EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

2017
Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	KESHET INC			
H	chang Name			48-1	278664
H	chang	~	Room/suite	E Telephone number	-
H	return _Final	284 AMORY CURREN	NUUIII/SUILE		524-9227
	⊥return/ termin ated			G Gross receipts \$	2,765,032.
Г	Amend			H(a) Is this a group re	
F	return □Applic			for subordinates	
_	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
$\overline{}$	Γαν. Αν	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		te: NWW.KESHETONLINE.ORG	01 021	H(c) Group exemptio	·
		organization: X Corporation	L Year		1 State of legal domicile: MA
	art I	Summary	1 = 100.		. State of logal dofficiency
	1	Briefly describe the organization's mission or most significant activities: WORK	ING FO	R THE FULL I	EQUALITY
Activities & Governance		AND INCLUSION OF LESBIAN, GAY, BISEXUAL,			
nai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş.	3	•		3	23
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23
ۆ رە	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			23
iŧie	6	Total number of volunteers (estimate if necessary)			50
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, line 34			0.
		,		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,877,950.	2,438,220.
nue	9	Program service revenue (Part VIII, line 2g)		57,162.	42,643.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		129,348.	177,924.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,064,460.	2,658,787.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1 4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,259,252.	1,554,573.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen	. b	Total fundraising expenses (Part IX, column (D), line 25)	37.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		550,077.	785,466.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,809,329.	2,340,039.
	1	Revenue less expenses. Subtract line 18 from line 12		1,255,131.	318,748.
Jo.	3			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,753,609.	2,104,051.
Ass	21	Total liabilities (Part X, line 26)		67,508.	99,202.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		1,686,101.	2,004,849.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	·e	LEONARD GOLDSTEIN, SR DIR, FINANCE & A	DMINIS	STRATION	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid	i	DONALD ZIDIK DONALD ZIDIK	1	1/12/18 self-employ	
Pre	parer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323
Use	Only	Firm's address ► 53 STATE STREET			
		BOSTON, MA 02109		Phone no. (6	<u>17) 807-5000</u>
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
7320	01 11-2	B-17 LHA For Paperwork Reduction Act Notice, see the separate instructio	ns.		Form 990 (2017)

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.
	MID TRANSCORDER COMO IN COMISII DITE:
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. (Code:) (Expenses \$ 438,269 • including grants of \$) (Revenue \$ 226,134 •)
4a	(Code:) (Expenses \$ 438,269. including grants of \$) (Revenue \$26,134.) 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, A MULTI-SERVICE PROGRAM THAT GATHERS,
	TRAINS, PROVIDES RESOURCES FOR, AND SUPPORTS JEWISH INSTITUTIONS OVER
	THE COURSE OF A YEAR TO BECOME MORE INCLUSIVE OF LGBTQ INDIVIDUALS AND
	FAMILIES.
	- WORKSHOPS AND PROFESSIONAL DEVELOPMENT TRAINING FOR FACULTY AND STAFF
	TAILORED TO MEET THE SPECIFIC NEEDS OF THEIR COMMUNITY.
	- THROUGH OUR LGBTQ AND ALLY TEEN SHABBATON RETREAT WE PROVIDE
	COMMUNITY AND LEADERSHIP OPPORTUNITIES FOR LESBIAN, GAY BISEXUAL,
4b	(Code:) (Expenses \$ 174,673. including grants of \$) (Revenue \$ 55,966.)
	SAN FRANSISCO - WE CONTINUE OUR LGBTQ JEWISH COMMUNITY CAPACITY BUILDING AND INCLUSION INITIATIVE. THROUGHOUT THE BAY AREA, WE PROVIDE
	SOCIAL AND CULTURAL PROGRAMS FOR LGBTQ JEWS IN PARTNERSHIP WITH BAY
	AREA LGBTQ 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 THE 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
4c	
	KESHET CREATES OPPORTUNITIES FOR LGBTQ AND ALLY JEWISH TEENS TO COME
	TOGETHER IN COMMUNITY AS THEIR FULLEST SELVES WHILE DEVELOPING THE CONFIDENCE AND LEADERSHIP SKILLS TO CREATE MEANINGFUL PROGRAMS AND
	PURSUE POSITIVE CHANGE IN THEIR HOME COMMUNITIES.
	TORBOT TOBILIVE CHANCE IN THEIR HOME COMMONITIES.
4d	Other program services (Describe in Schedule O.)
4	(Expenses \$ 685,693 · including grants of \$) (Revenue \$ 0 ·) Total program service expenses ▶ 1,792,810 ·
40	Total program service expenses ► 1,792,810. Form 990 (2017)
	101111 999 (2017)

