Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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 and andina

Open to Public

ΑΙ	For the	2013 calendar year, or tax year beginning and en	nding		
В	Check if	C Name of organization		D Employer identific	cation number
ć	applicable				
	Address change	KESHET INC			
	Name change	Doing Business As		48-1	278664
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numbe	 r
	Termin- ated	284 AMORY STREET		617-	524-9227
	Amende return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,360,117.
	Applica tion pending	DAMAICA PLAIN, MA 02130		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: RICHARD FECZKO			? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or [527	If "No," attach a	list. (see instructions)
		e: ▶ WWW.KESHETONLINE.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year c	of formation: 2002	State of legal domicile: MA
P		Summary			
e	1 E	Briefly describe the organization's mission or most significant activities: WORKIN	NG FO	R THE FULL	EQUALITY
Governance	_	AND INCLUSION OF LESBIAN, GAY, BISEXUAL, A			
ēr		Check this box if the organization discontinued its operations or disposed			
်		Number of voting members of the governing body (Part VI, line 1a)			19 18
જ		Number of independent voting members of the governing body (Part VI, line 1b)			24
ties		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			75
Activities &		otal number of volunteers (estimate if necessary)			0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	יו מ	Net unrelated business taxable income from Form 990-T, line 34	······		
Revenue	,	Newtonian and supple (Dark VIII line 4 la)		Prior Year 438,874.	Current Year 1,122,209.
		Contributions and grants (Part VIII, line 1h)		7,037.	19,155.
		Program service revenue (Part VIII, line 2g)		0.	0.
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		18,125.	104,919.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		464,036.	1,246,283.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		411.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
"	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245,489.	1,060,384.
Expenses	160 5			0.	0.
ben	h T	Professional fundraising fees (Part IX, column (A), line 11e)	8 - H		<u> </u>
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		137,180.	521,697.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		383,080.	
		Revenue less expenses. Subtract line 18 from line 12		80,956.	-335,798.
or		terende tode expenseed, educated into 10 nonthinto 12	Ber	ginning of Current Year	End of Year
ets	20 T	otal assets (Part X, line 16)		724,517.	460,576.
Ass	21 1	otal liabilities (Part X, line 26)		75,269.	147,126.
Net Assets or Fund Balances	22 N	Net assets or fund balances. Subtract line 21 from line 20		649,248.	313,450.
Pa	art II	Signature Block		•	·
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules ar	ınd stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
Her	re	RICHARD FECZKO, DIR. OF FINANCE & ADMIN	NISTR.	ATION	
		Type or print name and title	1.5		LI DTIN
_		Print/Type preparer's name Preparer's signature	ا	ate Check L	PTIN
Pai	-	ERIC SAUNDERS		self-employ	
		Firm's name MARCUM LLP		Firm's EIN	11-1986323
Use	Only	Firm's address 117 KENDRICK STREET, SUITE 800			E 550 //00
		NEEDHAM, MA 02494		Phone no.61	7-559-4400
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

TRAIN-THE-TRAINER PROGRAM; WORKSHOPS AND PROFESSIONAL DEVELOPMENT TRAINING FOR FACULTY AND STAFF TAILORED TO MEET THE SPECIFIC NEEDS THEIR COMMUNITY; CONSULTATION WITH INDIVIDUAL LEADERS, PARENTS AND OTHER COMMUNITY PROFESSIONALS; PROVIDING EDUCATIONAL RESOURCES ON LGBT INCLUSION THROUGH A JEWISH LENS.

