,256,048 |

## 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**

****** 2017-07-12
Signature of officer Date

JEREMY PAVA TRUSTEE
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| DAVID KALICKA | DAVID KALICKA | 2017-07-10 | | P00963044 |

Firm's name ▶ MEYERS BROTHERS KALICKA PC — Firm's EIN ▶ 04-2713795
Firm's address ▶ 330 WHITNEY AVE SUITE 800 HOLYOKE, MA 01040 — Phone no (413) 536-8510

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

ENHANCING JEWISH AND COMMUNITY LIFE IN WESTERN MASSACHUSETTS, NORTH AMERICA, ISRAEL AND BEYOND

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 See Additional Data ) | (Expenses $ | 17,379,864 | including grants of $ | 4,784,051 ) | (Revenue $ | 7,621,987 ) |
| **4b** | (Code See Additional Data ) | (Expenses $ | 2,050,491 | including grants of $ | 643,602 ) | (Revenue $ | ) |
| **4c** | (Code See Additional Data ) | (Expenses $ | 5,748,734 | including grants of $ | 4,428,968 ) | (Revenue $ | 13,280 ) |

See Additional Data

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **4d** | Other program services (Describe in Schedule O ) | (Expenses $ | 421,983 | including grants of $ | ) | (Revenue $ | ) |
| **4e** | **Total program service expenses ▶** | | 25,601,072 | | | | |

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | Yes | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **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)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 79 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 92 | | |
| 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" to line 3b, 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 ▶ IS<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | | 9a | | |
| b | Did the sponsoring 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 or note to any line in this Part VI . . . . . ☑

### Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 9 | | |
| | 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 | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 5 | | |
| 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 | | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | Did the organization have members or stockholders? | 6 | | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | No |

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

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

### Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶ JEREMY PAVA 380 UNION STREET WEST SPRINGFIELD, MA 01089 (413) 781-0712

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

Check if Schedule O contains a response or note to any line 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) HAROLD GRINSPOON<br>TRUSTEE | 30 00 | X | | | | | | 0 | 0 | 0 |
| (2) JEREMY PAVA<br>TRUSTEE | 10 00 | X | | | | | | 0 | 0 | 0 |
| (3) WINIFRED SANDLER GRINSPOON<br>TRUSTEE | 40 00 | X | | | | | | 0 | 0 | 0 |
| (4) RABBI IRVING GREENBERG<br>TRUSTEE | 4 00 | X | | | | | | 0 | 0 | 0 |
| (5) DIANE TRODERMAN<br>TRUSTEE | 8 00 | X | | | | | | 0 | 0 | 0 |
| (6) LAUREN SPITZ<br>TRUSTEE | 4 00 | X | | | | | | 0 | 0 | 0 |
| (7) LEIGH WEISS<br>TRUSTEE | 4 00 | X | | | | | | 0 | 0 | 0 |
| (8) ALEX BERGER<br>TRUSTEE | 4 00 | X | | | | | | 0 | 0 | 0 |
| (9) JASON GLASGOW<br>TRUSTEE | 4 00 | X | | | | | | 0 | 0 | 0 |
| (10) ADRIAN DION<br>CHIEF OPERATING OFFICER | 40 00 | | | X | | | | 174,880 | 0 | 4,901 |
| (11) MATTHEW MOTYKA<br>CHIEF FINANCIAL OFFICER | 40 00 | | | X | | | | 145,011 | 0 | 1,844 |
| (12) TAMAR REMZ<br>DIRECTOR OF PARTNERSHIPS | 40 00 | | | | X | | | 239,714 | 0 | 10,179 |
| (13) VIKAS SINGHVI<br>CHIEF INFORMATION OFFICER | 40 00 | | | | X | | | 159,475 | 0 | 10,308 |
| (14) MARK GOLD<br>DIRECTOR, JCAMP180 | 40 00 | | | | | X | | 136,518 | 0 | 3,477 |

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

| (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 | | | |
| (15) WILLIAM SCHNEIDER<br>DIRECTOR, ADVANCEMENT PJ LIBRARY | 40 00 | | | | | X | | 135,308 | 0 | 9,653 |
| (16) ARLENE SCHIFF<br>DIRECTOR LIFE & LEGACY | 40 00 | | | | | X | | 152,885 | 0 | 3,822 |
| (17) PAUL LEWIS<br>PROGRAM OFFICER PJ | 40 00 | | | | | X | | 108,728 | 0 | 2,718 |
| (18) ARIEL BURGER<br>DIRECTOR, ADULT EDUCATION | 40 00 | | | | | X | | 137,063 | 0 | 15,260 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b** **Sub-Total** ▶ | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** ▶ | | | | | | | | 1,389,582 | 0 | 62,162 |

**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 ▶ 10

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| BOSTON INTERACTIVE<br>529 MAIN STREET<br>CHARLESTOWN, MA 02129 | WEB DEVELOPMENT | 220,013 |
| LOU COVE,<br>14 WOODLOT ROAD<br>AMHERST, MA 01002 | CONSULTING | 196,933 |
| | | |
| | | |
| | | |

**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 ▶ 2

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 115,685,334 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | 111,586,814 | | | | |
| | h **Total.** Add lines 1a-1f | | 115,685,334 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a PJ LIBRARY BOOK PROGRA | 900099 | 7,621,987 | 7,621,987 | | |
| | b OTHER | 900099 | 13,280 | 13,280 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f | | 7,635,267 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 3,361,880 | | | 3,361,880 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 25,909,889 | | | | |
| | b Less cost or other basis and sales expenses | 20,850,300 | | | | |
| | c Gain or (loss) | 5,059,589 | | | | |
| | d Net gain or (loss) | | 5,059,589 | | | 5,059,589 |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a REAL ESTATE PTSP K-1'S | 523000 | 5,191,027 | | -163,921 | 5,354,948 |
| | b INVEST PTPS K-1'S | 523000 | 58,749 | | | 58,749 |
| | c MISCELLANEOUS INCOME | 900099 | 7,631 | | | 7,631 |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a–11d | | 5,257,407 | | | |
| | 12 **Total revenue.** See Instructions | | 136,999,477 | 7,635,267 | -163,921 | 13,842,797 |

## 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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21 | 6,771,600 | 6,771,600 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 875,763 | 875,763 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 2,209,258 | 2,209,258 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 348,919 | 144,987 | 203,932 | |
| 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 | 6,012,561 | 5,383,257 | 219,798 | 409,506 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 485,280 | 362,295 | 58,273 | 64,712 |
| 10 Payroll taxes | 368,472 | 368,472 | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 56,471 | 40,758 | 15,713 | |
| c Accounting | 15,000 | | 15,000 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | 200,400 | | | 200,400 |
| f Investment management fees | 873,084 | | 873,084 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 496,934 | 391,004 | 70,496 | 35,434 |
| 12 Advertising and promotion | 1,116,092 | 1,033,511 | 3,300 | 79,281 |
| 13 Office expenses | 981,337 | 768,984 | 38,736 | 173,617 |
| 14 Information technology | 604,772 | 536,046 | 68,726 | |
| 15 Royalties | | | | |
| 16 Occupancy | 445,099 | 420,440 | 24,659 | |
| 17 Travel | 667,570 | 517,174 | 33,035 | 117,361 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 856,944 | 803,400 | 12,281 | 41,263 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 542,107 | | 542,107 | |
| 23 Insurance | 44,745 | | 44,745 | |
| 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 BOOKS AND CD'S | 4,731,940 | 4,731,940 | | |
| b VARIOUS PROGRAM-RELATED | 165,372 | 165,372 | | |
| c TELEPHONE | 102,415 | 76,811 | 25,604 | |
| d MISCELLANEOUS | 74,338 | | 48,492 | 25,846 |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 29,046,473 | 25,601,072 | 2,297,981 | 1,147,420 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 725,594 | 1 | 366,131 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 7,727,290 | 3 | 5,405,605 |
| | 4 | Accounts receivable, net | | | 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 | | 251,933 | 7 | 238,083 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 29,495 | 9 | 105,885 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 3,910,168 | | | |
| | b | Less accumulated depreciation | 10b 2,199,555 | 1,846,764 | 10c | 1,710,613 |
| | 11 | Investments—publicly traded securities | | 191,770,692 | 11 | 221,628,875 |
| | 12 | Investments—other securities See Part IV, line 11 | | 119,024,579 | 12 | 206,111,419 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 321,376,347 | 16 | 435,566,611 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 614,929 | 17 | 1,545,950 |
| | 18 | Grants payable | | 8,713,293 | 18 | 4,095,601 |
| | 19 | Deferred revenue | | 696,111 | 19 | 669,012 |
| | 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 | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 10,024,333 | 26 | 6,310,563 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 300,687,039 | 27 | 418,923,453 |
| | 28 | Temporarily restricted net assets | | 10,544,975 | 28 | 10,212,595 |
| | 29 | Permanently restricted net assets | | 120,000 | 29 | 120,000 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 311,352,014 | 33 | 429,256,048 |
| | 34 | Total liabilities and net assets/fund balances | | 321,376,347 | 34 | 435,566,611 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 136,999,477 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 29,046,473 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 107,953,004 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 311,352,014 |
| 5 | Net unrealized gains (losses) on investments | 5 | 7,047,289 |
| 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 | 2,903,741 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 429,256,048 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

## Additional Data

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

### Form 990, Part III, Line 4a

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **4a** | (Code | ) (Expenses $ | 17,379,864 | including grants of $ | 4,784,051 ) (Revenue $ | 7,621,987 ) | |