10391115 150872 39143

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Form 990 (2017) 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_	X	
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		X
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		X
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		X
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	X	
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		X
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	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
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			
	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			\ \ 7.
	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			
	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,"			.,
	complete Schedule G. Part III	19	000	X

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Form 990 (2017) KESHET INC Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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	X	
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I	230		1
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 "			
	, , , , , , , , , , , , , , , , , , , ,	00		x
07	complete Schedule L, Part II	26		
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	07		_V
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
a	, , , , , , , , , , , , , , , , , , ,	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		<u> </u>
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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	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		<u> </u>
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		<u> </u>
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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	L	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	
			000	

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Form 990 (2017) KESHET INC Part V Statements Regarding Other IRS Filings and Tax Compliance

tenter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 2 to 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 2 to 1 to 0 country from W-2c included in line 1a. Enter -0- if not applicable 2 to 1 to 2 country from W-2c included in line 1 to 2 country from W-2c in line 1 to 2 country from W-2c in line 2 country from W-2c in line 2 covered by this return 2 country from W-2c in line 2 covered by this return 3 covered by this return 4 covered by this covered by this return 4 covered by this return 4 covered by this covered by this covered by the covered by		Check if Schedule O contains a response or note to any line in this Part V	<u></u>				Ш
be Enter the number of Forms W-2G included in line 1a, Enter-0+ in not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 12			Ι.	٦٦ ا		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (aparibling) winnings to pitze winners? 2a Enfort the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Itiled for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, *Insi if field a Form 990-T for this year? If YNo, *to file 3b, provide an explanation in Schedule O 3b If Yes, *Insi if field a Form 990-T for this year? If YNo, *to file 3b, provide an explanation in Schedule O 3c If Yes, *Insi if field a Form 990-T for this year? If YNo, *to file 3b, provide an explanation in Schedule O 3c If Yes, *Insi if the a form 990-T for this year? If YNo, *to file 3b, provide an explanation in Schedule O 3c If Yes, *to fire name of the foreign country (such as a bank account, expert in the schedule of the provided of the organization that all years or is a part to a prohibitotic tax shelter transaction at any time during the tax year? 5c If Yes, *to line 6a or 8b, did the organization file Form 8888-T? 5c If Yes, *to line 6a or 8b, did the organization file Form 8888-T? 5c If Yes, *to line 6a or 8b, did the organization file Form 8889-T? 6d Does the organization study and the schedule contributions under section 170(c). 6d If Yes, *to file organization that was or is a party to a prohibitotion of the provided organization that was required to file organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required to file organization s		·					
Gambling) winnings to prize winners. 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1 Interest the calendar year ending with or within the year covered by this return. 2 Interest was a state of the calendar year, and the organization field in eliminary or the calendar year, and the organization have unrelated business gross income of \$1,000 or more during the year? 3 In Vite organization have unrelated business gross income of \$1,000 or more during the year? 3 In Vite organization have unrelated business gross income of \$1,000 or more during the year? 3 In Vite organization have unrelated business gross income of \$1,000 or more during the year? 3 In Vite organization have unrelated business gross income of \$1,000 or more during the year? 3 In Vite organization in 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 accounts (FBAR). 5 In Vites, and the organization aparty to a prohibited tax shelter transaction of the financial accounts (FBAR). 5 In Vites, and the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 5 In Vites, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelf or tax deductibles or tax deductibles and schariable contributions? 5 In Vites, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and schariable contributions? 5 In Vites, and the organization include with every solicitation and expert of the vites of the organization receive a payment in excess of \$5 in ade party as a contribution and party for goods and services provided to the payor? 5 In Vites, indicate the number of Forms 82828 filed during the year. 5 In Vites, indicate the number of Forms 82828 filed during the year. 5 In Vi							