- $\overline{349}$, 143. including grants of \$ 0.) 4b (Code) (Revenue \$ SAN FRANSISCO-IN THE FIRST STAGE OF AN AMBITIOUS THREE YEAR LGBTQ JEWISH COMMUNITY CAPACITY BUILDING AND INCLUSION INITIATIVE. WE PROVIDE SOCIAL AND CULTURAL PROGRAMS FOR LGBT JEWS IN THE BAY AREA, PARTNERSHIP WITH BAY AREA LGBT AND JEWISH ORGANIZATIONS. TO CARRY OUT THIS INITIATIVE, KESHET IS EMPLOYING A THREE-PRONGED APPROACH. BUILDING (AND THEIR FAMILY AND FRIENDS) BY OFFERING COMMUNITY AMONGST LGBTO JEWS A DIVERSIFIED MENU OF SOCIAL, CULTURAL, RELIGIOUS AND PROFESSIONAL PROGRAMMING; BUILDING CAPACITY OF JEWISH INSTITUTIONS THROUGH TRAINING CONSULTATION AND EDUCATIONAL RESOURCES TO TRANSFORM THEIR POLICIES, PRACTICES AND PRESENCE TO BE MORE INCLUSIVE OF AND WELCOMING TOWARD LGBTO JEWS; HELPING TO IDENTIFY AND DEVELOP POTENTIAL LGBTO JEWISH LEADERS IN THE BAY AREA AND DEEPEN THEIR ENGAGEMENT AND IDENTITY. 192,548. including grants of \$
 - 0.) COLORADO-WE PROVIDE SUPPORT FOR ORGANIZING, OUTREACH, LEADERSHIP DEVELOPMENT AND COMMUNITY BUILDING TO ENGAGE LGBT JEWS WITH COLORADO'S JEWISH COMMUNITY AND TO BUILD THE CAPACITY OF LOCAL JEWISH ORGANIZATIONS TO PROACTIVELY WELCOME LGBT JEWS. MUCH OF OUR WORK TAKES PLACE IN DENVER AND BOULDER, WE HAVE ALSO HOSTED EVENTS AND PARTNER WITH INSTITUTIONS IN FORT COLLINS, EVERGREEN, WESTMINSTER, COLORADO SPRINGS AND VAIL. OUR EFFORTS INCLUDE: DELIVERING A DIVERSIFIED MENU OF CULTURAL, RELIGIOUS AND PROFESSIONAL PROGRAMMING; OFFERING CONSULTATION AND EDUCATIONAL RESOURCES TO TRANSFORM POLICIES, PRACTICES AND PRESENCE TO BE MORE INCLUSIVE OF AND WELCOMING TOWARD LGBTO JEWS; HELPING TO IDENTIFY AND DEVELOP POTENTIAL LGBTO JEWISH LEADERS IN COLORADO AND DEEPEN THEIR JEWISH ENGAGEMENT AND IDENTITY.
- Other program services (Describe in Schedule O.)

429,485 • including grants of \$ 3,047.) (Revenue \$

1,225,413. Total program service expenses ▶

48-1278664 Page **3** KESHET INC Form 990 (2013)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "complete Schedule D, Schedule B, Schedule of Contributors? 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Is the organization required in complete Schedule D, Fart II 4 Section 501(c)(3) organizations. Did the organization engage in inobying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as defined in Severus Procedures 917 If "Yes," complete Schedule C, Part II 6 Did the organization as defined in Severus Procedures 917 If "Yes," complete Schedule C, Part II 7 Did the organization amintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 9 Did the organization maintain and collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 10 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 11 Did the organization maintain and in Part X, line 21, for secrory or custodial account fability, serve as a custodian for amounts in such tissel in Part X, in Part X, line 21, for secrory or custodial account fability, serve as a custodian for amounts in such tissel in Part X, in Part X, line 21, for secrory or custodial account fability, serve as a custodian for amounts in such steed in Part X, line 12 if we go complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21, for secrory or custodial account fability, serve as a custodian for amounts for line 12 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 X II 10 Did the organization report an amount for lin				Yes	No
2 Is the organization enguied to complete Schedule of Contributions 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 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 5 Is the organization ascellon 501(c)(4) os 10(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Set 1911 If "Yes," complete Schedule C, Part III 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 II 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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, proyable schedule organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-advolved ceredit courselling, debt management, credit epair, or debt negotiation services? If "Yes," complete Schedule D, Part VIII 10 Did the organization report an amount for investments - program related in Part X, line 1911 If Yes, "complete Schedule D, Part VIII 11 If the organization report an amount for investments - program related in Part X, line 1911 If Yes, "complete Schedule D, Part VIII 12 Did the organization report an amount for the mestments - program related in Part X, lin	1			77	
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during the tax year? If "Yes," complete Schedule C, Part II 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 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 7 X 8 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 III 8 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 oredit counseling, debt management, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 11 b X	3	public office? If "Yes," complete Schedule C, Part I	3		х
5 Is the organization a section 601(c)(d), 601(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 if "Yes," complete Schedule C, Part III old 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 II old the organization maintain collections of works of act, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III old 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 oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV or sold the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V or 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 or Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII or 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 or Did the organization report an amount for investments - program related 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 or Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part XII or Did the organization separate, independent audited financial statem	4				
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10 bit 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 V 9			8		Х
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	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form **990** (2013)