THE PJ LIBRARY (PJ FOR PAJAMAS), IN PARTNERSHIP WITH LOCAL COMMUNITIES PROVIDES FAMILIES WITH HIGH-QUALITY CHILDREN'S BOOKS, MUSIC, AND OTHER RESOURCES THAT FOSTER JEWISH LEARNING AND CREATE A GATEWAY FOR DEEPER ENGAGEMENT IN JEWISH LIFE IN 2016 OVER 116,705 CHILDREN AND FAMILIES IN OVER 392 COMMUNITIES RECEIVED BOOKS AND MATERIALS MONTHLY

## Form 990, Part III, Line 4b

| | | | | | |
|---|---|---|---|---|---|
| **4b** | (Code | ) (Expenses $ | 2,050,491 | including grants of $ | 643,602 ) (Revenue $ ) |

THE JCAMP180 (FORMERLY KNOWN AS THE GRINSPOON INSTITUTE FOR JEWISH PHILANTHROPY (GIJP)) PROVIDES MENTORING SERVICES AND CHALLENGE GRANTS TO NONPROFIT JEWISH OVERNIGHT CAMPS AND OTHER ORGANIZATIONS JCAMP180 FOCUSES ON STRATEGIC PLANNING, LEADERSHIP DEVELOPMENT, FUNDRAISING, AND OVERALL CAPACITY BUILDING

## Form 990, Part III, Line 4c

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **4c** | (Code | ) (Expenses $ | 5,748,734 | including grants of $ | 4,428,968 ) (Revenue $ | 13,280 ) | |

THE HGF AWARDS GRANTS DIRECTLY TO INDIVIDUALS AND ORGANIZATIONS SUPPORTING INITIATIVES LOCALLY, NATIONALLY, AND IN ISRAEL THESE PROGRAMS RANGE FROM SMALL INDIVIDUAL CAMPERSHIP TO NATIONAL ORGANIZATIONAL GRANTS ADDITIONALLY, HGF PROVIDES FUNDING AND RESOURCES FOR PHILANTHROPIC LEGACY AND TEEN PROGRAMS, CULTURAL AND ART INITIATIVES, AND PROFESSIONAL DEVELOPMENT AND RESOURCE MATERIALS FOR EDUCATORS THIS AWARD PROGRAM INCLUDES LEGACY CHALLENGE GRANTS OF $2,388,895

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses $ 421,983 including grants of $ ) (Revenue $ )

VOICES & VISIONS, FORMERLY A PILOT PROGRAM UNDER PJ LIBRARY, PAIRS QUOTES AND IMAGES TO OFFER A NEW AND DYNAMIC VISION TO ENGAGE THE JEWISH PEOPLE IN CONVERSATIONS REGARDING THEIR OWN IDENTITIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493198018077

# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . 5

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

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | |
| | | | | | | |
| **Total**5 | | | | | 2,159,267 | |

**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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

**Part III** **Support Schedule for Organizations Described in 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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2014** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain* | 1 | | No |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 2 | | No |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | 3a | | No |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below* | 4a | | No |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | 5a | Yes | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | Yes | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | No |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | No |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)* | 7 | | No |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)* | 8 | | No |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | No |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | No |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | No |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below* | 10a | | No |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)* | 10b | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | No |
| b | A family member of a person described in (a) above? | 11b | | No |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | 11c | | No |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement* | 2b | | |
| 3 | Parent of Supported Organizations. **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard* | 3b | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

### Section A - Adjusted Net Income

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

### Section B - Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____ | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|---|---|---|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| **a** | | | |
| **b** | | | |
| **c** | | | |
| **d** From 2013. . . . . | | | |
| **e** From 2014. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2015 distributable amount | | | |
| **i** Carryover from 2010 not applied (see instructions) | | | |
| **j** Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2015 distributable amount | | | |
| **c** Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2016.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| **a** | | | |
| **b** | | | |
| **c** Excess from 2013. . . . . | | | |
| **d** From 2014. . . . . | | | |
| **e** From 2015. . . . . | | | |

**Part VI** **Supplemental Information.**

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

**Facts And Circumstances Test**

**990 Schedule A, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART IV, SECTION A, LINE 5A | (I) THE FOLLOWING SUPPORTED ORGANIZATION WAS ADDED BY RESTATEMENT OF THE ORGANIZATION'S TR UST DOCUMENT IN ITS ENTIRETY AND EXECUTED BY THE ENTIRE BOARD OF TRUSTEES HAZON INC, 13-4 087102 THE FOLLOWING SUPPORTED ORGANIZATION WAS REMOVED BY RESTATEMENT OF THE ORGANIZATION 'S TRUST IN ITS ENTIRETY AND EXECUTED BY THE ENTIRE BOARD OF TRUSTEES FOUNDATION FOR JEWI SH CAMPING, 22-3551013 (II) THE TRUST AGREEMENT HAS A MECHANISM THAT ALLOWS FOR TRUSTEE AN D SUPPORTED ORGANIZATION CHANGES WITHOUT RESTATING THE TRUST SUPPORTED ORGANIZATIONS MAY BE REPLACED BY OTHER JEWISH CHARITABLE ORGANIZATIONS OFFERING PROGRAMS CONSISTENT WITH THE MISSION OUTLINED IN THE TRUST DOCUMENT AS THE TRUST AGREEMENT WAS AMENDED DURING THE PER IOD, THE TRUSTEES AND SUPPORTED ORGANIZATIONS WERE UPDATED TO REFLECT THE CURRENT BOARD ( III) THE ORGANIZATION'S TRUST DOCUMENT CONTAINS A POWER OF AMENDMENT (IV) IF THERE IS A C HANGE IN A REPRESENTATIVE SUPPORTED ORGANIZATION , THE TRUST DOCUMENT IS AMENDED |

**990 Schedule A, Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART IV,<br>SECTION A,<br>LINE 1 | THE ORGANIZATION'S SUPPORTED ORGANIZATIONS ARE DESIGNATED BY PURPOSE OR CLASS IN THE ORGAN<br>IZATION'S GOVERNING DOCUMENT THE REPRESENTATIVE SUPPORTED ORGANIZATIONS THAT APPOINT A MA<br>JORITY OF THE ORGANIZATION'S TRUSTEES AND CONTROL THE ORGANIZATION ARE ALL PUBLICLY SUPPOR<br>TED ORGANIZATIONS THAT ARE SPECIFIED BY NAME IN THE GOVERNING DOCUMENT OR THE DESIGNATION<br>INSTRUMENTS WHICH ARE PART OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND WHICH FALL WITHIN<br>THE CLASS OF SUPPORTED ORGANIZATIONS THAT THEY REPRESENT |

## Additional Data

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

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | Yes | No | | |
| (A) HAZON INC | 134087102 | | Yes | | 0 | 0 |
| (A) THE JEWISH FEDERATIONS OF NORTH AMERICA (UNITED JEWISH COMMUNITIES) | 131624240 | | Yes | | 2,000,000 | 0 |
| (B) BIRTHRIGHT ISRAEL FOUNDATION | 134092050 | | Yes | | 100,000 | 0 |
| (C) JEWISH COMMUNITY CENTERS OF GREATER BOSTON | 042317972 | | Yes | | 58,122 | 0 |
| (D) JEWISH FEDERATION OF THE BERKSHIRES | 042131409 | | Yes | | 1,145 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493198018077

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ 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 | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

8 Does each conservation easement reported on line 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

## Part V Endowment Funds. Complete if the organization answered "Yes" 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 | 5,095,393 | 5,751,387 | 5,048,764 | 4,707,034 | 4,676,214 |
| b Contributions | | | | 42,000 | 116,602 |
| c Net investment earnings, gains, and losses | 194,217 | -485,773 | 1,079,511 | 444,855 | 144,491 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 209,599 | 170,221 | 376,888 | 145,125 | 230,273 |
| f Administrative expenses | | | | | |
| g End of year balance | 5,080,011 | 5,095,393 | 5,751,387 | 5,048,764 | 4,707,034 |

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

- a Board designated or quasi-endowment ▶ 96 920 %
- b Permanent endowment ▶ 2 360 %
- c Temporarily restricted endowment ▶ 0 720 %

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

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

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

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

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 374,885 | 86,411 | 288,474 |
| d Equipment | | 3,171,658 | 1,932,546 | 1,239,112 |
| e Other | | 363,625 | 180,598 | 183,027 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 1,710,613 |

**Part VII** **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) LIMITED PARTNERSHIP INTERESTS | 61,980,434 | F |
| (B) PRIVATE EQUITY FUNDS | 25,095,392 | F |
| (C) CD'S AND GOVERNMENT FUNDS | 36,629,593 | F |
| (D) OTHER INVESTMENTS | 82,406,000 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 206,111,419 | |

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

**Part X** **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 141,459,731 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 7,047,289 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 2,878,349 | | |
| e | Add lines **2a** through **2d** | | | 2e | 9,925,638 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 131,534,093 |
| 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 | 873,084 | | |
| b | Other (Describe in Part XIII ) | 4b | 4,592,300 | | |
| c | Add lines **4a** and **4b** | | | 4c | 5,465,384 |
| 5 | Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12 ) | | | 5 | 136,999,477 |

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 23,555,697 |
| 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 | 23,555,697 |
| 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 | 873,084 | | |
| b | Other (Describe in Part XIII ) | 4b | 4,617,692 | | |
| c | Add lines **4a** and **4b** | | | 4c | 5,490,776 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 29,046,473 |

## Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
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| | |

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| | |
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| | |

