EXTENDED TO AUGUST 17, 2015

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Department of the Treasury

Return of Organization Exempt From Income Tax

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

Open to Public

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

► Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection and ending A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change KESHET INC Name change 48-1278664 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 617-524-9227 284 AMORY STREET termin-ated 2,514,744. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return JAMAICA PLAIN, MA 02130 H(a) Is this a group return Applica-F Name and address of principal officer: RICHARD FECZKO for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.KESHETONLINE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2002 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: WORKING FOR THE FULL EQUALITY Activities & Governance AND INCLUSION OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER JEWS IN Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 Number of voting members of the governing body (Part VI, line 1a) <u>19</u> Number of independent voting members of the governing body (Part VI, line 1b) 21 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 40 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,122,209 2,228,516. Contributions and grants (Part VIII, line 1h) Revenue 19,155. 17,150. Program service revenue (Part VIII, line 2g) 0. 0, Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 104,919. 87,412. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,333,078. 1,246,283. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,060,384. 1,177,466. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 521,697 495,598. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,673,064. 1,582,081. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -335,798 660,014. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,145,974. 460,576. Total assets (Part X, line 16) 147,126. 172,510. 21 Total liabilities (Part X, line 26) 973,464. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign RICHARD FECZKO, DIR. OF FINANCE & ADMINISTRATION Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature ERIC SAUNDERS P00039212 Paid Firm's name MARCUM LLP 11-1986323 Preparer Firm's EIN Firm's address 117 KENDRICK STREET, SUITE 800 Use Only Phone no. 617 - 559 - 4400 NEEDHAM, MA 02494

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Par	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:
	WORKING FOR THE FULL EQUALITY AND INCLUSION OF LESBIAN, GAY, BISEXUAL,
	AND TRANSGENDER JEWS IN JEWISH LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$\frac{371,457.}{EDUCATION PROGRAM-WE TRAIN AND SUPPORT JEWISH EDUCATORS, CLERGY,
	PROGRAM STAFF, CAMP PROFESSIONALS, YOUTH AND LAY LEADERS TO ENSURE THAT
	LGBTQ YOUTH, FAMILIES AND STAFF ARE SAFE, AFFIRMED AND CELEBRATED IN
	ALL JEWISH EDUCATIONAL AND COMMUNITY SETTINGS. WE DO THIS THROUGH THE
	KESHET LEADERSHIP PROJECT THAT GATHERS, TRAINS, PROVIDES RESOURCESFOR,
	AND SUPPORTS JEWISH INSTITUTIONS OVER THE COURSE OF A YEAR TO BECOME
	MORE INCLUSIVE OF LGBT INDIVIDUALS AND FAMILIES. WORKSHOPS AND
	PROFESSIONAL DEVELOPMENT TRAINING FOR FACULTY AND STAFF TAILORED TO
	MEET THE SPECIFIC NEEDS OF THEIR COMMUNITY. CONSULTATION WITH
	INDIVIDUAL LEADERS, PARENTS AND OTHER COMMUNITY PROFESSIONALS.
	PROVIDING EDUCATIONAL RESOURCES ON LGBT THROUGH A JEWISH LENS.
	445 040
4b	(Code:) (Expenses \$ 415,912. including grants of \$) (Revenue \$13,272.)
	SAN FRANSISCO- WE ARE IN THE THIRD YEAR OF AN AMBITIOUS THREE YEAR
	LGBTQ JEWISH COMMUNITY CAPACITY BUILDING AND INCLUSION INITIATIVE. THROUGHOUT THE BAY AREA, WE PROVIDE SOCIAL AND CULTURAL PROGRAMS FOR
	LGBT JEWS IN PARTNERSHIP WITH BAY AREA LGBT AND JEWISH ORGANIZATIONS.
	TO CARRY OUT THIS INITIATIVE, KESHET IS EMPLOYING A THREE-PRONGED
	APPROACH. BUILDING COMMUNITY AMONGST LGBTQ JEWS (AND THEIR FAMILY AND
	FRIENDS) BY OFFERING 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 LGBTQ JEWS; HELPING TO IDENTIFY AND DEVELOP POTENTIAL
	LGBTQ JEWISH LEADERS IN THE BAY AREA AND DEEPEN THEIR ENGAGEMENT AND
4c	(Code:) (Expenses \$194,423. including grants of \$) (Revenue \$)
	BOSTON- FOR MORE THAN 10 YEARS IN THE GREATER OSTON AREA, WE'VE TRAINED
	AND SUPPORTED JEWISH EDUCATORS, CLERGY, PROGRAM STAFF, CAMP
	PROFESSIONALS, YOUTH AND LAY LEADERS TO ENSURETHAT LGBTQ YOUTH,
	FAMILIES AND STAFF ARE SAFE, AFFIRMED AND CELEBRATED IN ALL JEWISH
	EDUCATIONAL AND COMMUNITY SETTINGS. FROM SINGLES MIXERS TO SHABBAT
	DINNERS TO OUR BEIT MIDRASH SERIES, WHERE PARTICIPANTS STUDY
	TRADITIONAL TEXTS FROM A QUEER ANGLE, OUR EVENTS OFFER OPPORTUNITIES
	FOR LGBTQ JEWS TO CELEBRATE AND (RE)CONNECT WITH THEIR JEWISH IDENTITIES, ENGAGE IN JEWISH LEARNING AND GROW AS LEADERS IN THE JEWISH
	COMMUNITY. ALLOF OUR PROGRAMS AND EVENTS ARE OPNE TO LGBTQ JEWS AND
	ALLLIES. OUR EFFORTS INCLUDE: DELIVERING A DIVERSIFIED MENU OF SOCIAL,
	RELIGIOUS AND PROFESSIONAL PROGRAMMING; OFFERING CONSULTATION AND
4d	Other program services (Describe in Schedule O.)
···	(Expenses \$ 325,695 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,307,487.
	Form 990 (2014)