2013.04010 KESHET INC

Part IV Checklist of Required Schedules (continued)

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

KESHET INC 48-1278664 Form 990 (2013) KESHET INC

Part V Statements Regarding Other IRS Filings and Tax Compliance Page 5

ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 0 1b the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 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 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W.26 included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 5 If Yes, 1 was not all the search of the search						Yes	No
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Note. See the instructions for additional information the organization must report on Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
·	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the		Note. See the instructions for additional information the organization must report on Schedule O.					
	b	· · · · · · · · · · · · · · · · · · ·	ı				
organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand			13c				77
							X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (26	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	eυ			990	(2012)

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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 19)		
	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 18	3		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	pters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	r," describe		,,	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official		15a	X	
D	Other officers or key employees of the organization		15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ant with a			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement available entitle during the year?		160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		16a		-25
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	• •			
			16b		
Sec	tion C. Disclosure		מטון	I	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed MA, CA, CO				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ole	
-	for public inspection. Indicate how you made these available. Check all that apply.	- : (-/(-/: 1))			
	Own website X Another's website X Upon request Other (explain in	Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con		nd finar	ncial	
	statements available to the public during the tax year.	, ,,			
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the organiza	ation:	•	
	THE ORGANIZATION - 617-524-9227				
	284 AMORY STREET, JAMAICA PLAIN, MA 02130				

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Learning Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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 heither the organization in	<u> </u>	l	II IIZc			npe	ıısa		· ·	(F)
(A) Name and Title	(B)			ر) Pos	C) ition	1		(D)	(E)	(F)
name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			pensa		(W-2/1099-MISC)		organization
	organizations	al tru	onalt		oloyee	comi				and related
	below line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARTIN TANNENBAUM	2.50	드	드	0	~	工品	Œ			
CHAIRPERSON		x		х				0.	0.	0.
(2) DAVID LEVY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) ANDREW ZELERMYER	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) DAVID SHNEER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) DANA BEYER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JEREMY BURTON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) GALI COOKS	1.00								_	
DIRECTOR		Х						0.	0.	0.
(8) ANN FALCHUK	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) ASHER GELMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(10) KARLA GOLDMAN	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(11) DANIEL HELLER	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(12) MARTIN KAMINER	1.00	,,								0
DIRECTOR	1 00	Х						0.	0.	0.
(13) MARK KRAVITZ	1.00	٠,,							_	0
DIRECTOR	1 00	Х					_	0.	0.	0.
(14) STUART KURLANDER	1.00	7.							٠ .	0
DIRECTOR	1.00	Х						0.	0.	0.
(15) JOY LADIN DIRECTOR	1.00	x						0.	0.	0.
(16) BETTY MORNINGSTAR	1.00	^				\vdash		1 0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(17) ANDREA MYERS	1.00		-				\vdash	"	· ·	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
<u> </u>	L	-22	l						U •	Farra 990 (0010)