## Additional Data

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

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4 | TO SUPPORT IN PERPETUITY THE MISSION OF THE FOUNDATION |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART X, LINE 2 | PROFESSIONAL ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RE<br>COGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRI<br>SE'S FINANCIAL STATEMENTS, IN ACCORDANCE WITH PROFESSIONAL STANDARDS RELATED TO THE ACCOUN<br>TING FOR INCOME TAXES THEY REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT<br>OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION A TAX POSITION IS DEEMED TO INCLUDE SUCH THINGS AS THE FOUNDATION'S TAX EXEM<br>PT STATUS MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLI<br>SHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCO<br>UNTING RECOGNITION THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTH<br>ORITIES FOR ALL YEARS ENDING ON OR AFTER AUGUST 31, 2013 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | SECTION 754 ADJUSTMENT NOT RECORDED ON FINANICIAL STATEMENTS 57,029 CHANGE IN MARKET VALU E OF REAL ESTATE LIMITED PARTNERSHIP INTERESTS 2,821,320 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | PARTNERSHIP INTERESTS NONDEDUCTIBLE EXPENSE 1,936 PARTNERSHIP 1231 GAIN 4,590,364 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | CHANGE IN ACCRUAL FOR COMMITMENTS AND GRANTS PAYABLE 4,617,692 |

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**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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

## Part I General Information on Activities Outside the United States.

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

**1** **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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 |
|---|---|---|---|---|---|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 6 | | | 65,187,558 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c **Totals** (add lines 3a and 3b) | 0 | 6 | | | 65,187,558 |

**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) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | NORTH AMERICA | TO SUPPORT COMMUNITY LIFE PROGRAMS IN CANADA | 41,472 | CHECK | | | |
| (2) | | | MIDDLE EAST | TO SUPPORT COMMUNITY LIFE PROGRAMS IN ISRAEL | 2,000,000 | CHECK AND ELECTRONIC FUNDS TRANSFER | | | |
| (3) | | | NORTH AMERICA | TO SUPPORT A BOOK PROGRAM IN CANADA | 138,382 | CHECK | | | |
| (4) | | | EAST ASIA AND THE PACIFIC | TO SUPPORT A BOOK PROGRAM IN AUSTRALIA | 10,000 | CHECK | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 12

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## 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, do not file with Form 990)* | ☐ 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, Information 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, do not file with Form 990)* | ☐ Yes | ☑ No |

## Part V Supplemental Information

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).

### 990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | ALL FOREIGN GRANTS ARE MADE TO UNRELATED U S CHARITABLE ORGANIZATIONS THAT CONTRIBUTE OR USE THE FUNDS IN FOREIGN COUNTRIES SUCH AS ISRAEL THE RESPONSIBILITY OF MONITORING THE FO REIGN GRANTS IS ASSUMED BY THE U S CHARITABLE ORGANIZATION RECEIVING THE FUNDS FROM THE H AROLD GRINSPOON FOUNDATION |

## Additional Data

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

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| MIDDLE EAST | 0 | 4 | PROGRAM SERVICE ACTIVITIES | TO SUPPORT LITERACY, JEWISH AND COMMUNITY LIFE PROGRAMS IN ISRAEL | 2,000,000 |
| NORTH AMERICA | 0 | 0 | PROGRAM ASSISTANCEPROGRAM SERVICES | PJ LIBRARY PROGRAM-DISTRIBUTE BOOKS TO CHILDREN IN CANADA AND MEXICO | 379,822 |
| EUROPE | 0 | 1 | PROGRAM SERVICE ACTIVITIES | PJ LIBRARY PROGRAM-DISTRIBUTE BOOKS TO CHILDREN IN ENGLAND | 122,297 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| RUSSIA & THE NEWLY INDEPENDENT STATES | 0 | 1 | PROGRAM SERVICE ACTIVITIES | PJ LIBRARY PROGRAM-DISTRIBUTE BOOKS TO CHILDREN IN RUSSIA | 318,591 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM ASSISTANCE | PJ LIBRARY PROGRAM-DISTRIBUTE BOOKS TO CHILDREN IN AUSTRALIA | 10,000 |
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENT | | 62,356,848 |

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

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

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| 1 LOU COVE<br>14 WOODLOT ROAD<br><br>AMHERST, MA 01002 | MARKETING & DEVELOPMENT | | No | 2,069,664 | 200,400 | 1,869,264 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** | | | ▶ | 2,069,664 | 200,400 | 1,869,264 |

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

MA

**Part II** **Fundraising Events.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| Revenue / Direct Expenses | | (a) Event #1 (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | | | | |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | |

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

| Revenue / Direct Expenses | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in

| | | |
|---|---|---|
| **a** The organization's facility | **13a** | % |
| **b** An outside facility | **13b** | % |

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|---|---|

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493198018077

**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," on Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 158

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) TEACHER AWARDS | 37 | 24,700 | | | |
| (2) TUITION INCENTIVES | 159 | 557,797 | | | |
| TRAVEL GRANTS-<br>(3) CULTURAL/EDUCATIONAL | 24 | 25,456 | | | |
| (4) PRESCHOOL GRANTS | 13 | 22,500 | | | |
| (5) CAMPING GRANTS | 183 | 193,513 | | | |
| (6) OTHER | 157 | 47,027 | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | GRANTS ARE MONITORED USING A COMPUTERIZED SYSTEM THE BOARD VOTES ON GRANT CRITERIA AND/OR RECIPIENTS AND THE GRANTS ADMINISTRATOR VERIFIES THAT THE GRANTEES MEET THE STANDARDS TO RECEIVE FUNDS LARGER GRANTS REQUIRE INTERIM REPORTING AND REVIEW OF USE OF FUNDING |

## Additional Data

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

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY INC<br>9901 DONNA KLEIN BLVD<br>BOCA RATON,FL<br>334281756 | 59-1945109 | 501(C)3 | 394,050 | | | | LIFE & LEGACY INCENTIVE GRANT, PJL ALLIANCE BOOSTING ENROLLMENT GRANT, PJL STAFF GRANT & SOUTH PALM BEACH PARTNERSHIP GRANT |
| HERITAGE ACADEMY<br>594 CONVERSE STREET<br>LONGMEADOW,MA 01106 | 04-2203827 | 501(C)3 | 234,032 | | | | MUSIC PROGRAM, OPERATING SUPPORT, SUBFUND DISTRIBUTIONS, HEAD OF SCHOOL SUPPLEMENTAL FUNDING & ANNUAL SCHOLARSHIP DINNER AD JOURNAL |
| FOUNDATION FOR JEWISH CAMP<br>253 WEST 35TH STREET<br>4TH FLOOR<br>NEW YORK,NY 10001 | 22-3551013 | 501(C)3 | 229,100 | | | | PJ GOES TO CAMP 2016 |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| LANDER GRINSPOON ACADEMY<br>257 PROSPECT STREET<br>NORTHAMPTON,MA 01060 | 04-3304825 | 501(C)3 | 220,400 | | | | FAMILY EDUCATION PROGRAM, HEAD OF SCHOOL SUPPLEMENTAL FUNDING, MUSIC PROGRAM, OPERATING SUPPORT, & PROFESSIONAL DEVELOPMENT |
| JEWISH UNITED FUND<br>30 SOUTH WELLS STREET<br>CHICAGO,IL 606065054 | 36-2167761 | 501(C)3 | 195,002 | | | | ALLIANCE SUBSCRIPTION GRANT, GATHERING FOR GOOD, LIFE & LEGACY INCENTIVE GRANT & PJL STAFF GRANT |
| UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM<br>120 BROADWAYSUITE 1540<br>NEW YORK,NY 10271 | 13-1659707 | 501(C)3 | 174,224 | | | | SUPPORT OF CONGREGATION TIFERETH ISRAEL PJL STAFF GRANT & PJ LIBRARY USCJ PARTNERSHIP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER ROAD INDIANAPOLIS,IN 462604120 | 35-0888017 | 501(C)3 | 145,066 | | | | ALLIANCE SUBSCRIPTION GRANT, LIFE & LEGACY INCENTIVE GRANT & PJL STAFF GRANT |
| JEWISH FEDERATION OF DELAWARE INC 101 GARDEN OF EDEN ROAD WILMINGTON,DE 198036603 | 51-0064315 | 501(C)3 | 143,709 | | | | ALLIANCE SUBSCRIPTION GRANT, LIFE & LEGACY INCENTIVE GRANT & PJL STAFF GRANT |
| JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX 12701 N SCOTTSDALE ROAD SUITE 202 SCOTTSDALE,AZ 85254 | 47-0874376 | 501(C)3 | 137,500 | | | | "LIFE & LEGACY INCENTIVE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| THE JEWISH COMMUNITY FOUNDATION OF GREATER MERCER INC<br>4 PRINCESS RD STE 211<br>LAWRENCEVILLE,NJ 86482 | 23-7174039 | 501(C)3 | 137,500 | | | | LIFE & LEGACY INCENTIVE GRANT |
| JEWISH COMMUNITY FOUNDATION INC<br>1301 SPRINGDALE ROAD<br>SUITE 200<br>CHERRY HILL,NJ 80032 | 20-1260545 | 501(C)3 | 137,500 | | | | LIFE & LEGACY INCENTIVE GRANT |
| JEWISH COMMUNITY FOUNDATION<br>2121 ALLSTON WAY NO 200<br>BERKELEY,CA 947206001 | 94-6098382 | 501(C)3 | 137,500 | | | | LIFE & LEGACY INCENTIVE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| JEWISH COMMUNITY FOUNDATION OF THE MILWAUKEE JEWISH FEDERATION<br>1360 N PROSPECT AVE<br>MILWAUKEE,WI<br>532023056 | 39-0806312 | 501(C)3 | 137,500 | | | | LIFE & LEGACY INCENTIVE GRANT |
| JEWISH FEDERATION OF CINCINNATI<br>8499 RIDGE ROAD<br>CINCINNATI,OH 45236 | 31-0537174 | 501(C)3 | 137,500 | | | | LIFE & LEGACY INCENTIVE GRANT |
| THE JEWISH FEDERATION OF GREATER WASHINGTON<br>6101 EXECUTIVE BLVD<br>NORTH BETHESDA,MD<br>20852 | 53-0212445 | 501(C)3 | 132,418 | | | | PJL STAFF GRANT, LIFE & LEGACY INCENTIVE GRANT & ALLIANCE SUBSCRIPTION GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE ARTHUR ROCHELLE BELFER BUILDING WASHINGTON,DC 20013 | 52-1844823 | 501(C)3 | 131,966 | | | | LIFE & LEGACY INCENTIVE GRANT |
| JEWISH COMMUNITY FOUNDATION OF ORANGE COUNTY 1 FEDERATION WAY STE 210 IRVINE,CA 926030174 | 95-3645825 | 501(C)3 | 128,500 | | | | LIFE & LEGACY INCENTIVE GRANT |
| TAMPAORLANDOPINELLAS JEWISH FOUNDATION INC 13009 COMMUNITY CAMPUS DR TAMPA,FL 336254000 | 59-2053655 | 501(C)3 | 124,000 | | | | LIFE & LEGACY INCENTIVE GRANT |