23 24 25 25 26 26 27 28 28 28 28 28 28 28	С			ne garning	4.	v	
filed for the calendar year ending with or within the year covered by this return If all 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 tome_ (see instructions) By If Yea, 1 and 1 filed a form 300 for the year If "\","\", 1 file 3b, 2 your dar explanation in Schedule 0 By If Yea, 1 and 1 filed a form 300 for the year If "\","\", 1 file 3b, 2 your dar explanation in Schedule 0 By If Yea, 1 and 1 filed a form 300 for the year If "\","\", 1 file 3b, 2 your dar explanation in Schedule 0 By If Yea, 1 and 1 filed a form 300 for the year If "\","\", 1 file 3b, 2 your dar explanation in Schedule 0 By If Yea, 1 and 1 filed a file 3b, 2 your dars a year and a file 3b, 3 your dars a year and a file 3b, 3 your dars a year and a file 3b, 3 your dars a year and a your dars a year and a year an	22		Ϊ	 	10	21	
b If a 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 a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the yeal? 3a X b If *Ves,* has it filed a Form 990.7 for this year? If *NO,* to line 8b, provide an explanation in Schedule O 4b At any time during the calendary year, did the organization have an interestin, 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 X 5b If *Ves,* the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax sheller transaction? 5b X 5c If *Ves,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If *Ves,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If *Ves,* to line 5a or 5b, did the organization file Form 8896-17 6a Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If *Ves,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 10 bit the organization receive a payment in access of \$75 made party as a contribution on an party for goods and services provided to the payor? 10 bit the organization seller accessed as orthoribution of understance of tax orthoributions under section 170(c). 10 bit the organization seller accessed as orthoribution of understance or tax orthoributions that the payments of the paymen	Za		22	23			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h				2h	x	
3a March 1	b				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 account in a foreign country such as a bank account, securities account or other financial account in a foreign country such as a bank account, securities account or other financial account in foreign account in securities and in the securities account in securities. See instructions for filing requirements for Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X D Id any taxable party notify the organization file Form 8866T? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6c X Verse, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions and services provided to the payor? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8882 filed during the year 7c If "Yes," indicate the number of Forms 8882 filed during the year 8d If "Yes," indicate the number of Forms 8882 filed during the year 9 Did the organization crecive a ray funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If "Yes," indicate the number of Forms 8882 filed during the year 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organizations aminitariing donor advised funds. Did a donor advised fund maintained by the sponsoring org	За				3a		х
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	h						
a Initiation fees and capital contributions included on Part VIII, line 12	10						
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 12b 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 X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10a				
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.) 11a 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. 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 13b 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							
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. 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11						
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. 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 13b c Enter the amount of reserves 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. 14b	а		11a				
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 13b 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	b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
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. 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 13b 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			11b				
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 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
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 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15c	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	-			13a		
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 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16c India		-					
c Enter the amount of reserves on hand	b		1	I			
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 14b 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							v
	D	if the state of th	е O			990	(2017)