332007 10-29-13

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an		(E) Reportable compensatio	n	an	(F) timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr orga and	other pensa om the anizati d relate inization	e ion ed
(18) JANE E. ROSENBAUM DIRECTOR	1.00	x						0.		0.			0
(19) IDIT KLEIN	40.00												
EXECUTIVE DIRECTOR				X				117,745.		0.		5	76
		_											
								117 745					7.
1b Sub-total c Total from continuation sheets to Part \							>	117,745.		0.			76 0
d Total (add lines 1b and 1c)								117,745.	000 of reportab	0 .		5'	76
compensation from the organization						-,						Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for								highest compensated e			3	res	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	sum of reportab	le c	omp	ensa	atior	n an	d ot	her compensation from			4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ uni	relat	ted organization or indiv					
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedui	le J i	for s	uch	pers	son					5		X
Complete this table for your five highest of										npens	ation f	rom	
the organization. Report compensation fo					VILII	OI W	/14111	(B)			(C		
Name and busines	s address	N	INC	<u> </u>				Description of s	services		Comper	nsation	<u> </u>
2 Total number of independent contractors		not li	mite	d to		_	sted	d above) who received r	nore than				
\$100,000 of compensation from the organ	nization					0					Form	990 (2	2013

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48-1278664 Page 9

Form 990 (2013) KESHET

Part VIII Statement of Revenue KESHET INC

ı uı	L VII	Check if Schedule O conta		or note to any li	ne in this Part VIII			
		Officer if Octionale O Corta	anis a response	or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
اوقا	b	Membership dues						
An An	С	Fundraising events	1c	8,831.				
를 를	d	Related organizations	1d					
ns,		Government grants (contributi						
e ji	f	All other contributions, gifts, grant		112 250				
[[similar amounts not included abov		113,378.	-			
P P	_	Noncash contributions included in lines			1 122 200			
9 B	<u>h</u>	Total. Add lines 1a-1f			1,122,209.			
	•	TRAINING & CONS	TIT TINC	Business Code 611430	19,155.	19,155.		
Ş	2 a		оптис	011430	19,133.	19,133.		
Ser line	b	-						
E S	C							
Program Service Revenue	d							
Pro	f	All other program service reve	nue					
					19,155.			
\neg	3	Investment income (including			,			
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	10,360.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	10,360.					
	d	Net rental income or (loss)		<u>,</u>	10,360.			10,360.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		······				
e l	8 а	Gross income from fundraising including \$ 8,8						
ye.		contributions reported on line						
چ ا		Part IV, line 18		202,555.				
Other Revenu	h	Less: direct expenses		113,834.	-			
ō		Net income or (loss) from fund		•	88,721.			88,721.
		Gross income from gaming ac	-		,			,
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
L	С	Net income or (loss) from sales		1				
ļ.		Miscellaneous Revenu	e	Business Code		F 020		
		MISCELLANEOUS		900099	5,838.	5,838.		
	b							
	C	All alla avenue						
		All other revenue			5,838.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			1,246,283.	24,993.	0.	99,081.
332009 10-29-		. 5.4. 10.5		······	_,_,,	,_,		Form 990 (2013)

Form 990 (2013) KESHET INC 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. (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	118,321.	92,829.	9,241.	16,251.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	779,540.	611,587.	60,885.	107,068.						
7	Other salaries and wages	119,340.	011,307.	00,003.	107,000.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
•	* * * * * * * * * * * * * * * * * * * *	84,292.	66,214.	6,541.	11,537.						
9	Other employee benefits	78,231.	61,376.	6,110.	10,745.						
10	Payroll taxes	10,431.	01,370•	0,110.	10,743.						
11	Fees for services (non-employees):	20,695.	8,934.	5,466.	6,295.						
	Management	20,055.	0,554.	3,400.	0,233.						
	Legal Accounting	45,611.	19,690.	12,048.	13,873.						
	Lobbying	10,011	23,0300		20,070						
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g g											
9	column (A) amount, list line 11g expenses on Sch 0.)	106,649.	81,587.	2,828.	22,234.						
12	Advertising and promotion	11,079.		,	22,234. 301.						
13	Office expenses	21,840.	19,108.	761.	1,971.						
14	Information technology	4,316.	3,436.	319.	561.						
15	Royalties										
16	Occupancy	96,632.	80,173.	5,966.	10,493.						
17	Travel	48,955.	38,485.	441.	10,029.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	40,065.	39,909.	156.							
20	Interest										
21	Payments to affiliates	15 000	11 050	1 100	0 000						
22	Depreciation, depletion, and amortization	15,233.	11,952.	1,189.	2,092.						
23	Insurance	1,154.	924.	83.	147.						
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 0.)										
а	WEBSITE	32,204.	26,349.	2,122.	3,733.						
b	POSTAGE AND SHIPPING	20,369.	7,435.	160.	12,774.						
С	PRINTING AND PUBLISHING	16,436.	11,691.	185.	4,560.						
d	BANK & CREDIT CARD PROC	15,261.	12,119.	1,139.	2,003.						
е	All other expenses	25,198.	20,837.	1,580.	2,781.						
25	Total functional expenses. Add lines 1 through 24e	1,582,081.	1,225,413.	117,220.	239,448.						
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)				5 000 (00.40)						