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|---|---|---|---|---|---|---|---|
| HOUSTON JEWISH COMMUNITY FOUNDATION 5603 S BRAESWOOD BLVD HOUSTON,TX 770963907 | 76-0187329 | 501(C)3 | 118,241 | | | | LIFE & LEGACY INCENTIVE GRANT |
| JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BOULEVARD SUITE 800 LOS ANGELES,CA 900484909 | 95-1643388 | 501(C)3 | 105,232 | | | | PJL STAFF GRANT, COMMUNITY CONNECTOR PILOT PROGRAM & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH FEDERATION OF BROWARD COUNTY 5890 SOUTH PINE ISLAND ROAD DAVIE,FL 33328 | 59-0967823 | 501(C)3 | 101,698 | | | | PJ PROMISE ENDOWMENT CAMPAIGN, PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| OREGON JEWISH COMMUNITY FOUNDATION 1618 SOUTHWEST 1ST AVENUE SUITE 210 210 PORTLAND,OR 97201 | 93-1019725 | 501(C)3 | 100,190 | | | | LIFE & LEGACY INCENTIVE GRANT |
| BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET SEVENTH FLOOR NEW YORK,NY 10016 | 13-4092050 | 501(C)3 | 100,000 | | | | GENERAL SUPPORT IN 2015 |
| ISRAEL ON CAMPUS COALITION 734 15TH STREET NW SUITE 600 WASHINGTON,DC 20005 | 30-0664947 | 501(C)3 | 100,000 | | | | MZ GRINSPOON INTERNSHIP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF OMAHA FOUNDATION<br>333 S 132ND ST<br>OMAHA,NE 681542106 | 20-1123519 | 501(C)3 | 97,499 | | | | LIFE & LEGACY INCENTIVE GRANT |
| FOUNDATION FOR THE CHARLOTTE JEWISH COMMUNITY<br>220 N TRYON STREET<br>CHARLOTTE,NC 282022137 | 31-1501858 | 501(C)3 | 93,478 | | | | LIFE & LEGACY INCENTIVE GRANT |
| SPRINGFIELD JEWISH COMMUNITY CENTER<br>1160 DICKINSON STREET<br>SPRINGFIELD,MA 01108 | 04-2103802 | 501(C)3 | 83,674 | | | | PIONEER VALLEY JEWISH FILM FESTIVAL & GENERAL PROGRAM FUNDING |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| JEWISH FOUNDATION OF MEMPHIS<br>6560 POPLAR AVENUE<br>MEMPHIS,TN 381383656 | 62-1618399 | 501(C)3 | 82,221 | | | | LIFE & LEGACY INCENTIVE GRANT |
| JEWISH FEDERATION OF WESTERN MASSACHUSETTS<br>1160 DICKINSON ST<br>SPRINGFIELD,MA 01108 | 04-2127023 | 501(C)3 | 77,965 | | | | PJL STAFF GRANT, TEEN EDUCATION PROGRAM & W MASS SPECIAL STEP-DOWN GRANT |
| CENTER FOR JEWISH EDUCATION INC<br>5708 PARK HEIGHTS AVENUE<br>BALTIMORE,MD 212153930 | 52-0591707 | 501(C)3 | 66,878 | | | | AHAVA BABY PROGRAM, ALLIANCE SUBSCRIPTION GRANT & PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| LYA<br>1148 CONVERSE STREET<br>LONGMEADOW,MA 01106 | 04-6004494 | 501(C)3 | 66,402 | | | | OPERATING SUPPORT, MUSIC PROGRAM & FAMILY EDUCATION PROGRAM |
| UNION FOR REFORM JUDAISM<br>711 GRAND AVENUE<br>SAN RAFAEL,CA 94901 | 13-1663143 | 501(C)3 | 63,588 | | | | CHAI MATCH III & SUSTAIN YOUR MATCH I CHALLENGE GRANTS |
| HEBREW HIGH SCHOOL OF NEW ENGLAND<br>300 BLOOMFIELD AVENUE<br>WEST HARTFORD,CT 06117 | 06-1455973 | 501(C)3 | 60,529 | | | | OPERATING SUPPORT & ENDOWMENT FUND |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| JEWISH LEARNING VENTURE<br>7607 OLD YORK RD<br>MELROSE PARK,PA<br>190273010 | 23-2473518 | 501(C)3 | 59,384 | | | | ALLIANCE SUBSCRIPTION GRANT, PARENT AMBASSADORS & PJL STAFF GRANT |
| JEWISH COMMUNITY CENTERS OF GREATER BOSTON<br>333 NAHANTON STREET<br>NEWTON CENTRE,MA<br>02459 | 04-2317972 | 501(C)3 | 55,592 | | | | ALLIANCE SUBSCRIPTION GRANT, PJ CONNECT!, & PJL STAFF GRANT |
| CAMP GAN ISRAEL NORTH EAST<br>10 HIDDEN GLEN LN<br>AIRMONT,NY 10952 | 27-5457003 | 501(C)3 | 53,333 | | | | MEET YOUR MATCH VII CHALLENGE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| CAMP RAMAH IN THE BERKSHIRES<br>25 ROCKWOOD PLACE<br>SUITE 345<br>ENGLEWOOD,NJ 07631 | 13-1997276 | 501(C)3 | 50,778 | | | | CHAI MATCH III CHALLENGE GRANT |
| THE JEWISH COMMUNITY FOUNDATION OF THE WEST<br>PO BOX 660663<br>SACRAMENTO,CA<br>958660663 | 68-0445835 | 501(C)3 | 50,350 | | | | LIFE & LEGACY INCENTIVE GRANT |
| UNITED JEWISH WELFARE FUND OF TORONTO<br><br>202118 CENTRE ST<br>THORNHILL,ONTARIO<br>CA | 98-0335432 | 501(C)3 | 50,000 | | | | MEET YOUR MATCH VII CHALLENGE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| JEWISHCOLORADO<br>300 S DAHLIA ST 300<br>DENVER,CO 80246 | 01-0831698 | 501(C)3 | 47,350 | | | | ALLIANCE SUBSCRIP GRANT, COLLABORATIVE FAMILY ENGAGE PROGRAM & PJL STAFF GRANT |
| CAMP RAMAH CALIFORNIA<br>17525 VENTURA BOULEVARD SUITE 201<br>ENCINO,CA 91316 | 95-1843131 | 501(C)3 | 46,333 | | | | CHAI MATCH III CHALLENGE GRANT |
| JEWISH FEDERATION OF CLEVELAND<br>27501 SCIENCE PARK DRIVE<br>CLEVELAND,OH 44122 | 34-0714445 | 501(C)3 | 44,768 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL SEATTLE NEIGHBOR ENGAGERS PROGRAM & PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAMP NAGEELA MIDWEST<br>3542 WEST PETERSON AVENUE<br>CHICAGO,IL 60659 | 36-3529801 | 501(C)3 | 36,000 | | | | CHAI MATCH III CHALLENGE GRANT |
| BARNEY GOODMAN CAMP<br>5801 WEST 115TH STREET<br>OVERLAND PARK,KS 662111800 | 44-0545992 | 501(C)3 | 35,000 | | | | DONATE AT YOUR CAMP 2 CHALLENGE GRANT |
| GREATER MIAMI JEWISH FEDERATION<br>4200 BISCAYNE BLVD FL 2<br>MIAMI,FL 331373246 | 59-0624404 | 501(C)3 | 33,236 | | | | ALLIANCE SUBSCRIPTION GRANT, NA PJL RUSSIAN SPEAKING JEWISH PILOT GRANT & PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAMP TAWONGA<br>131 STEUART STREET<br>SUITE 460<br>SAN FRANCISCO,CA<br>94105 | 94-3227261 | 501(C)3 | 32,589 | | | | CHAI MATCH III CHALLENGE GRANT |
| 14TH STREET Y OF EDUCATIONAL ALLIANCE<br>344 EAST 14TH STREET<br>NEW YORK,NY 10003 | 13-5562210 | 501(C)3 | 32,500 | | | | PJ PLAY! PROGRAM |
| JEWISH FEDERATION OF GREATER SEATTLE<br>2033 6TH AVE STE 810<br>SEATTLE,WA 98121 | 91-0575950 | 501(C)3 | 32,444 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL SEATTLE NEIGHBOR ENGAGERS PROGRAM & PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| 92ND STREET Y<br>1395 LEXINGTON AVENUE<br>NEW YORK,NY 10128 | 13-1624229 | 501(C)3 | 31,105 | | | | "92Y'S SAMMY SPIDER PROJECT & |
| JEWISH FEDERATION OF COLUMBUS<br>1175 COLLEGE AVENUE<br>COLUMBUS,OH 43209 | 31-0838745 | 501(C)3 | 31,005 | | | | PJL STAFF GRANT, PJ ON YOUR STREET PROGRAM & ALLIANCE SUBSCRIPTION GRANT |
| VALLEY BEIT MIDRASH<br>4645 E MARILYN ROAD<br>PHOENIX,AZ 85032 | 45-5443715 | 501(C)3 | 30,338 | | | | PJL FAMILY ENGAGE AMBASS PROGRAM, PJL STAFF GRANT & ALLIANCE SUBSCRIP GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH COMMUNITY CENTER OF GREATER COLUMBUS<br>1125 COLLEGE AVE<br>COLUMBUS,OH<br>432097802 | 31-4379496 | 501(C)3 | 30,000 | | | | DONATE AT YOUR CAMP 2 CHALLENGE GRANT |
| JEWISH WITHOUT WALLS<br>10 PREMIER CT<br>NESCONSET,NY<br>117671075 | 46-3782453 | 501(C)3 | 30,000 | | | | BRINGING JEWISH HOME PROGRAM |
| THE MANDEL JEWISH COMMUNITY CENTER OF CLEVELAND<br>26001 S WOODLAND RD<br>BEACHWOOD,OH<br>441223367 | 34-0714439 | 501(C)3 | 29,160 | | | | DONATE AT YOUR CAMP 2 CHALLENGE GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF GREATER PITTSBURGH 234 MCKEE PLACE PITTSBURGH,PA 152133916 | 25-1017602 | 501(C)3 | 28,254 | | | | ALLIANCE SUBSCRIPTION GRANT, PJ BEYONDPROGRAM & PJL STAFF GRANT |
| JEWISH FEDERATION OF GREATER PORTLAND 6680 SW CAPITOL HIGHWAY PORTLAND,OR 972191958 | 93-0386825 | 501(C)3 | 28,250 | | | | ALLIANCE SUBSCRIPTION GRANT, NEIGHBORHOOD STORY & SONG TIME PROGRAM & PJL STAFF GRANT |
| JEWISH COMMUNITY ASSOCIATION OF AUSTIN 7300 HART LANE AUSTIN,TX 78731 | 74-1469465 | 501(C)3 | 28,183 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL POWER HOUR & PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF SILICON VALLEY<br>14855 OKA ROAD SUITE 200<br>LOS GATOS,CA<br>950321919 | 94-1167405 | 501(C)3 | 27,009 | | | | ALLIANCE SUBSCRIPTION GRANT, NA PJL RUSSIAN SPEAKING JEWISH PILOT & PJL STAFF GRANT |
| JEWISH FEDERATION OF ST LOUIS<br>2 MILLSTONE CAMPUS DRIVE<br>ST LOUIS,MO 631465776 | 43-0652643 | 501(C)3 | 26,344 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL ALLIANCE BOOSTING ENROLLMENT GRANT & PJL STAFF GRANT |
| JEWISH FEDERATION OF GR ROCHESTER<br>441 EAST AVENUE<br>ROCHESTER,NY<br>146071932 | 16-0868942 | 501(C)3 | 26,263 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL CONNECT & PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| CAMP JCA SHALOM<br>34342 MULHOLLAND HIGHWAY<br>MALIBU,CA 90265 | 84-1652923 | 501(C)3 | 26,085 | | | | "CHAI MATCH III CHALLENGE GRANT |
| JEWISH FEDERATION OF GREATER METROWEST<br>901 ROUTE 10 EAST<br>WHIPPANY,NJ 79810 | 22-1487222 | 501(C)3 | 25,855 | | | | PJL STAFF GRANT & SHTICK TOGETHER PROGRAM |
| UNIVERSITY OF JUDAISM CENTER FOR JEWISH EDUCATION<br>15600 MULHOLLAND DRIVE<br>BELAIR,CA 90077 | 95-1684064 | 501(C)3 | 25,000 | | | | "MEET YOUR MATCH VI" CHALLENGE CAMPAIGN |