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Form 990 (2014) KESHET INC 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ι,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	

Form **990** (2014)

48-1278664 Page 4 Form 990 (2014) 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			x
	domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		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), 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		Х
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 "Yes,"			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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		X
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	X	

Form **990** (2014)

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Form 990 (2014) KESHET INC Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1098. Enter 0- if not applicable 1a 18 18 18 18 18 18 18		Check if Schedule O contains a response or note to any line in this Part V				Ш				
b Enter the number of Forms W2G included in line 1a. Enter o II not applicable					Yes	No				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gramming winnings to prize winners? 2a Enter then umber of amployees 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 3b If at least one is reported on line 28, did the organization file all required federal employment tax returns? 3c If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c If the veganization have unrelated business gross income of \$1 1000 or more during the year? 3c If the veganization have unrelated business gross income of \$1 1000 or more during the year? 3c If veg. 1 has it filed a form 990-T for this year? If *\(^{1}\)\(^{	1a		_							
dependingly winnings to prize winners? a First the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b If we sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization are unrelated business gross income of \$1,000 or more during the year? 3d Did the organization are unrelated business gross income of \$1,000 or more during the year? 3d Did the organization are unrelated business gross income or such that \$1,000 or the filancial accounts (FBAR). 3d Did the organization are for the year of \$1,000 or the filancial accounts (FBAR). 3d Did the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization and the organization are experted any contributions and the surface of the filancial accounts (FBAR). 5d Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5d Did the organization receive a payment in excess of \$75 made partly as a contribution of author than the surface of the propertie			ID C							
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celeinary are anding with or within the year covered by this return. 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) 3a Did the organization have unrealed business gross income of \$1,000 or more during the year? 3a X 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 A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leads a bank account, securities account, or other financial account (FBAR). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5b Did any taxable party nority the organization that it was or is a party to a prohibitod tax shelter transaction? 5b Did any taxable party nority the organization that it was or is a party to a prohibitod tax shelter transaction? 5c Did be a comparization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions or gifts were not tax deductible? 7c Organizations that many receive deductible as charitable contributions? 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8d If "Yes," did the organization notity the donor of the value of the goods or services provided? 9d If "Yes," did the organization notity the donor of the value of the goods or services provided? 9d If "Yes," did the organization neceive any payment in excess of \$1\tilde{s} and pathy greater than \$100,000, and did the organization services payment in excess of \$1\tilde{s} and pathy greater than \$100,000, and did the organization services p	С				v					
tiled for the calandar year ending with or within the year covered by this return. 2a	_		I	1c						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, *has it filed a Form 990-T for this year? If *No.* to line 3b, provide an explanation in Schedule O 3b If Yes, *has it filed a Form 990-T for this year? If *No.* to line 3b, provide an explanation in Schedule O 3b If Yes, *has it filed a Form 990-T for this year? If *No.* to line 3b, provide an explanation in Schedule O 3b If Yes, *the during the calendary 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 If Yes, *the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line 5a or 5b, did the organization file Form 8886+7? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes, *to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d bid in organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, *to line form 8282? 8d If Yes, *to line form 8282? 9d If Yes, *to line form 8282? 1d If Yes, *to line organization receive any funds, directly or indirectly, to pay premiums, or a personal benefit contract? 