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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
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	23			
	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	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct superv				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Г	5		Х
6	Did the organization have members or stockholders?	Г	6		Х
7a					
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followin				
а	The governing body?		8a	X	
b		Г	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	he form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		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 arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat	ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
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 only) ava	ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain in Schedule C	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	t policy, and f	inanc	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: 🕨			
	THE ORGANIZATION - 617-524-9227				
	284 AMORY STREET, JAMAICA PLAIN, MA 02130				

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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) Name and Title	(B) Average	(do	not c	Pos	C) ition) than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offic				s both or/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MARTIN TANNENBAUM DIRECTOR	2.00	Х						0.	0.	0.
(2) KARLA GOLDMAN	2.00	Λ						0.	0.	0.
SECRETARY	2.00	Х		х				0.	0.	0.
(3) ANDREW NAGEL	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) DANA BEYER	2.00									
DIRECTOR		Х						0.	0.	0.
(5) GALI COOKS	2.00									
DIRECTOR		Х						0.	0.	0.
(6) ASHER GELMAN	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) PATTY JACOBSON	2.00	1								
DIRECTOR		Х						0.	0.	0.
(8) STUART KURLANDER	2.00	l								
DIRECTOR		Х						0.	0.	0.
(9) JOY LADIN	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) ALAN COHEN	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(11) ANDREW ZELERMYER	2.00									•
CHAIRPERSON (100) CLEDENS (100)	2 00	Х		Х				0.	0.	0.
(12) CARSON GLEBERMAN VICE CHAIR	2.00	Х						0.	0.	0.
(13) DARA PAPO	2.00	Λ						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(14) DEBBIE HELLER	2.00	Δ						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(15) ANGEL ALVAREZ-MAPP	2.00	Λ						0.	0.	<u></u>
DIRECTOR		Х						0.	0.	0.
(16) BECKY SILVERSTEIN	2.00	-25								
DIRECTOR		х						0.	0.	0.
(17) LAURA ABRASLEY	2.00	_ <u>-</u> _								
DIRECTOR		Х						0.	0.	0.
			•		•	•	•	•	•	Form 990 (2017)

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

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Name and title	Average hours per		not c		more	1 than (is both		Reportable compensation	Reportable compensation	,		timat nount	
	week	offic				or/trus		from	from related			other	
	(list any	director						the	organizations	- 1	com	pensa	ation
	hours for	or dir	gu.			ated		organization	(W-2/1099-MIS)		om th	
	related	stee	truste		a.	bens		(W-2/1099-MISC)				aniza	
	organizations below	nal tru	onal		ploye	ee com						d relat	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	anizat	ions
(18) AMY BORN	2.00	=	=	0	~	Τ 0	<u> </u>			\neg			
DIRECTOR		Х						0.		0.			0.
(19) OREN HENRY	2.00												
DIRECTOR		Х						0.		0.			0.
(20) SETH MARNIN	2.00												_
DIRECTOR		Х				_		0.		0.			0.
(21) MARC MAXWELL	2.00	l											•
DIRECTOR	0.00	Х				_	_	0.		0.			0.
(22) NATHAN RENDER	2.00	,,								,			^
DIRECTOR	2 00	Х				-	-	0.		0.			0.
(23) JASON ROSENBERG DIRECTOR	2.00	Х						0.		0.			0.
(24) IDIT KLEIN	40.00	Δ				-		0.		٠.			0.
EXECUTIVE DIRECTOR	40.00			х				175,000.		0.	2	Ω 5	00.
(25) JAMES COHEN	40.00			^		\vdash	-	173,000.		•		0,5	00.
DIRECTOR OF DEVELOPMENT	40.00					x		122,000.		0.	2	6.8	40.
(26) CATHERINE BELL	40.00							122/0001		-		, , ,	
DIRECTOR OF EDUCATION						X		102,000.		0.	2	2.4	40.
1b Sub-total							▶	399,000.		0.	8	7,7	80.
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)							•	399,000.		0.	8	7,7	80.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													3
										,		Yes	No
3 Did the organization list any former officer,	*		,	,	•	• •		•	. ,				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•		-					·	-			.,	
and related organizations greater than \$150											4	<u>X</u>	
5 Did any person listed on line 1a receive or a								ed organization or individ	dual for services				Х
rendered to the organization? [f "Yes," com	plete Schedule	Jf	or su	ıch ı	oers	on					5		A
Complete this table for your five highest contactors	managed ind	lono	ndor	at 00	ontr	ooto	ro th	act received more than ¢	100 000 of comp		tion fr		
the organization. Report compensation for	•	•							•	51 15a1	lioii iic	וווע	
(A)	ine calendar ye	Jai C	ilali	ig w	1011	J1 VVI		(B)	car.		((:)	
Name and business	address	NC	ONE	C				Description of s	ervices	С	ompe		n
							_						
							\dashv			—			
2 Total number of independent contractors (ii	ncluding but p	ot lin	niter	to t	thos	se lie	ted	above) who received ma	ore than				
\$100,000 of compensation from the organization		J. 1111)	,u	assvoj wno roccivou me	J. S. G. IGIT				
											Form	990	(2017)

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(F)