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|---|---|---|---|---|---|---|---|
| JEWISH FUNDERS NETWORK<br>150 WEST 30TH STREET<br>SUITE 900<br>NEW YORK,NY 10001 | 23-2742482 | 501(C)3 | 25,000 | | | | GENERAL SUPPORT |
| JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY<br>1 FEDERATION WAY SUITE 210<br>IRVINE,CA 926030174 | 95-2407026 | 501(C)3 | 24,700 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL ALLIANCE BOOSTING ENROLLMENT GRANT & PJL STAFF GRANT |
| JEWISH FEDERATION OF SOUTHERN NEW JERSEY<br>1301 SPRINGDALE ROAD<br>SUITE 200<br>CHERRY HILL,NJ 80032 | 21-0634489 | 501(C)3 | 24,605 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL ALLIANCE BOOSTING ENROLLMENT GRANT & PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND 121 STEUART STREET SAN FRANCISCO,CA 941051236 | 94-1156533 | 501(C)3 | 24,216 | | | | ALLIANCE SUBSCRIPTION GRANT, PJL STAFF GRANT & RUSSIAN SPEAKING JEWISH COMMUNITY CONNECTORS PROGRAM |
| MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD,CT 06117 | 06-0662142 | 501(C)3 | 23,203 | | | | ALLIANCE SUBSCRIPTION GRANT& PJL STAFF GRANT |
| KANE STREET SYNAGOGUE 236 KANE STREET BROOKLYN,NY 11231 | 11-6003230 | 509(A)(1) | 23,190 | | | | HOME AWAY FROM HOME PROGRAM &PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF METROPOLITAN DETROIT<br>6735 TELEGRAPH ROAD<br>SUITE 370<br>BLOOMFIELD HILLS,MI<br>48301 | 38-1359214 | 501(C)3 | 21,710 | | | | ALLIANCE SUBSCRIPTION GRANT & PJL STAFF GRANT |
| NATIONAL RAMAH COMMISSION<br>3080 BROADWAY<br>NEW YORK,NY 10027 | 13-6161110 | 501(C)3 | 21,533 | | | | BIM BAM SHABBAT PROGRAM & CHAI MATCH III CHALLENGE GRANT |
| JEWISH FEDERATION OF GREATER HOUSTON<br>5603 S BRAESWOOD BOULEVARD<br>HOUSTON,TX 77096 | 74-1109654 | 501(C)3 | 21,330 | | | | ALLIANCE SUBSCRIPTION GRANT & PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| HEBREW COLLEGE<br>160 HERRICK ROAD<br>NEWTON CENTRE,MA<br>02459 | 04-2104300 | 501(C)3 | 21,318 | | | | GENERAL PROGRAM SUPPOST |
| LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY<br>4126 EXECUTIVE DRIVE<br>LA JOLLA,CA 920371348 | 95-1985444 | 501(C)3 | 20,833 | | | | CAMP LEGACY INCENTIVE GRANT, DONATE AT YOUR CAMP 2 CHALLENGE GRANT & PJL STAFF GRANT |
| CONGREGATION B'NAI ISRAEL<br>253 PROSPECT STREET<br>NORTHAMPTON,MA 01060 | 04-6052052 | 501(C)3 | 17,500 | | | | ABUNDANCE FARM AND FAMILY TEEN ED PROGRAM |

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|---|---|---|---|---|---|---|---|
| MUSEUM OF JEWISH HERITAGE<br>36 BATTERY PLACE<br>NEW YORK,NY 10280 | 13-3376265 | 501(C)3 | 20,250 | | | | MJH KIDS THEATER PROGRAM |
| URBAN ADAMAH<br>1050 PARKER ST<br>BERKELEY,CA 947102521 | 27-4349643 | 501(C)3 | 20,000 | | | | YESHIVAT HADAR |
| MECHON HADAR<br>190 AMSTERDAM AVENUE<br>NEW YORK,NY 10023 | 26-4412164 | 501(C)3 | 20,000 | | | | EARLY CHILDHOOD FAMILY PROGRAM EXPANSION |

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|---|---|---|---|---|---|---|---|
| KINGS BAY YMYWHA INC<br>3495 NOSTRAND AVENUE<br>BROOKLYN,NY 112295131 | 11-3068515 | 501(C)3 | 19,825 | | | | PJL STAFF GRANT, GPG JEWISH ENGAGEMENT GRANT & PJ ON THE PENINSULA PROGRAM |
| CONGREGATION RODEPH SHOLOM<br>7 WEST 83RD STREET<br>NEW YORK,NY 100245201 | 13-1628164 | 501(C)3 | 19,310 | | | | PJ CHALLAH FOR HUNGER & PJL STAFF GRANT |
| MAYERSON JCC<br>8485 RIDGE ROAD<br>CINCINNATI,OH<br>452361300 | 31-0536986 | 501(C)3 | 18,228 | | | | ALLIANCE SUBSCRIPTION GRANT, PJ BABY PRGORAM & PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| JCRS (JEWISH CHILDREN'S REGIONAL SERVICE)<br>3500 NORTH CAUSEWAY BOULEVARD SUITE 1120<br>METAIRIE,LA 700023599 | 72-0408936 | 501(C)3 | 18,018 | | | | ALLIANCE SUBSCRIPTION GRANT & PJL STAFF GRANT |
| YMYWHA OF WASHINGTON HEIGHTS & INWOOD<br>54 NAGLE AVENUE<br>NEW YORK,NY 100401406 | 13-1635308 | 501(C)3 | 17,275 | | | | COOKING WITH PJ LIBRARY PROGRAM & PJL STAFF GRANT |
| JCC OF THE GREATER FIVE TOWNS<br>207 GROVE AVENUE<br>CEDARHURST,NY 115161715 | 11-2546437 | 501(C)3 | 17,192 | | | | PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZATIONS<br>729 7 AVENUE 9 FLOOR<br>NEW YORK,NY 10019 | 13-3955736 | 501(C)3 | 16,675 | | | | NA PJL RUSSIAN SPEAKING JEWISH PILOT & PJL STAFF GRANT |
| FOLKSBIENE YIDDISH THEATRE INC<br>36 BATTERY PLACE FLOOR 2<br>NEW YORK,NY 10280 | 13-3998872 | 501(C)3 | 16,500 | | | | NA PJL RUSSINA SPEAKING JEWISH PILOT |
| CAMP KINDER RING<br>247 W 37TH ST 5TH FLOOR<br>NEW YORK,NY 10018 | 13-4014418 | 501(C)3 | 15,879 | | | | "CHAI MATCH III CHALLENGE GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH COMMUNITY OF AMHERST<br>742 MAIN STREET<br>AMHERST,MA 01002 | 04-2394315 | 501(C)3 | 15,330 | | | | FAMILY EDUCATION PROGRAM, PROFESSIONAL DEVELOPMENT & TEEN EDUCATION PROGRAM |
| MAYYIM HAYYIM<br>1838 WASHINGTON STREET<br>NEWTON,MA 02466 | 31-1753931 | 501(C)3 | 15,000 | | | | WATER, WATER, EVERYWHERE PROGRAM |
| AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE<br>711 THIRD AVENUE 10TH FLOOR<br>NEW YORK,NY 10017 | 13-1656634 | 501(C)3 | 15,000 | | | | PJL STRATEGIC PARTNERSHIP |