Form 990 (2013) Part X Balance Sheet

Balance Sheet					
Check if Schedule O contains a response or not	te to any line i	n this Part X			
			(A) Beginning of year		(B) End of year
Cash - non-interest-bearing			171,066.	1	177,741.
Savings and temporary cash investments				2	
Pledges and grants receivable, net			496,272.	3	213,970.
Accounts receivable, net				4	
Loans and other receivables from current and fo					
trustees, key employees, and highest compensa	ated employee	es. Complete			
Part II of Schedule L				5	
Loans and other receivables from other disquali					
section 4958(f)(1)), persons described in section	n 4958(c)(3)(B)	, and contributing			
employers and sponsoring organizations of sect	tion 501(c)(9) v	voluntary			
employees' beneficiary organizations (see instr).	. Complete Pa	rt II of Sch L		6	
Notes and loans receivable, net				7	
Inventories for sale or use				8	
Prepaid expenses and deferred charges			6,348.	9	21,533.
a Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D		81,746.			
b Less: accumulated depreciation	10b	34,414.	50,831.	10c	47,332.
Investments - publicly traded securities				11	
Investments - other securities. See Part IV, line 1				12	
Investments - program-related. See Part IV, line				13	
Intangible assets		14			
Other assets. See Part IV, line 11			504 545	15	160 556
Total assets. Add lines 1 through 15 (must equal			724,517.	16	460,576.
Accounts payable and accrued expenses			50,269.	17	110,126.
Grants payable			25 000	18	27 000
Deferred revenue			25,000.	19	37,000.
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete I				21	
Loans and other payables to current and former					
key employees, highest compensated employee					
Complete Part II of Schedule L				22	
Secured mortgages and notes payable to unrela				23	
Unsecured notes and loans payable to unrelated				24	
Other liabilities (including federal income tax, pa	-				
parties, and other liabilities not included on lines				0.5	
Schedule D			75,269.	25 26	147,126.
Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			15,205.	26	147,120.
complete lines 27 through 29, and lines 33 an		anu			
			186,288.	27	177,169.
Unrestricted net assets Temporarily restricted net assets			462,960.	28	136,281.
			402,500.	29	150,201.
Organizations that do not follow SFAS 117 (A		sk boro		29	
and complete lines 30 through 34.	300 930), Che	CK Here			
Capital stock or trust principal, or current funds				30	
				_	
				_	
			649.248.		313,450.
					460,576.
Retained Total net	earnings, endowment, accumulated ir assets or fund balances	earnings, endowment, accumulated income, or othe assets or fund balances	earnings, endowment, accumulated income, or other funds assets or fund balances lities and net assets/fund balances	earnings, endowment, accumulated income, or other funds assets or fund balances 649,248.	earnings, endowment, accumulated income, or other funds assets or fund balances 649,248.33

Pa	rt XI Reconciliation 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)		1,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,58		
3	Revenue less expenses. Subtract line 2 from line 1	3	-33	5,7	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64	9,2	48.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31	3,4	50.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	_	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number KESHET INC 48-1278664