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		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S (0	1 2	Federated campaigns	1a					012 014
Gifts, Grants ilar Amounts					1			
S G		Membership dues						
fts, Ar		Fundraising events						
Contributions, Gift and Other Similar	a	Related organizations			-			
ns, Sim	e	Government grants (contribution			-			
utio er (Ť	All other contributions, gifts, grant		420 220				
ğ		similar amounts not included abov		438,220.	-			
ont	9	Noncash contributions included in lines 1			2,438,220.			
<u>S</u>	n	Total. Add lines 1a-1f						
	_	MDATNING C CONC	III MTNO	Business Code		12 612		
ice	2 a	TRAINING & CONS	OPLING	611430	42,643.	42,643.		-
er v	b							-
n S	С							
Jrar Re√	d							
Program Service Revenue	е							-
ъ.	•	All other program service rever			40 642			
		Total. Add lines 2a-2f			42,643.			
	3	Investment income (including of						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
ø		Net gain or (loss)Gross income from fundraising		P				
nue		including \$	of					
Other Revenu		contributions reported on line						
r R		Part IV, line 18		269,731.				
the		Less: direct expenses		106,245.				
J	С	Net income or (loss) from fund	raising events	_	163,486.			163,486.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ing activities	<u></u>				
	10 a	Gross sales of inventory, less r	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	e	Business Code		4		
	11 a	MISCELLANEOUS		900099	14,438.	14,438.		<u> </u>
	b							<u> </u>
	С							
		All other revenue			14 420			
		Total. Add lines 11a-11d			14,438.	E7 001	^	162 406
	12	Total revenue. See instructions.	<u></u>	>	2,658,787.	57,081.	0.	163,486.

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Form 990 (2017) KESHET INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	213,500.	160,125.	19,215.	34,160.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 056 560	005 550	0.5.000	150 000
7	Other salaries and wages	1,076,763.	807,572.	96,909.	172,282.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	165 500	120 002	10 004	01 205
9	Other employee benefits	165,722.	132,293.	12,034.	21,395. 15,774.
10	Payroll taxes	98,588.	73,941.	8,873.	15,774.
11	Fees for services (non-employees):	2 046	1 072	1 072	
а	Management	3,946.	1,973.	1,973.	
b	Legal	04 470	42 220	40.000	
	Accounting	84,478.	42,239.	42,239.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	200 252	177 006	20 500	717
40	column (A) amount, list line 11g expenses on Sch 0.)	208,253. 5,089.	177,006. 3,939.	30,500.	747. 1,150.
12	Advertising and promotion	25,383.	18,280.	6,139.	964.
13	Office expenses	33,741.	20,416.	9,230.	4,095
14	Information technology	33,741.	20,410.	J, 250 •	Ŧ, UJJ.
15	Royalties	93,158.	70,045.	23,113.	
16 17	Occupancy	93,933.	86,355.	7,578.	
17 18	Travel Payments of travel or entertainment expenses	75,755.	00,333.	7,570	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	116,614.	113,394.	3,220.	
20	Interest	220,0220		3,2201	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,629.	4,815.	4,814.	
23	Insurance	5,231.	2,616.	2,615.	
24	Other expenses. Itemize expenses not covered		·	·	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND PUBLISHING	37,907.	27,415.	203.	10,289.
b	POSTAGE AND SHIPPING	15,939.	14,042.	1,897.	0.
С	BANK & CREDIT CARD PROC	12,626.	6,313.	6,267.	46.
d	MISCELLANEOUS	11,589.	10,529.	1,060.	0.
е	All other expenses	27,950.	19,502.	7,963.	485.
25	Total functional expenses. Add lines 1 through 24e	2,340,039.	1,792,810.	285,842.	261,387
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	reported in column (b) John costs nom a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2017)

10391115 150872 39143

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Form 990 (2017)
Part X Balance Sheet

KESHET INC

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			382,878.	1	739,585
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,295,114.	3	1,270,722
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			55,902.	9	76,599
	10a	Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	115,678.			
	b	Less: accumulated depreciation		115,678. 98,533.	19,715.	10c	17,145
	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	1,753,609.	16	2,104,051		
	17	Accounts payable and accrued expenses	64,375.	17	2,104,051 97,234		
	18	Grants payable				18	
	19	Deferred revenue			3,133.	19	1,968
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ပ္သ	22	Loans and other payables to current and former	officers	s, directors, trustees,			
ij⊟		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	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			65.500	25	22.22
	26	Total liabilities. Add lines 17 through 25			67,508.	26	99,202
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			100 000		100 075
auc	27	Unrestricted net assets			182,933.	27	198,975
Bali	28	Temporarily restricted net assets	·····	1,503,168.	28	1,805,874	
힏	29					29	
ឨ		Organizations that do not follow SFAS 117 (A	SC 958), check here			
p		and complete lines 30 through 34.					
) šets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			1 606 101	32	2 004 040
-	33	Total net assets or fund balances			1,686,101.	33	2,004,849
	34	Total liabilities and net assets/fund balances .			1,753,609.	34	2,104,051