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|---|---|---|---|---|---|---|---|
| LAPPIN FOUNDATION<br>29 CONGRESS ST<br>SALEM,MA 19705 | 46-1614193 | 501(C)3 | 14,582 | | | | PJL STAFF GRANT, PJL PARENTS TO ISRAEL & ALLIANCE SUBSCRIPTION GRANT |
| THE JEWISH FEDERATION IN THE HEART OF NEW JERSEY<br>230 OLD BRIDGE TURNPIKE<br>SOUTH RIVER,NJ 08882 | 22-1500549 | 501(C)3 | 14,575 | | | | PJL STAFF GRANT |
| THE HADASSAH BRANDEIS INSTITUTE<br>PO BOX 549110<br>WALTHAM,MA 02045 | 04-2103552 | 501(C)3 | 14,530 | | | | GENERAL PROGRAM FUNDING |

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|---|---|---|---|---|---|---|---|
| MINNEAPOLIS JEWISH FEDERATION<br>13100 WAYZATA BOULEVARD SUITE 200<br>MINNETONKA,MN<br>553051810 | 41-0693866 | 501(C)3 | 14,181 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS<br>15 LENOX STREET<br>SPRINGFIELD,MA 01108 | 04-2104352 | 501(C)3 | 14,133 | | | | TEEN & FAMILY EDUCATION PROGRAMS |
| CAMP RAMAH IN NEW ENGLAND<br>1206 BOSTON PROVIDENCE HIGHWAY<br>SUITE 201<br>NORWOOD,MA 02062 | 04-3035964 | 501(C)3 | 14,116 | | | | CHAI MATCH III CHALLENGE GRANT |

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|---|---|---|---|---|---|---|---|
| B'NAI B'RITH MENS CAMP ASSOCIATION<br>9400 SW BEAVERTON HILLSDALE HIGHWAY<br>BEAVERTON,OR 97005 | 91-1842787 | 501(C)3 | 14,050 | | | | PJL STAFF GRANT, PJL SUKKOT FAMILY CAMP, PJL OUTREACH |
| JEWISH COMMUNITY HAVURAH OF SOUTHERN OREGON<br>PO BOX 1262<br>ASHLAND,OR 97520 | 93-0895258 | 501(C)3 | 14,000 | | | | SOUTHERN OREGON PJL OUTREACH ADVENTURES & BERMAN FAMILY GRANT |
| JEWISH FEDERATION OF GREATER DALLAS<br>7800 NORTHAVEN ROAD<br>DALLAS,TX 752303226 | 75-0800654 | 501(C)3 | 13,960 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |

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|---|---|---|---|---|---|---|---|
| LORRAINE & JACK N FRIEDMAN COMMISSION FOR JEWISH EDUCATION OF THE PALM BEA 4601 COMMUNITY DR WEST PALM BEACH, FL 33417 | 65-0219982 | 501(C)3 | 13,696 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| HILLEL AT UMASS 388 N PLEASANT STREET AMHERST, MA 01002 | 04-3110103 | 501(C)3 | 13,585 | | | | GENERAL PROGRAM FUNDING |
| JEWISH FAMILY & COMMUNITY SERVICES INC 6261 DUPONT STATION COURT E JACKSONVILLE, FL 322172567 | 59-0637868 | 501(C)3 | 13,524 | | | | ALLIANCE SUBSCRIPTION GRANT, PJ AMBASSADOR MITZVAH PROGRAM & PJL STAFF GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF GREATER MONMOUTH COUNTY<br>960 HOLMDEL RD<br>HOLMDEL,NJ 07733 | 22-2041946 | 501(C)3 | 12,930 | | | | PJL STAFF GRANT |
| JEWISH FEDERATION OF LAS VEGAS<br>2317 RENAISSANCE DRIVE<br>LAS VEGAS,NV<br>891196191 | 88-0098500 | 501(C)3 | 12,656 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| BIMBAM<br>131 STEUART STREET<br>SAN FRANCISCO,CA<br>941051230 | 45-4230275 | 501(C)3 | 12,500 | | | | SHABOOM! EARLY CHILDHOOD INITIATIVE |

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|---|---|---|---|---|---|---|---|
| B'NAI B'RITH YOUTH ORGANIZATION<br>2020 K STREET NW 7TH FLOOR<br>WASHINGTON,DC 20006 | 31-1794932 | 501(C)3 | 12,500 | | | | GENERAL SUPPORT |
| THE JEWISH MUSEUM<br>1109 5TH AVENUE<br>NEW YORK,NY 101280118 | 13-6146854 | 501(C)3 | 12,500 | | | | PICTURE THIS PORGRSAM |
| JCC OF GREATER NEW HAVEN<br>360 AMITY ROAD<br>WOODBRIDGE,CT 06525 | 06-0647025 | 501(C)3 | 12,359 | | | | PJL STAFF GRANT, PJL ALLIANCE BOOSTING ENROLLMENT GRANT & ALLIANCE SUBSCRIPTION GRANT |

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|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF LANE COUNTY<br>1175 EAST 29TH AVENUE<br>EUGENE,OR 974031620 | 94-3134118 | 501(C)3 | 12,018 | | | | PJL STAFF GRANT, PJ CONNECT PROGRAM & ALLIANCE SUBSCRIPTION GRANT |
| UJF OF NORTHEASTERN NEW YORK<br>184 WASHINGTON AVENUE<br>ALBANY,NY 12203 | 22-2805163 | 501(C)3 | 11,996 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| UJA FEDERATION OF GREENWICH<br>ONE HOLLY HILL LANE<br>GREENWICH,CT 06830 | 06-6068624 | 501(C)3 | 11,769 | | | | PJL SUNDAY FUNDAYS TOTS PROGRAM, PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |

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|---|---|---|---|---|---|---|---|
| UNION TEMPLE OF BROOKLYN<br>17 EASTERN PARKWAY<br>BROOKLYN,NY 112385601 | 11-1672824 | 501(C)3 | 10,995 | | | | PJL STAFF GRANT & IT'S TIME FOR SHABBAT PROGRAM |
| THE JEWISH FEDERATION OF NEW MEXICO<br>5520 WYOMING BLVD NE<br>ALBUQUERQUE,NM 871093238 | 85-0158242 | 501(C)3 | 10,827 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| TEMPLE BETH EL<br>979 DICKINSON ST<br>SPRINGFIELD,MA 01108 | 04-2149322 | 501(C)3 | 10,380 | | | | SUSTAIN YOUR MATCH I CHALLENGE GRANT, PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |

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|---|---|---|---|---|---|---|---|
| THE HARRY AND ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER OF MILWAUKEE<br>6255 NORTH SANTA MONICA BOULEVARD<br>WHITEFISH BAY,WI 53217 | 39-0806234 | 501(C)3 | 10,495 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH FEDERATION OF SOUTHERN ARIZONA<br>3822 E RIVER ROAD<br>TUCSON,AZ 85718 | 86-0096795 | 501(C)3 | 10,383 | | | | TEEN & FAMILY EDUCATION PROGRAM & KABBALAT SHABBAT PROGRAM |
| MISHPUCHA A NY NONPROFIT CORPORATION<br>170 E 4TH ST APT 6E<br>BROOKLYN,NY 112181738 | 47-1639215 | 501(C)3 | 10,275 | | | | NA PJL RUSSIAN SPEAKING JEWISH PILOT |