7c If I	2a	· · · · · · · · · · · · · · · · · · ·	21							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a X 3b 1f **es*, **inst filed a Form 990 T for this year? If **No, **to line 3, provide an explanation in Schedule O 3b 4a 4any 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 accountry or a financial account in a foreign country (such as a bank account, securities account, or other financial accountry 4a X X Yes, **enter the name of the foreign country ▶ See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shefter transaction at any time during the tax year? 5a X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5b X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c X X Did any taxable party notify the organization that even to tax deductible as charitable contributions? 6a X X X Y Y Y Y Y Y Y		·		Oh	y					
3a	D			20						
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of "Yes," enter the name of the foreign country. ► 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b IX 5c If "Yes," to line 5a or 5b, did the organization the Form 886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax eductible as charitate contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible? 7 Organizations that may receive deductible contributions under section 170(e). 8 If If "Yes," indicate the number of Forms 8863 fired during the year 9 If "Yes," indicate the number of Forms 8826 filed during the year 10 If Yes," indicate the number of Forms 8826 filed during the year 10 If Yes," indicate the number of Forms 8826 filed during the year 11 Did the organization received a contribution of cas, boats, singhenes, or other vehicles, did the organization file Form 8890 as required? 12 If the organization maintaining donor advised funds. 13 Sponsoring organization have excess business holdings at any time during the year 14 Sponsoring organization have excess business holdings at any time during the year 15 Sponsoring organizations maintaining donor advised funds. 16 Did the sponsoring organization make a distribution to qualified intellectual property, did the organization flee form 1990. Part Vill, line 12, for public use of club facilities 16 Gross income from members or shareholders 17 Jess, "inter the amount of re	20			20		x				
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Inob Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Inob Gross income from members or shareholders Indicate Gross income from members or shareholders Indicate Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? Indicate Gross Income from other sources against amounts due or received or accrued during the year Indicate Gross Income from the All Indicate Gross Income from 1041? Indicate Gro	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		sponsoring organization have excess business holdings at any time during the year?		8						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.								
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 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 X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а									
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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	10		1 1							
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40									
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			<u> </u>	1/10		x				
						-22				
	D	in res, mas it med a rotti 720 to report these payments? If two, provide an explanation in Schedule	= 0		990	(201 <i>/</i> 1)				

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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.

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	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	20			
	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	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	L	5		Х
6	Did the organization have members or stockholders?		L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?		L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:				
а	The governing body?		L	8a	X	
b	Each committee with authority to act on behalf of the governing body?		L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		L	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the forn	า?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a			⊢	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done		L	12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		L	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		L	15b	X	
	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 arrange	ement with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
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 o	nly) av	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
		n in Schedule O)		_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	, and	finan	cial	
	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 be	ooks and records:				
	THE ORGANIZATION - 617-524-9227 284 AMORY STREET, JAMAICA PLAIN, MA 02130					
	ACT THICKL DIVIDLE COMMICS INCINE MY NATIO					

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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.

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.

