

	Form	990-T	E	empt Organization (and proxy ta					n	OMB No 1545-0687
	•		For cale	• •			•	• •		୬ଲ 1 7
	Donari	ment of the Treasury	For calendar year 2017 or other tax year beginning, 2017, and ending, 20 Go to www.irs.gov/Form990T for instructions and the latest information						-	
Ì,		Revenue Service	▶ Do	not enter SSN numbers on this form					:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
40	; A	Check box if				me changed and			D Emplo	yer identification number
J.	· >	address changed							(Emplo	yees trust, see instructions)
	BExe	mpt under section]	KEREN KESHET - THE RAINBOW FOUNDATION						
	X	501(C ()3)							13-40	069592
		408(e) 220(e)	Type							ated business activity codes
		408A530(a)	1,7,60	1015 PARK AVENUE					(See iii	structions /
		529(a) ook value of all assets end of year	1	City or town, state or province, count	ry, and	ZIP or foreign po	stal code			
				NEW YORK, NY 10028				,	90000	00
		-		up exemption number (See instruc					1	
				ck organization type X 50		rporation	501(c) trust	401(a)	trust Other trust
				rimary unrelated business activity						
				corporation a subsidiary in an affi	-		nt-subsidiary (controlled group?		▶ Yes X No
				identifying number of the parent co	orporati	on 🕨	T.1		2 206	9900
				JEFFREY NOVICK		(4) 1		ne number ▶ 21		
				or Business Income	T	(A) In	come	(B) Expen	ses	(C) Net
		Gross receipts or		c Balance						- ,
	ь 2	Cost of goods so		ule A, line 7)	\vdash	 				- 1
	3	_		2 from line 1c	-	·				<u> </u>
	3 4a			ttach Schedule D)						
	b									
	c			rm 4797 Part II, line 17) (allach Form 4797)						
	5		partnerships and S corporations (attach statement) 5 845,374. ATCH					845,374.		
	6			adule C)						
	7									
	8	interest, annuities, royalties and rents from controlled organizations (Schedule F)								
	9	9 Investment income of a section 501(c)(7) (9) or (17) organization (Schedule G)								
	10	Exploited exempt	kempt activity income (Schedule I)							
	11	Advertising incom	ne (Sched	e (Schedule J)						
	12	Other income (Se	ee instruc	tions, attach schedule)	12					
	13			ough 12		<u> </u>	45,374.			845,374.
	Part II Deductions Not Taken Elsewhere (See instructions for <u>limitations on deductions</u>) (Exc									or contributions,
		deductions must be directly connected with the unrelated business required							<u> </u>	T
	14	Compensation of	officers,	directors, and trustees (Schedule K)	· · · · ~ F		· · · · · · · · · · · · · · · · · · ·	. 14	
	15	Salaries and wage	es			<u> </u>		9 2018 9	. 15	
	16						T. Abii.	٧. ١٠١٥. ١٢		
	17						<u> </u>	······	. 17	
	18				18	368.				
	19 20	Taxes and license	utions (See instructions for limitation rules) ATTACHMENT. 2							84,501.
	21						1 1		. 20	01/301.
<u>©</u>	22		ach Form 4562)						22b	
SCANNED DEC 1 1 2019	23	Depletion								
	24	•		deferred compensation plans						
	25	Employee benefit								
	26	· ·	Excess exempt expenses (Schedule I).							
	27	Excess readership costs (Schedule J)								
	28	Other deductions								
	29		Add lines 14 through 28							84,869.
	30	Unrelated busine	ess taxable income before net operating loss deduction. Subtract line 29 from line 13 as deduction (limited to the amount on line 30)							760,505.
	31	Net operating los								
	32	Unrelated busine	ss taxable	e income before specific deductio	n Sub	ract line 31 fro	om line 30 .		. 32	760,505.
	33			ally \$1,000, but see line 33 instruc						1,000
	34			ble income Subtract line 33 fi			-			
		enter the smaller	of zero or	line 32	<u></u>	<u></u>	<u> </u>	 	. 34	759,505.

For Paperwork Reduction Act Notice, see instructions
7X2740 2 000
4 GR 4 7 K J 608 11/9/2018 1 54 48 PM V 17-7.2F

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Pai	t III	Tax Computation		_		
35	Organ	nizations Taxable as Corporations. See instructions for tax computation. Controlled group				
	membe	ers (sections 1561 and 1563) check here See instructions and				
а	Enter y	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
•	(1) \$	(2) \$ (3) \$				
b	Enter o	organization's share of (1) Additional 5% tax (not more than \$11,750)]			
		ditional 3% tax (not more than \$100,000)				
		e tax on the amount on line 34.	35c	:	258,	232.
36	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax on				
	the amo	rount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36			
37		tax See instructions	37			
38	-	ative minimum tax	38			
39		n Non-Compliant Facility Income See instructions	39			
40	Total A	Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		258,	232.
Pár		Tax and Payments				
41 a		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
b		credits (see instructions)	1			
		al business credit Attach Form 3800 (see instructions)				
		for prior year minimum tax (attach Form 8801 or 8827)	1			
		credits Add lines 41a through 41d	41e			
42		ct line 41e from line 40	42	- 2	258,	232.
43	Other ta	axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43		· · · ·	
44		ax Add lines 42 and 43	44		258,	232.
		ents A 2016 overpayment credited to 2017				
		estimated tax payments	1 -			
		posited with Form 8868				
		n organizations Tax paid or withheld at source (see instructions)	1			
		1 1	1			
f	-	p withholding (see instructions)	1			
			1			
9		Form 2439				
46	_	payments Add lines 45a through 45g	46		478,	568.
47		ited tax penalty (see instructions) Check if Form 2220 is attached.	47		,	
48		e If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49		ayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	-		220,	336.
50		ne amount of line 49 you want. Credited to 2018 estimated tax > 220, 336. Refunded	50			
Par	t V	Statements Regarding Certain Activities and Other Information (see instruction				
51	At any	y time during the 2017 calendar year, did the organization have an interest in or a signature or	_	authority	Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization m		-		
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the				
		SWITZERLAND AND ISRAEL			X	
52	-		ian taic	+2		X
32	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore see instructions for other forms the organization may have to file	igii iius	· · · · ·	-	+
53		he amount of tax-exempt interest received or accrued during the tax year > \$				
		Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of n	ny knowledge	and be	ilief it i
Sign	, tn	rue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her				IRS discuss preparer si		
1101	–				es	No
		Print/Type preparer's name Preparer's signature Date		PTIN	I	1.40
Paid		Chec	ik LLL i employed	f 1 P002	1729	91
	arer			13-0485		
Use	Only	Firm's address > 360 MADISON AVE, NEW YORK, NY 10017 Phon		212-832		00
		Pilon	C 110	Form 9		