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|---|---|---|---|---|---|---|---|
| JCC OF CENTRAL NEW JERSEY<br>1391 MARTINE AVE<br>SCOTCH PLAINS,NJ 70762 | 22-2667094 | 501(C)3 | 10,211 | | | | DONATE AT YOUR CAMP 2 CHALLENGE GRANT |
| JEWISH FEDERATION OF ROCKLAND COUNTY<br>450 WEST NYACK ROAD<br>WEST NYACK,NY 10994 | 13-3268920 | 501(C)3 | 10,079 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| INTERFAITHFAMILYCOM<br>90 OAK STREET 4TH FLOOR<br>NEWTON,MA 02464 | 04-3577816 | 501(C)3 | 10,000 | | | | PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW ATLANTA,GA 30309 | 58-1021791 | 501(C)3 | 10,000 | | | | PJL OUTREACH WORK PROGRAM |
| JEWISH FEDERATION OF GREATER KANSAS CITY 5801 WEST 115 STREET OVERLAND PARK,KS 662111800 | 44-0545913 | 501(C)3 | 9,993 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| SUFFOLK Y JEWISH COMMUNITY CENTER INC 74 HAUPPAUGE ROAD COMMACK,NY 117254445 | 11-2435521 | 501(C)3 | 9,815 | | | | PJL STAFF GRANT & PJL STAFF SUBSIDY |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF THE SACRAMENTO REGION<br>2130 21ST STREET<br>SACRAMENTO,CA 95818 | 94-1156558 | 501(C)3 | 9,804 | | | | PJL STAFF GRANT& ALLIANCE SUBSCRIPTION GRANT |
| MARKS JCH OF BENSONHURST<br>7802 BAY PARKWAY<br>BROOKLYN,NY 112141508 | 11-1633484 | 501(C)3 | 9,600 | | | | PJL GPG JEWISH ENGAGEMENT GRANT, PJL STAFF GRANT & PJ FRIDAYS @ THE J PROGRAM |
| SURPRISE LAKE CAMP<br>382 LAKE SURPRISE ROAD<br>COLD SPRING,NY 10516 | 13-1623869 | 501(C)3 | 9,285 | | | | CHAI MATCH II CHALLENGE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC<br>101 WEST MOUNT ROYAL AVENUE<br>BALTIMORE,MD<br>212015708 | 52-0607957 | 501(C)3 | 9,037 | | | | PJ PROMISE ENDOWMENT CAMPAIGN |
| ELI AND BESSIE COHEN CAMPS<br>888 WORCESTER STREET SUITE 350<br>WELLESLEY,MA 02482 | 04-6152862 | 501(C)3 | 8,867 | | | | CHAI MATCH II & CHAI MATCH III CHALLENGE GRANT |
| NEW JERSEY Y CAMPS<br>21 PLYMOUTH STREET<br>FAIRFIELD,NJ 07004 | 22-1487266 | 501(C)3 | 8,500 | | | | SUSTAIN YOUR MATCH I |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAMP SENECA LAKE<br>200 CAMP ROAD<br>ROCHESTER,NY 14527 | 16-0743060 | 501(C)3 | 8,500 | | | | SUSTAIN YOUR MATCH I |
| TAMPA JCC AND FEDERATION<br>13009 COMMUNITY CAMPUS DRIVE<br>TAMPA,FL 33625 | 23-7182057 | 501(C)3 | 8,360 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH COMMUNITY CENTERS ASSOC OF NORTH AMERICA<br>520 8TH AVE FL 4<br>NEW YORK,NY 100184393 | 13-5599486 | 501(C)3 | 7,932 | | | | MEET YOUR MATCH V & CREATE YOUR MATCH V CHALLENGE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CONGREGATION CHILDREN OF ISRAEL<br>115 DUDLEY DRIVE<br>ATHENS,GA 306063703 | 58-0812477 | 501(C)3 | 7,877 | | | | PJ FAMILY FUN SHABBAT |
| JCC MANHATTAN<br>334 AMSTERDAM AVENUE AT 76TH STREET<br>NEW YORK,NY 10023 | 13-3490745 | 501(C)3 | 7,848 | | | | PJL GPG JEWISH ENGAGEMENT GRANT & PJL STAFF GRANT |
| HEVREH OF SOUTHERN BERKSHIRES<br>270 STATE ROAD<br>GREAT BARRINGTON,MA 01230 | 04-2683112 | 501(C)3 | 7,731 | | | | TEEN EDUCATION & FAMILY EDUCATION PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAMP AVODA<br>43 STANDISH ROAD<br>NEEDHAM,MA 02492 | 04-6002095 | 501(C)3 | 7,088 | | | | CHAI MATCH III CHALLENGE GRANT |
| COLUMBIA JEWISH FEDERATION<br>306 FLORA DRIVE<br>COLUMBIA,SC 292235050 | 57-0704341 | 501(C)3 | 7,020 | | | | PJL WITHOUT WALLS PROGRAM & PJL STAFF GRANT |
| PARK SLOPE JEWISH CENTER<br>8TH AVE 14TH STREET<br>BROOKLYN,NY 11215 | 11-1969905 | 501(C)3 | 7,000 | | | | PJL STAFF GRANT & IT'S TIME FOR SHABBAT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF THE GREATER SAN GABRIEL AND POMONA VALLEYS<br>114A W LIME AVENUE<br>MONROVIA,CA 91016 | 95-4443373 | 501(C)3 | 6,874 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH FEDERATION OF HOWARD COUNTY INC<br>10630 LITTLE PATUXENT PARKWAY STE<br>400<br>COLUMBIA,MD<br>210443294 | 23-7072654 | 501(C)3 | 6,837 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH ALLIANCE OF GREATER RI<br>401 ELMGROVE AVE<br>PROVIDENCE,RI 29063 | 27-4127671 | 501(C)3 | 6,676 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TEMPLE ANSHE AMUNIM<br>26 BROAD ST<br>PITTSFIELD,MA 01201 | 04-2496149 | 501(C)3 | 6,650 | | | | TEEN & FAMILY EDUCATION PROGRAM |
| JEWISH FEDERATION OF GREATER LONG BEACH AND WEST ORANGE COUNTY<br>3801 E WILLOW ST<br>LONG BEACH,CA 908151734 | 95-1647830 | 501(C)3 | 6,083 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| UNITED SYNAGOGUE OF HOBOKEN<br>115 PARK AVENUE<br>HOBOKEN,NJ 07030 | 23-7305931 | 501(C)3 | 5,890 | | | | PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATION OF GREATER ORLANDO INC 851 NORTH MAITLAND AVENUE MAITLAND,FL 327514426 | 59-0946923 | 501(C)3 | 5,806 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH FEDERATION OF PINELLAS COUNTY INC 13191 STARKEY ROAD SUITE 8 LARGO,FL 337731438 | 59-0697685 | 501(C)3 | 5,796 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| HABONIM DROR CAMP MOSHAVA 6101 EXECUTIVE BOULEVARD SUITE 319 NORTH BETHESDA,MD 20852 | 52-6054091 | 501(C)3 | 5,733 | | | | CHAI MATCH III CHALLENGE GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GORDON JEWISH COMMUNITY CENTER<br>801 PERCY WARNER BLVD<br>NASHVILLE,TN<br>372054128 | 62-0475746 | 501(C)3 | 5,725 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| SAVANNAH JEWISH COUNCIL INC DBA SAVANNAH JEWISH FEDERATION<br>5111 ABERCORN STREET<br>SAVANNAH,GA<br>314055214 | 58-0566231 | 501(C)3 | 5,639 | | | | SHABBAT SHALOM SAVANNAH PROGRAM, PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| JEWISH FEDERATION OF DUTCHESS COUNTY INC<br>PO BOX 2525<br>POUGHKEEPSIE,NY<br>126038525 | 14-1751875 | 501(C)3 | 5,270 | | | | PJL STAFF GRANT & PJL HUDSON VALLEY ROVERS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JCVT<br>32 MAIN STREET<br>MONTPELIER,VT 05602 | 03-0372485 | 501(C)3 | 5,218 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| UNITED JEWISH FEDERATION OF PRINCETON MERCER BUCKS INC<br>4 PRINCESS RD STE 206<br>LAWRENCEVILLE,NJ 86482 | 23-2215070 | 501(C)3 | 5,179 | | | | PJL STAFF GRANT & ALLIANCE SUBSCRIPTION GRANT |
| MEMPHIS JEWISH FEDERATION<br>6560 POPLAR AVENUE<br>GERMANTOWN,TN 38138 | 62-0475747 | 501(C)3 | 5,116 | | | | PJL STAFF GRANT, MIDTOWN MISHPACHA & ALLIANCE SUBSCRIPTION GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAMP RAMAH IN WISCONSIN<br>65 EAST WACKER PLACE 1200<br>CHICAGO,IL 60601 | 36-6009250 | 501(C)3 | 5,106 | | | | SUSTAIN YOUR MATCH I |
| 70 FACES MEDIA<br>24 WEST 30TH STREET 4TH FLOOR<br>NEW YORK,NY 10001 | 75-3121525 | 501(C)3 | 5,000 | | | | SPONSORSHIP OF THE NATIONAL CONFERENCE FOR HEBREW LANGUAGE TEACHERS |
| SHOREFRONT YMYWHA OF BRIGHTON MANHATTAN BEACH<br>3300 CONEY ISLAND AVENUE<br>BROOKLYN,NY 112356606 | 11-3070228 | 501(C)3 | 5,000 | | | | PJL STAFF GRANT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN ZIONIST MOVEMENT INC<br>40 WALL STREET<br>NEW YORK,NY 100051304 | 13-2679404 | 501(C)3 | 5,000 | | | | PJL STAFF GRANT |
| JEWISH FEDERATION OF GREATER EAST BAY<br>2121 ALLSTON WAY STE 200<br>BERKELEY,CA 94720 | 94-1156560 | 501(C)3 | 5,000 | | | | PJL STAFF GRANT |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **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 | | | |
| | ☑ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☑ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **1** ADRIAN DION<br>CHIEF OPERATING OFFICER | **(i)** | 174,880 | 0 | 0 | 4,447 | 454 | 179,781 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** TAMAR REMZ<br>DIRECTOR OF PARTNERSHIPS | **(i)** | 239,714 | 0 | 0 | 4,529 | 5,650 | 249,893 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** VIKAS SINGHVI<br>CHIEF INFORMATION OFFICER | **(i)** | 159,475 | 0 | 0 | 325 | 9,983 | 169,783 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** ARLENE SCHIFF<br>DIRECTOR LIFE & LEGACY | **(i)** | 152,885 | 0 | 0 | 3,822 | 0 | 156,707 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** ARIEL BURGER<br>DIRECTOR, ADULT EDUCATION | **(i)** | 137,063 | 0 | 0 | 0 | 15,260 | 152,323 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Part III Supplemental Information

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.

| Return Reference | Explanation |
|---|---|

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

## Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | No |
|---|---|---|---|---|
| | | | | |
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| | | | | |