(A)	(B)	l g		(()		1001	(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more that box, unless person is b officer and a director/tru		than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARTIN TANNENBAUM	2.50	x						0.	0.	0.
(2) KARLA GOLDMAN	2.00	^						0.	0.	<u> </u>
SECRETARY	2.00	X		x				0.	0.	0.
(3) DANIEL HELLER	2.00			<u> </u>				0.	•	
TREASURER	2.00	x		х				0.	0.	0.
(4) DANA BEYER	1.00	 								
DIRECTOR		х						0.	0.	0.
(5) JEREMY BURTON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) GALI COOKS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ANN FALCHUK	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ASHER GELMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) MARK KRAVITZ	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(10) STUART KURLANDER	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) JOY LADIN	1.00	٠,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(12) LEE ROSENFIELD	1.00	X						0.	0.	0.
C(13) ANDREA MYERS	1.00	^						0.	0.	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
(14) ANDREW ZELERMYER	2.50							0.	0.	
CHAIRPERSON		x		х				0.	0.	0.
(15) NEHAMA BENMOSCHE	1.00			-						
DIRECTOR		x						0.	0.	0.
(16) ELLEN FREEMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) CARSON GLEBERMAN	1.00									
DIRECTOR		Х		L	L		L	0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation		l	(F) stimate	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated smployee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fr org and	other ipensa rom th ianizat d relat anizati	e ion ed
(18) ANDREW NAGEL DIRECTOR	1.00	х						0.		0.			0.
(19) DARA PAPO	1.00												
DIRECTOR	40.00	Х						0.		0.	<u> </u>		0.
(20) IDIT KLEIN	40.00							100 000			_		- ^
EXECUTIVE DIRECTOR	40 00			Х				120,000.		0.	<u> </u>	2,9	50.
(21) JAMES COHEN DIR. OF DEVELOPMENT	40.00					x		100,384.		0.			0.
ZIN, OF ZZYZZYNIZMI								100/3011					
1b Sub-total	l				l			220,384.		0.	1	2,9	50.
c Total from continuation sheets to Part V							•	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	220,384.		0.	1	2,9	50.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportable)			2
 Did the organization list any former officer, 	director or tra	ıcto	o ko	w or	nnlo	woo	or	highest componented o	mplovoo on	ļ		Yes	No
line 1a? If "Yes." complete Schedule J for s								mignest compensated e			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	-		-					•	-		4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	unr/	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		Х
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of comp	 pens	ation '	from	
the organization. Report compensation for													
(A) Name and business	addraga	NT/	`	-				(B) Description of s	on door	C) (C		n
- Iname and business	auuress	IAC	INC	<u> </u>				Description of s	el vices		ompe	IISalio	
									+				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lie	ster	d above) who received n	ore than				
\$100,000 of compensation from the organi	•			J 10		0			.5.5 (1.41)		Form	990 <i>(</i>	201.4\

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Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c c d e e e e e e e e e e e e e e e e e		ts, and ve 1a-1f: \$ SULTING	Business Code 611430	2,228,516.	17,150.		
	g	Total. Add lines 2a-2f			17,150.			
	3 4 5	Investment income (including other similar amounts)	x-exempt bond p	proceeds >				
	6 a	Less: rental expenses						
	7 a	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
		Gain or (loss)		<u> </u>				
Other Revenue	8 a	d Net gain or (loss) Gross income from fundraising including \$ 8,6 contributions reported on line Part IV, line 18 Less: direct expenses	g events (not 138 • of 1c). See					
ō		Net income or (loss) from fund			74,140.			74,140.
	9 a	a Gross income from gaming ac Part IV, line 19	tivities. See		,			,
	С	 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances 	ing activities returns					
		Less: cost of goods sold Net income or (loss) from sale:	s of inventory	>				
	• • •	Miscellaneous Revenu	e	Business Code		12 272		
		MISCELLANEOUS		900099	13,272.	13,272.		
	b							
	d	d All other revenue						
		Total. Add lines 11a-11d			13,272.			
	12	Total revenue. See instructions.			2,333,078.	30,422.	0.	74,140.

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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 (D) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 98,624. 11,228. 23,097. 132,949. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 675,692. 76,926. 860,143 107,525. persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 68,722. 7,814. 16,108. 92,644. Other employee benefits 9 91,730. 7,747. 68,047. 15,936. Payroll taxes 10 Fees for services (non-employees): 11 12,869. 7,348 836. 4,685. a Management Legal 15,655. 43,007. 2,796. 24,556. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 79,592. 79,149 443. column (A) amount, list line 11g expenses on Sch O.) 10,100. 7,725. 2,369. 6. Advertising and promotion 12 12,200.20,774. 989. 7,585. 13 Office expenses 6,101. 3,938. 398. 1,765. Information technology 14 15 Royalties 76,753. 6,430. 13,229. 96,412. 16 Occupancy 45,878. 33,080. 416. 12,382. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 72,105. 71,699. 406. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,134. 18,039. 13,382. 1,523. Depreciation, depletion, and amortization 22 3,704. 4,981. 417. 860. 23 Other expenses. Itemize expenses not covered 24 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.) BANK & CREDIT CARD PROC 18,787. 13,013. 1,448. 4,326. 16,903. 2,442. WEBSITE 13,013. 1,448. 15,002. PRINTING AND PUBLISHING 14,842. 160. 11,912. 1,367. 9,881. 664. TELEPHONE 23,136. 10,313. 12,119. 704. e All other expenses 122,799. 1,673,064. 1,307,487. 242,778. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