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.					
he organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1			s, or association of churc										
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗌					in section	170(b)(1)	A)(iii).						
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in			
• —	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 =	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
,	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 🗌	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 X													
3			nctions - subject to certa										
			axable income (less sect										
		509(a)(2). (Complete		lion o i i ta	x) iroiri bu	311103303 6	ioquirea b	y tric orga	iriizatiori	artor t	ouric o	0, 107	J .
10			perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(4	1)					
11 🗔	-		perated exclusively for the	-	•			-	v out the	nurna	2020	f one	or
—	•		ations described in section		•				•				O.
		•	organization and comple		•	, , ,	.,. 000 00 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)(0): 0::	0011 111	OBOX	ti idi	
					_			Typ	e III - No	n-func	tionall	v inted	arated
е 🗆	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than												
-			han one or more publicly										
f			ten determination from t						,(4)(1) 01		000	(-/(-/-	
•		rganization, check th						·					
g		•	organization accepted ar					owina pers	sons?				
9			irectly controls, either al							,_		Yes	No
			upported organization?								1g(i)		
			n described in (i) above?								1g(ii)		
			person described in (i) of								1g(iii)		
h			about the supported org							··· <u>-</u>	<u> </u>		
		3	,		()								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is organizațio	the	(vii) Δ	mount	of moi	netarv
` '	anization	(11) = 111	(described on lines 1-9		sted in your	organizat		organizatio (i) organiz	on in col. ed in the	(*,/	sup		ilotal y
				governing	document?	(i) of your	support?	U.S.	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
otal													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	Ì	, ,	`,'
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	,	, ,	, ,	, ,	, ,	(7
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stor	here			•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				f
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2013. If the					nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2012. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. \square
k	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	•	,		
				, ,		dule A (Form 990	

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.)

Sec	etion A. Public Support	ciow, picace corri	note i art ii.j					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and	, ,	,	,	` ,	` '		
	membership fees received. (Do not							
	include any "unusual grants.")	1024109.	1895452.	1014318.	438,874.	980,839.	5353592.	
2	Gross receipts from admissions,					,		
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose	19,295.	35,053.	25,398.	7,037.	19,155.	105,938.	
3	Gross receipts from activities that				70011			
Ü	are not an unrelated trade or bus-							
	iness under section 513	14,360.	14,760.	14,760.	3,690.	10,360.	57,930.	
1	Tax revenues levied for the organ-	21,000	2277001		3,0301	20,000	377333	
7	ization's benefit and either paid to							
	or expended on its behalf							
_								
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge	1057764.	1945265.	1054476.	449,601.	1010354.	5517460.	
	Total. Add lines 1 through 5	103//64.	1945265.	10344/6.	449,001.	1010354.	331/400.	
7a	Amounts included on lines 1, 2, and					00 527	00 527	
	3 received from disqualified persons					99,537.	99,537.	
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						0	
	amount on line 13 for the year					00 505	0.	
C	Add lines 7a and 7b					99,537.	99,537.	
	Public support (Subtract line 7c from line 6.)						5417923.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Amounts from line 6	1057764.	1945265.	1054476.	449,601.	1010354.	5517460.	
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources		576.				576.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b		576.				576.	
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	1057764.	1945841.	1054476.	449,601.	1010354.	5518036.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here						>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, o	olumn (f))		15	98.19 %	
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	99.99 %	
	ction D. Computation of Inves							
17	Investment income percentage for 20	113 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.01 %	
	Investment income percentage from 2					18	.01 %	
	33 1/3% support tests - 2013. If the	•				3 1/3%, and line 1		
		-						
h	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 - 2012. 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%, che	•			•	•		
20	Private foundation. If the organizatio							
<u>=-</u>		<u></u>		,,				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to 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 Open to Public Inspection