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

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

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | ▶ $ | | | | | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
| | | | | |
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## Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) PINE CREEK AGAWAM LP | LEASING FACILITIES OWNED PRIMARILY BY TRUSTEES & THEIR FAMILY MEMBERS | 183,326 | THE TRUSTEES COMPLETED A STUDY TO ASSESS THE FAIR MARKET VALUE OF COMPARABLE RENTS AND NEGOTIATED THE FOUNDATION LEASE ACCORDINGLY | | No |
| | | | | | |
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## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|---|---|

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

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

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

Employer identification number
04-6685725

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | | | | |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | X | 16 | 111,586,814 | THIRD PARTY APPRAISAL |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (_____) | | | | |
| 26 | Other ▶ (_____) | | | | |
| 27 | Other ▶ (_____) | | | | |
| 28 | Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 30

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | No |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

**Part II** **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| 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 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| THE HAROLD GRINSPOON FOUNDATION | 04-6685725 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | PART VI LINE 2 JEREMY PAVA AND HAROLD GRINSPOON - BUSINESS RELATIONSHIP DIANE TRODERMAN AND HAROLD GRINSPOON- FAMILY RELATIONSHIP WINIFRED SANDLER AND HAROLD GRINSPOON - FAMILY R ELATIONSHIP JEREMY PAVA AND BEVERLY PAVA - FAMILY RELATIONSHIP |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 4 | THE ORGANIZATION'S DECLARATION OF TRUST WAS AMENDED TO REMOVE THE FOUNDATION FOR JEWISH CAMPING AS A SUPPORTED ORGANIZATION AND ADD HAZON, INC AS A SUPPORTED ORGANIZATION THE TRUST AGREEMENT HAS A MECHANISM THAT ALLOWS FOR TRUSTEE AND SUPPORTED ORGANIZATION CHANGES WITHOUT RESTATING THE TRUST SUPPORTED ORGANIZATIONS MAY BE REPLACED BY OTHER JEWISH CHARITABLE ORGANIZATIONS OFFERING PROGRAMS CONSISTENT WITH THE MISSION OUTLINED IN THE TRUST DOCUMENT AS THE TRUST AGREEMENT WAS AMENDED DURING THE PERIOD, THE TRUSTEES AND SUPPORTED ORGANIZATIONS WERE UPDATED TO REFLECT THE CURRENT BOARD |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11 | JEREMY PAVA, BOARD TRUSTEE, AND MATT MOTYKA, CHIEF FINANCIAL OFFICER, REVIEW THE RETURN IN DETAIL AND THEREAFTER, PROVIDE A COPY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR R EVIEW PRIOR TO THE FILING OF THE 990 |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE AN INTEREST IN ANY TRANSACTION OR ARRANGEMEN T AND THE MEMBER IS REQUIRED TO ABSTAIN FROM PARTICIPATING IN THE DISCUSSIONS AND VOTING R EGARDING THE TRANSACTION IF THE INTEREST IS DETERMINED TO BE A CONFLICT OF INTEREST OR MAY BE CONSTRUED AS A CONFLICT OF INTEREST THE REMAINING BOARD MEMBERS SHALL DETERMINE IF TH E TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE FOUNDATION AND IN ITS BEST INTE REST AND FOR ITS OWN BENEFIT NEW TRUSTEES RECEIVE AN ORIENTATION PACKET WITH THE FOUNDATI ON POLICIES INCLUDING THE CONFLICT OF INTEREST GUIDELINES |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15 | PERSONNEL COMMITTEE(CONSISTING OF 3 BOARD MEMBERS) CONDUCTS SURVEY OF COMPENSATION PAID BY LIKE ORGANIZATIONS, APPROVES COMPENSATION DECISIONS, AND DOCUMENTS THE DELIBERATION AND D ECISION OF EXECUTIVE COMPENSATION THE COMMITTEE HAS CONTRACTED WITH AN EXECUTIVE SEARCH F IRM DURING THE PERIOD FOR ASSISTANCE IN RECRUITING TALENT AND ASSESSING COMPENSATION STRUC TURE |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION C, LINE 18 | THE ORGZANIZATION MAKES ITS 1023, 990 AND 990-T AVAILABLE UPON REQUEST |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XI, LINE 9 | CHANGE IN ACCRUED COMMITMENTS AND GRANTS PAYABLE 4,617,692 CHANGE IN MARKET VALUE OF LIMI TED PARTNERSHIP INVESTMENTS 2,821,320 PARTNERSHIP INTERESTS NONDEDUCTIBLE EXPENSE -1,936 PARTNERSHIP INTERESTS SEC 754 ADJUSTMENT 57,029 PARTNERSHIP 1231 GAIN -4,590,364 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| 990 PART XI, LINE 2C | THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
THE HAROLD GRINSPOON FOUNDATION

**Employer identification number**
04-6685725

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

| (a) Name, address, and EIN (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 |
|---|---|---|---|---|---|
| (1) HGF REALTY LLC<br>380 UNION ST<br>W SPFLD, MA 01089<br>20-4648790 | ACQUIRE, DEVELOP, LEASE, AND DISPOSE OF REAL ESTATE | MA | | | THE HAROLD GRINSPOON FOUNDATION |
| (2) THE HAROLD GRINSPOON INTERNATIONAL FOUNDATION LLC<br>380 UNION ST<br>W SPFLD, MA 01089<br>27-0176319 | PURSUE EXCLUSIVELY RELIGIOUS, CHARITABLE, LITERARY OR EDUCATIONAL PURPOSES | MA | | 12,500 | THE HAROLD GRINSPOON FOUNDATION |
| | | | | | |
| | | | | | |
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| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) BIRTHRIGHT ISRAEL FOUNDATION<br>PO BOX 1784<br><br>NEW YORK, NY 10156<br>13-4092050 | PROVIDES EDUCATIONAL TRIPS TO ISRAEL FOR JEWISH YOUNG ADULTS | NY | 501(C)(3) | 170(B)(1)(A)(VI) | NOT KNOWN | | No |
| (2) THE JEWISH FEDERATION OF NORTH AMERICA INC<br>111 EIGHTH AVE STE 11E<br><br>NEW YORK, NY 10011<br>13-1624240 | PROTECT & ENHANCE THE WELL-BEING OF JEWS & JEWISH COMMUNITIES | NY | 501(C)(3) | 170(B)(1)(A)(VI) | NOT KNOWN | | No |
| (3) HAZON INC<br>125 MAIDEN LANE STE 8B<br><br>NEW YORK, NY 10038<br>13-4087102 | CREATE HEALTHIER & MORE SUSTAINABLE COMMUNITIES IN THE JEWISH WORLD & BEYOND | NY | 501(C)(3) | 170(B)(1)(A)(VI) | NOT KNOWN | | No |
| (4) JEWISH COMMUNITY CENTERS OF GREATER BOSTON<br>333 NAHANTON STREET<br><br>NEWTON CENTRE, MA 02459<br>04-2317972 | PROTECT & ENHANCE THE WELL-BEING OF JEWS & JEWISH COMMUNITIES | MA | 501(C)(3) | 170(B)(1)(A)(VI) | NOT KNOWN | | No |
| (5) JEWISH FEDERATION OF THE BERKSHIRES<br>196 SOUTH STREET<br><br>PITTSFIELD, MA 01201<br>04-2131409 | PROTECT & ENHANCE THE WELL-BEING OF JEWS & JEWISH COMMUNITIES | MA | 501(C)(3) | 170(B)(1)(A)(VI) | NOT KNOWN | | No |
| | | | | | | | |
| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| **(1)** TEXAS MOUNT VERNON MANOR LIMITED PARTNERSHIP<br><br>380 UNION STREET<br>WEST SPRINGFIELD, MA 01089<br>04-3203704 | REAL ESTATE | TX | N/A | INVESTMENT | 1,945,652 | | | No | | | No | 62 750 % |
| **(2)** PINE CREEK AGAWAM LP<br><br>380 UNION STREET<br>WEST SPRINGFIELD, MA 01089<br>04-3164828 | REAL ESTATE | MA | N/A | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on 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

| | | Yes | No |
|---|---|---|---|
| **1** | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| **a** | Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity | 1a | No |
| **b** | Gift, grant, or capital contribution to related organization(s) | 1b | Yes |
| **c** | Gift, grant, or capital contribution from related organization(s) | 1c | No |
| **d** | Loans or loan guarantees to or for related organization(s) | 1d | No |
| **e** | Loans or loan guarantees by related organization(s) | 1e | No |
| **f** | Dividends from related organization(s) | 1f | No |
| **g** | Sale of assets to related organization(s) | 1g | No |
| **h** | Purchase of assets from related organization(s) | 1h | No |
| **i** | Exchange of assets with related organization(s) | 1i | No |
| **j** | Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| **k** | Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes |
| **l** | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| **m** | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| **n** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| **o** | Sharing of paid employees with related organization(s) | 1o | No |
| **p** | Reimbursement paid to related organization(s) for expenses | 1p | No |
| **q** | Reimbursement paid by related organization(s) for expenses | 1q | No |
| **r** | Other transfer of cash or property to related organization(s) | 1r | No |
| **s** | Other transfer of cash or property from related organization(s) | 1s | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)**THE JEWISH FEDERATIONS OF NORTH AMERICA | B | 2,000,000 | CASH GRANT |
| **(2)**JEWISH FEDERATION OF THE BERKSHIRES | B | 1,145 | CASH GRANT |
| **(3)**PINE CREEK AGAWAM LP | K | 183,326 | CASH PAYMENTS |
| **(4)**BIRTHRIGHT ISRAEL FOUNDATION | B | 100,000 | CASH GRANT |
| **(5)**JEWISH COMMUNITY CENTERS OF GREATER BOSTON | B | 58,122 | CASH GRANT |
| | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|---|---|