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Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet KESHET INC

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			177,741.	1	237,513.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			213,970.	3	844,537.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fe					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	(c)(9) voluntary				
ets		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			21,533.	9	19,544.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	96,833.			
	b	Less: accumulated depreciation	10b	52,453.	47,332.	10c	44,380.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	460,576.	16	1,145,974.		
	17	Accounts payable and accrued expenses		110,126.	17	172,510.	
	18	Grants payable		18			
	19	Deferred revenue			37,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
≣		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			147 106	25	170 F10
	26	Total liabilities. Add lines 17 through 25			147,126.	26	172,510.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			177 160		14 210
Fund Balances	27	Unrestricted net assets			177,169. 136,281.	27	-14,310. 987,774.
Ba	28	Temporarily restricted net assets			130,201.	28	901,114.
<u>n</u>	29					29	
		Organizations that do not follow SFAS 117 (A					
Net Assets or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Ě	32	Retained earnings, endowment, accumulated in			212 450	32	072 464
_	33	Total net assets or fund balances			313,450.	33	973,464.
	34	Total liabilities and net assets/fund balances .			460,576.	34	1,145,974.

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Form 990 (2014) KESHET INC 48-1278664 Page **12**

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 1 3 4 5 6 7 8	,33 ,67	3,0 3,0 0,0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97	3,4	64.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				LX.		
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			Yes	No X		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b	990	(2014)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Employer identification number

48-1278664

Open to Public Inspection

Name of the organization

KESHET INC

Public Charity Status (All organizations must complete this part.) See instruction

Га	111	neason for Public	Charity Status (All organizations must c	ompiete tri	is part.) Se	ee instructions.						
he	organ	ization is not a private found	lation because it is: (For lines 1 through 11,	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from					
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Co	mplete Part III.)										
10	Щ	An organization organized	and operated exclus	ively to test for public s	afety. See	section 50)9(a)(4).						
11		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in					
	_	lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.						
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting					
	_	organization. You must o	complete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving					
		control or management of	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organizatio		•									
d													
		that is not functionally int	-	-	-		-	iveness					
		requirement (see instruct	·	-									
е		☐ Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, o		nally integrated support	ing organi	zation.							
Ť		er the number of supported	•										
g		vide the following information i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
	,	organization	(,	(described on lines 1-9	listed i	in your	support (see	other support (see					
				above or IRC section	Yes	No No	Instructions)	Instructions)					
				(see instructions))	103	140							
Tota	.i												

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						_
	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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		• •	. ,		, ,	.,
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	~	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ū				*	
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						
							or 990-F7) 2014

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.)

Se	ction A. Public Support	ciew, piedee cemp					
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1895452.	1014318.	438,874.	980,839.	2228516.	6557999.
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	35,053.	25,398.	7,037.	19,155.	17,150.	103,793.
2	• • • • • • • • • • • • • • • • • • • •	33,033.	23,330.	7,037.	17,133.	17,130.	103,7331
3	Gross receipts from activities that are not an unrelated trade or business under section 513	14,760.	14,760.	3,690.	10,360.		43,570.
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	1945265.	1054476.	449,601.	1010354.	2245666.	6705362.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				99,537.		99,537.
k	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				00 505		0.
	Add lines 7a and 7b				99,537.		99,537.
8	Public support (Subtract line 7c from line 6.)						6605825.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010 1945265.	(b) 2011 1054476.	(c) 2012 449,601.	(d) 2013 1010354.	(e) 2014 2245666.	(f) Total 6705362.
	Amounts from line 6	1945265.	10344/0.	449,001.	1010334.	2243000.	0705302.
108	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	576.					576.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1945841.	1054476.	449,601.	1010354.	2245666.	6705938.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶└
	ction C. Computation of Publ						
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	98.51 %
	Public support percentage from 2013					16	98.19 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17						17	.01 %
	Investment income percentage from 2					18	.01 %
19a	a 33 1/3% support tests - 2014. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
_	line 18 is not more than 33 1/3%, che			•		ū	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.