Employer identification number KESHET INC 48-1278664

Paı			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line ((a) Donor advised funds	(b) Funds and other accounts
_	Tabal mounts and a force on	(a) Donor advised funds	(b) I dilds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	· ·	-
	for charitable purposes and not for the benefit of the donor or		
Da:	impermissible private benefit?		
Paı			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (e.g., recreation or ed	· —	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	<u> </u>	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
			🕨 💲
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tr	easures, o	r Oth	er Simila	ar Asse	ts (continu	ued)
3	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):									
а	a Public exhibition d Loan or exchange programs									
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain	n how the	y further t	he organizatio	n's exe	empt purpo	se in Par	t XIII.	
5										
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pa	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ontribution	ns or other ass	sets not	tincluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
		·	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete if									
	·	(a) Current year		or year	(c) Two years		(d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance	, ,		-			` '			
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a	column (a	a)) held as:					
a	Board designated or quasi-endowment		%	,	.,,					
b	Permanent endowment	%	_^~							
	Temporarily restricted endowment	% %								
Ū	The percentages in lines 2a, 2b, and 2c shoul									
За	Are there endowment funds not in the posses	•	ation that	are held a	ınd administer	ed for t	he organiz	ation		
	by:								Į.	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedu	ıle R?						
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		. Part IV.	ine 11a. S	ee Form 990.	Part X.	line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book	value
	becomplien of property	basis (investn			(other)		preciation	~	(u) Book	value
	Land	<u> </u>	- +		. ,					
	Buildings		+							
	Leasehold improvements				2,900.		2,1	74.		726.
d	Equipment			2	4,496.		9,40		15	,091.
	Other		+		4,350.		22,83			,515.
	Add lines 1a through 1e (Column (d) must ed		X column		-		, .			.332.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 KESHET INC	C	48	-1278664 _{Pag}
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	es" to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security		(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	*	,	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	▶		
Part VIII Investments - Program Related			
Complete if the organization answered "Ye	es" to 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	d-of-year market value
(1)			
(2)			
(3)	_		
(4)			
• •			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yo		11d. See Form 990, Part X, line 15.	(b) Dealership
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)) line 15.)		
Part X Other Liabilities.		·	•
Complete if the organization answered "Ye	es" to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	·.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		, ,	
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(0)	ı		

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 X

Schedule D (Form 990) 2013

OCITO	dale B (1 01111 000) 2010			<u> </u>			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per F	Returr	١.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	1,126,283.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments						
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)			_			
е	Add lines 2a through 2d		2e	0.			
3	Subtract line 2e from line 1		3	1,126,283.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		4				
b	Other (Describe in Part XIII.)	120,000.					
С	Add lines 4a and 4b		4c	120,000.			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,246,283.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per	Retu	rn.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1	1,582,081.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а							
b	Prior year adjustments 2b		1				
С	Other losses 2c		1				
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e	0.			
3	Subtract line 2e from line 1		3	1,582,081.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		1				
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b		4c	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,582,081.			
Pa	rt XIII Supplemental Information.						
Prov	ide 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 ir	formation.					
PAI	RT X, LINE 2:						
EX	PLANATION: THE ORGANIZATION EVALUATES ALL SIGN	IFICANT TAX	POS	ITIONS AS			
RE	REQUIRED BY GAAP. AS OF DECEMBER 31, 2013, THE ORGANIZATION DOES NOT						
BE:	LIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT	WOULD REQUI	RE '	THE			
RE(RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE						

TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AS OF DECEMBER 31,

2013, THE ORGANIZATION® FEDERAL AND STATE TAX RETURNS GENERALLY REMAIN

OPEN FOR EXAMINATION FOR THREE YEARS FROM THE DATE FILED WITH EACH TAXING JURISDICTION.

ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE

WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION® TAX RETURNS ARE SUBJECT

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► 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/form 990.

Employer identification number Name of the organization 48-1278664 KESHET INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No 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.