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Schedule A - Cost of G	oods Sold. Er	ter method	d of inventory valuation	>			
1 Inventory at beginning of year 1			6 Inventory	at end of yea	ar	6	
2 Purchases 2					ld Subtract line	1 1	
3 Cost of labor			6 from	line 5 En	iter here and in		
4a Additional section 263A co	osts		Part I, line	2		. [7]	
. (attach schedule) 4a					section 263A (with respect to Yes No	
b Other costs (attach schedu	1		property	produced	or acquired fo	r resale) apply	
5 Total Add lines 1 through	4b 5	•	to the org	anization?			
Schedule C - Rent Income	e (From Real P	roperty a					
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)	_						
	2 Rent recei	ved or accru	ed				
(a) From personal property (if the	percentage of rent	(b) F	rom real and personal property	(if the	3(a) Deductions of	firectly connected with the income	
for personal property is more than 10% but not percent			age of rent for personal property of the rent is based on profit or	exceeds		(a) and 2(b) (attach schedule)	
(1)							
(2)							
(3)							
(4)			.				
Total		Total					
(c) Total income Add totals of co					(b) Total deduction Enter here and o	n page 1,	
here and on page 1, Part I, line 6			 		Part I, line 6, colu	mn (B) ▶	
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instructions)		Daduationa dispatti os	onnected with or allocable to	
			2 Gross income from or	ادا		ced property	
1 Description of det	ot-financed property		allocable to debt-financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)				,			
(2)			·				
(3)							
(4)							
4 Amount of average	5 Average adju	sted basis	C. Caluma			8 Allocable deductions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		6 Column 4 divided		income reportable n 2 x column 6)	(column 6 x total of columns	
property (attach schedule)	(attach sche		by column 5	(Column	ii z x columiii o)	3(a) and 3(b))	
(1)			%				
(2)			%				
(3)	-		%				
(4)			%				
					e and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals						<u> </u>	
Total dividends-received deduct	cions included in co	olumn 8	<u> </u>		▶		

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Form 990-T (2017) KEREN KESHET - THE RAINBOW FOUNDATION 13-4069592 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1 Name of controlled 2 Employer 5 Part of column 4 that is 6 Deductions directly 3 Net unrelated income 4 Total of specified included in the controlling organization identification number connected with income (loss) (see instructions) payments made organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 10 Part of column 9 that is 11 Deductions directly 8 Net unrelated income 9 Total of specified 7 Taxable Income connected with income in included in the controlling (loss) (see instructions) payments made organization's gross income column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A) Part I, line 8, column (B) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions 5 Total deductions 4 Sel-asides directly connected (attach schedule) and set-asides (col 3 plus col 4) 1 Description of income 2 Amount of income (attach schedule) (1) (2) (3) (4)Enter here and on page 1, Enter here and on page 1. Part I, line 9, column (A) Part I, line 9, column (8) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3 Expenses directly connected with 7 Excess exempt from unrelated trade 2 Gross 5 Gross income expenses 6 Expenses or business (column unrelated from activity that is not unrelated (column 6 minus business income 2 minus column 3) attributable to 1 Description of exploited activity production of column 5, but not column 5 from trade or If a gain, compute unrelated cols 5 through 7 business income more than business column 4) business income (1) (2) (3) (4)Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1. line 10, col (A) line 10, col (B) Part II. line 26 Schedule J - Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 4 Advertising 7 Excess readership costs (column 6 gain or (loss) (col 2 Gross 3 Direct 5. Circulation 6 Readership 1 Name of periodical advertising minus column 5, but 2 minus col 3) If advertising costs income costs ıncome not more than a gain, compute column 4) cols 5 through 7 (1) (2)

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(3) (4)

Totals (carry to Part II, line (5)) .

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

. 1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						-
(4)	·					
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	-	•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)	_	%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

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845,374.

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

BAUPOST VALUE PARTNERS LP

E2M VALUE ADDED FUND LP

CG SERIES HOLDINGS LLC - SERIES A

V PARTNERS III (CAYMAN) LP

849,187.

-6,617.

2,494.

INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT	2	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME . ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	845,374. 0. 368.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 84,501.
CHARITABLE CONTRIBUTION	84,537.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	84,501.