- 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).
- 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 I of Schedule L (Form 990).
- 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.
- 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.
- 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.
- 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.
 - 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.)

	Yes	No
1		
2		
3a		
3b		
3D		
3с		
4a		
1 a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
<u> </u>		
_		
7		
8		
9a		
9b		
9c		
100		
10a		
10b		

Pai	rt IV Supporting Organizations _(continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion 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		
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		
Sec	tion 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		
Sec	tion D. 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			
800	supported organizations played in this regard.	3		Ь
	tion 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 c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions	١	
2		10110113, 	Yes	No
a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	be a substitute of the substit			
	those supported organizations and explain Now 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.			
а	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.	За		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	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 con	mplete \$	Sections A through E.				
C1	(B) Current Year						
Sect	ion A - Adjusted Net Income		(A) Prior 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					
Soot	ion B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year			
Seci	ION B - MINIMUM Asset Amount		(A) Prior 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):						
а	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					
е	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					
Sect	ion 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	y-integra	ated Type III supporting org	janization (see			
	instructions).	-					

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS .	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a h				
<u>b</u>				
<u>с</u>	Evenes from 2012			
	Excess from 2014			
<u>e</u>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

KESHET INC 48-1278664

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
	0.	0.	0.	99,537.	0.
Total to Schedule A, Part III, Line 7a				99,537.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 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

Name of the organization

Employer identification number 48-1278664 KESHET INC

Par	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir	ne 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		funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Par	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization		<u> </u>
	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	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		2a
b			
С			
d			
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	I enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ove 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		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	e organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue 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) 2014

	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Sim	ilar Asse	e ts (continu	ied)	
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following that	at are a s	ignifica	nt use of its	collection	items	;
	(check all that apply):										
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progr	ams					
b											
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how th	ey further t	he organizat	ion's exe	mpt pui	rpose in Pa	rt XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai								Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other as	sets not	include	ed			
	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							_			
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				
Pai											
		(a) Current year		rior year	(c) Two yea			e years back	(e) Four y	ears b	ack
1a	Beginning of year balance	(a) carront year	(2):	nor your	(6)		(4)	o y ou. o u.o	(6) . sa.)	04.00	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
е	•										
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curre	ent year and halans	o (lino 1	a column (J hold as:						
2 a	Board designated or quasi-endowment	ant year end balanc	%	g, coluitii (ajj Heiu as.						
b	Permanent endowment	%									
	Temporarily restricted endowment	% 									
С											
20	The percentages in lines 2a, 2b, and 2c should have there and authors that he percent		ation tha	+ ara bald a	and administr	arad far t	ha araa	nization			
Sa	Are there endowment funds not in the posses	Sion of the organiza	alion ina	it are rielu a	iliu auliliilist	ered for t	ne orga	HIZALIOH	Г	/22	Ma.
	by:									es	No
	(i) unrelated organizations									\rightarrow	—
	(ii) related organizations								3a(ii)	+	—
	If "Yes" to 3a(ii), are the related organizations								. 3b		
Dai	Describe in Part XIII the intended uses of the of tVI Land, Buildings, and Equipme		owment i	runas.							—
rai			Dort IV	lina 11a C) Dort V	lina 10				
	Complete if the organization answered		1					-41	(-I) D I-		—
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumula oreciatio		(d) Book	value	
	Land	`	nent)	Sissu	(Oti iei)	uer	oi c ciall	J1 1			
	Land										
	Buildings				4,260.		<u> </u>	685.	1	,57	75
C	Leasehold improvements			2	$\frac{4,200.}{0,723.}$			563.		,16	
d	Equipment				1,850.			205.		, 64	
	Other (2) Other (2) Others (3) Other (4) Other (4) Other (5) Other		V1				JJ,	400.		, 84	
ıota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part	x, colun	nn (B). line i	IUC.)				44	, ၁၀	