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

Schedule G (Form 990 or 990-EZ) 2013

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		of fundraising event contributions and gr			•	pts greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
				DENVER	NONE	` '	
			CABERET	CABERET		(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue			(0.0	(615.111) (615.111)	(10141111111111111111111111111111111111		
/e			172 052	20 224		211 206	
Вè	1	Gross receipts	172,052.	39,334.		211,386.	
	2	Less: Contributions	8,831.	0.		8,831.	
	3	Gross income (line 1 minus line 2)	163,221.	39,334.		202,555.	
	4	Cash prizes					
	5	Noncash prizes					
S	ľ	Tronouon prizos					
nse	_	Pant/facility acets	47,664.			47,664.	
ф	6	Rent/facility costs	47,004.			47,004.	
Ė	_		12 277	4 722		10 100	
Direct Expenses	7	Food and beverages	13,377.	4,723.		18,100.	
	_		10 016	250		20.066	
	8	Entertainment	19,816.	250. 1,995.		20,066.	
	9	Other direct expenses	26,009.	1,995.		28,004.	
	10				>	113,834.	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			88,721.	
Pa	ırt I	Gaming. Complete if the organization a	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than		
		\$15,000 on Form 990-EZ, line 6a.					
			(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
eve							
Ω	1	Gross revenue					
	9	Cash prizes					
Direct Expenses	_	Cusii pii200					
en	,	Nanagah prizag					
Ä	3	Noncash prizes					
ಸ್ಥ	١.	D 1/6 333					
Ë	4	Rent/facility costs					
	_						
	5	Other direct expenses			 		
			Yes %	Yes %	Yes %		
	6	Volunteer labor	└── No	│└── No	└── No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>		
9	En	ter the state(s) in which the organization opera	tes gaming activities:				
а	a Is the organization licensed to operate gaming activities in each of these states?						
b	If "	No," explain:					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax v	/ear?	Yes No	
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-			
_		, 15.000.0					
	_						
						*** 000 at 000 E7\ 0012	

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 KESHET INC 48-	-12/8	664	Page 3
11	Does the organization operate gaming activities with nonmembers?	└─ ・	Yes	└─ No
	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 operated in:			
	The organization's facility	13a		%
	An outside facility			<u></u> %
	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	o 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:			
а	s 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 to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	, lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

KESHET INC

Employer identification number 48-1278664

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH LIFE

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BUILDING CAPACITY FOR GLBT JEWISH ACTIVISM - PROVIDES TRAINING AND TECHNICAL SUPPORT FOR EMERGING JEWISH GLBT GROUPS TO REPLICATE KESHET'S JEWISH SAFE SCHOOLS AND SUPPORTIVE COMMUNITIES PROGRAM AND BUILD LOCAL CAPACITY FOR FOSTERING INCLUSION.

EXPENSES \$ 429,485. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,047.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE EXECUTIVE DIRECTOR, THE DIRECTOR OF FINANCE & ADMINISTRATION, AND THE FINANCE COMMITTEE REVIEW THE FORM 990 PRIOR TO THE BOARD IS FURNISHED WITH COPIES OF ALL RELEVANT FINANCIAL SUBMISSION. INFORMATION AND TAX DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS AND SENIOR MANAGEMENT. IN ADDITION ALL SUCH INDIVIDUALS SIGN AN ANNUAL CONFLICT CERTIFICATION STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: ALL ANNUAL COMPENSATION IS A PART OF THE ANNUAL BUDGET

PROCESS. THE BOARD REVIEWS ALL COMPENSATION ARRANGMENTS EACH YEAR AS A PART

OF THE BUDGET REVIEW AND APPROVAL PROCESS.

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

Schedule O (Form 990 or 990-EZ) (2013)

KESHET INC	48-1278664					
FORM 990, PART VI, SECTION C, LINE 18:						
EXPLANATION: THE ORGANIZATION FURNISHES ALL PUBLIC DOCUME	NTS UPON REQUEST,					
IN ADDITION, THE PUBLIC CAN DOWNLOAD THESE DOCUMENTS FROM	BOTH GUIDESTAR					
AND THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE FREE OF CHARGE.						
FORM 990, PART VI, SECTION C, LINE 19:						
EXPLANATION: THE ORGANIZATIONS YEAR END FINANCIAL STATEME	NTS, FEDERAL AND					
MA TAX RETURNS ARE ALL AVAILABLE FREE OF CHARGE ON THE MA	ATTORNEY					
GENERAL'S WEBSITE. IN ADDITION COPIES OF THESE DOCUMENTS	AND ALL					
ORGANIZATION GOVERNANCE POLICES ARE AVAILABLE UPON REQUES	т.					
FORM 990, PART XII, LINE 2C:						
EXPLANATION: THERE HAS BEEN NO CHANGE IN THE PROCESS FROM	THE PRIOR					
YEAR.						