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 KESHET INC			48	-1278664 Page
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	t- F 000 D-+ IV/ I		Deat V. Bar 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	ne 11c. See Form 990,	Part X, line 13.	d-of-year market value
	(b) Book value	(c) Method of	valuation. Cost of end	u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			B	
Complete if the organization answered "Yes"		ne 11a. See Form 990,	Part X, line 15.	(h) Dook volue
	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	e 15.)		<u> </u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, li		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				

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) 2014

Sche	dule D (Form 990) 2014 KESHET INC		48	12/8664 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	i.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,333,078.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,333,078.
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			2,333,078.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	1,673,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
h	Deflaced Selffices and dec of facilities	2a		
b	Prior year adjustments			
C		2b		
c d	Prior year adjustments Other losses	2b 2c		
c d	Prior year adjustments Other losses	2b 2c 2d		0.
c d	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d		0. 1,673,064.
c d e 3 4 a	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 4a		1,673,064.
c d e 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b	3	

| 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.

PART X, LINE 2:

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY GAAP. AS OF DECEMBER 31, 2014, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATIONS TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AS OF DECEMBER 31, 2014, THE ORGANIZATION® FEDERAL AND STATE TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION FOR THREE YEARS FROM THE DATE FILED WITH EACH TAXING JURISDICTION.

Schedule D (Form 990) 2014 KESHET INC	48-1278664 Page 5
Schedule D (Form 990) 2014 KESHET INC Part XIII Supplemental Information (continued)	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

Inspection

Open to Public

Employer identification number 48-1278664 KESHET INC

Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	red "Y	'es" to	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) pursi	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration

432081 08-28-14

12190717 756977 39143

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 KESHET INC 48-1278664 Page 2 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.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
						(add col. (a) through			
			CABERET	GLIMMER		col. (c))			
æ			(event type)	(event type)	(total number)	. "			
Revenue		Gross receipts	153,155.	107,304.	3,985.	264,444.			
æ	'	aross receipts	233,2331	207,0010	3,3031	201,111			
	2	Less: Contributions	8,638.			8,638.			
			-						
	3	Gross income (line 1 minus line 2)	144,517.	107,304.	3,985.	255,806.			
	4	Cash prizes							
	5	Noncash prizes							
es	5	Noncasii piizes							
ens	6	Rent/facility costs	48,438.	10,430.	326.	59,194.			
Exp									
Direct Expenses	7	Food and beverages	11,820.	20,276.	696.	32,792.			
ä			10 600	01 760	F 600	46.060			
		Entertainment	19,600. 28,763.		5,600. 1,530.	46,962.			
	9	Other direct expenses	0.1 (.1)			181,666.			
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,			74,140.			
Pa						, 1, 1100			
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(u) Billigo	bingo/progressive bingo	(o) other gaming	col. (a) through col. (c))			
Rev									
	1	Gross revenue							
	2	Cash prizes							
Direct Expenses	_	Casii piizes							
per	3	Noncash prizes							
Û									
jrec	4	Rent/facility costs							
	5	Other direct expenses							
	_	Mali waka ay lala ay	Yes %	Yes %	Yes %				
6 Volunteer labor No No									
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
		Enter the state(s) in which the organization conducts gaming activities:							
		the organization licensed to conduct gaming a				Yes No			
b	If "No," explain:								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No			
		If "Yes," explain:							

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Sch	nedule G (Form 990 or 990-EZ) 2014 KESHET INC 48-3	L278664	Page 3
	Does the organization conduct gaming activities with nonmembers?		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 conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└─ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
(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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ı	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 III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	ines 9, 9b, 10	b, 15b,
_			

Schedule 6	G (Form 990 or 990-EZ)	KESHET INC	48-1278664 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)	<u> </u>
-			

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IDENTITY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATIONAL RESOURCES, TO TRANSFORM POLICIES, PRACTICES AND PRESENCE TO BE MORE INCLUSIVE OF AND WELCOMING TOWARD LGBTOQ JEWS; HELPING TO IDENTIFY AND DEVELOP POTENTIAL LGBTQ JEWISH LEADERS IN THE GREATER BOSTON AREA AND DEEPEN THEIR JEWISH ENGAGEMENT AND IDENTITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BUILDING CAPACITY FOR LGBTQ JEWISH ACTIVISM - PROVIDES TRAINING AND TECHNICAL SUPPORT FOR EMERGING JEWISH LGBTQ GROUPS TO CREATE SUPPORTIVE COMMUNITY PROGRAMS AND BUILD LOCAL CAPACITY FOR FOSTERING INCLUSION. EXPENSES \$ 325,695. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR, THE DIRECTOR OF FINANCE & ADMINISTRATION, AND THE FINANCE COMMITTEE REVIEW THE FORM 990 PRIOR TO FILING THE TAX RETURN. THE BOARD IS FURNISHED WITH COPIES OF ALL RELEVANT FINANCIAL INFORMATION AND TAX DOCUMENTS.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization KESHET INC	Employer identification number 48-1278664		
DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS AND SENIOR MAN	AGEMENT. IN		
ADDITION ALL SUCH INDIVIDUALS SIGN AN ANNUAL CONFLICT CER	TIFICATION		
STATEMENT.			
FORM 990, PART VI, SECTION B, LINE 15:			
ALL ANNUAL COMPENSATION IS A PART OF THE ANNUAL BUDGET PR	OCESS. THE BOARD		
REVIEWS ALL COMPENSATION ARRANGMENTS EACH YEAR AS A PART	OF THE BUDGET		
REVIEW AND APPROVAL PROCESS.			
FORM 990, PART VI, SECTION C, LINE 18:			
THE ORGANIZATION FURNISHES ALL PUBLIC DOCUMENTS UPON REQU	EST, IN ADDITION,		
THE PUBLIC CAN DOWNLOAD THESE DOCUMENTS FROM BOTH GUIDEST	AR AND THE		
MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE FREE OF CHARGE.			
FORM 990, PART VI, SECTION C, LINE 19:			
THE ORGANIZATIONS YEAR END FINANCIAL STATEMENTS, FEDERAL	AND MA TAX RETURNS		
ARE ALL AVAILABLE FREE OF CHARGE ON THE MA ATTORNEY GENER	AL'S WEBSITE. IN		
ADDITION COPIES OF THESE DOCUMENTS AND ALL ORGANIZATION G	OVERNANCE POLICES		
ARE AVAILABLE UPON REQUEST.			
FORM 990, PART XII, LINE 2C:			
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YE	AR.		

391431

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

• If you	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X	
• If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
	onic filing _(e-file) . You can electronically file Form 8868 if y					ooration	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With C	ertain	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,	
visit wv	vw.irs.gov/efile and click on e-file for Charities & Nonprofits	3.					
Part	I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpo	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I o	nly					▶ □	
All othe	er corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
to file ir	ncome tax returns.			Enter file	er's identifying nu	mber	
Туре о					Employer identification number (EIN) or		
print	t KESHET INC				48-1278664		
File by the due date filing your	for Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social security number (SSN)			
return. Se instructio	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.	l			
	JAMAICA PLAIN, MA 02130						
Enter tl	ne Return code for the return that this application is for (file	e a separa	te application for each return)			[0]1	
Applica	ation	Return	Application			Return	
Is For		Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
	720 (individual)	03				09	
Form 9	·	04	` '			10	
	90-T (sec. 401(a) or 408(a) trust)	05				11	
	90-T (trust other than above)	06				12	
1 01111 0	THE ORGANIZATION		1 3111 337 3				
• The	books are in the care of ▶ 284 AMORY STREI		JAMAICA PLAIN, MA	02130			
	phone No. ► 617-524-9227		Fax No.				
	e organization does not have an office or place of business	s in the l Ir				• 🗆	
	is is for a Group Return, enter the organization's four digit					check this	
box >		7					
	request an automatic 3-month (6 months for a corporation				ers the extension	3 101.	
• •			tion return for the organization name		The extension		
 is	s for the organization's return for:	t Organiza	tion return for the organization harm	ed above.	THE EXTENSION		
18	► X calendar year 2014 or						
			d anding				
•	tax year beginning	, an			_ ·		
•				Final retur			
2 li	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	neck reas	on: Initial return	rınaı retur	n		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions.				\$	0.	
_	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
_	. , , , , , , , , , , , , , , , , , , ,			3b	· Ψ		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.			3с	\$	0.		
	n. If you are going to make an electronic funds withdrawal				<u> </u>		
instruc	• •	(Gireot de	ong with this rolling good, see rolling	J-100-LU di	10 1 0111 00 <i>1</i> 5-LO 1	or payment	

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Form 8868 (Rev. 1-2014)