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Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,34		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,68	6,1	<u>01.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,00	4,8	49.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	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?		. 2b	X	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public

Inspection
Employer identification number

KESHET INC 48-1278664 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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	p here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2016. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	: - 2017. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
					Sch	dule A (Form 990	or 990-E7\ 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	,, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	980,839.	2228516.	860,094.	2877950.	2438220.	9385619.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	10 155	17 150	25 056	F.C. 4.6.2	42 642	161 266
_	organization's tax-exempt purpose	19,155.	17,150.	25,856.	56,462.	42,043.	161,266.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	10,360.					10,360.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1010354.	2245666.	885,950.	2934412.	2480863.	9557245.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons	115,179.	93,442.	62,983.	269,755.	79,000.	620,359.
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						0.
,	Add lines 7a and 7b	115,179.	93,442.	62.983.	269,755.	79.000.	620,359.
	Public support. (Subtract line 7c from line 6.)		50,1111	02,000		. 5 / 6 6 6	8936886.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1010354.	2245666.	885,950.	2934412.	2480863.	9557245.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)	1010354.	2245666.	885,950.	2934412.	2480863.	9557245.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
							>
	ction C. Computation of Publi	• • •					
15	Public support percentage for 2017 (I			olumn (f))		15	93.51 %
16						16	92.81 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20					17	.00 %
18						18	<u>%</u>
198	a 33 1/3% support tests - 2017. If the						▶ ▼
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Pai	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		
	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		
Sec	ction B. Type I Supporting Organizations		1 1	
			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,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
Sec	non C. Type if Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N1 -
	Want a majority of the approximation to discontinuous design the day, one also a majority of the discontinuous		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	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
000	alon b. All Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	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	 3).		
а		•		
b				
С		structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	T		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Scriedule A	(Form 990 of 990-EZ) 2017 RESILET THE Fage 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 48-1278664

organization sMaintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 6. 1 Total number at end of year. 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all others and donor advisors in writing that the assets held in donor advised funds are the organization inform all prantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization funds for the cheefit of the donor or donor advisor, or for any other purpose conforming funds for the cheefit of the donor or donor advisor, or for any other purpose conforming funds funds for the cheefit of the donor or donor advisor on the funds f		KESHET INC		48-1278664			
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Ilisted in the National Register	d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure					
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in part of the conservation easements of the conservation easements of the conservation easements of the conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of expenses incurred i			2d				
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B) and section 170(h)(4)(B)(B)(B) Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Boes each conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Part III Yes	3			ng the tax			
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Application feected and part of the foliotops of Art, historical treasures, or other similar assets for financial gain, provi		year ▶					
staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	4	Number of states where property subject to conservation easement is located ▶					
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			_		
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?		violations, and enforcement of the conservation easements it holds?		Yes	No		
 ▶ \$	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easemer	its during the year			
 ▶ \$		>					
Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	7		easements du	iring the year			
and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		<u> </u>					
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include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X	_			. — —	No		
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X Assets included in Form 990, Part X	9		•	·			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b \$ Assets included in Form 990, Part X c Assets included in Form 990, Part X	Par		Similar A	eete			
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the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	Ia				411		
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X			or public serv	ice, provide, in Part A	.111,		
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	h		l balanaa aba	at works of ort histori	iool		
relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	b						
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X			service, provic	ie trie following amou	IIIS		
(ii) Assets included in Form 990, Part X			• •				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X							
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \]	2		···· -				
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ▶ \$	2		n, provide				
b Assets included in Form 990, Part X	_		• •				
		For Paperwork Reduction Act Notice, see the Instructions for Form 990.		edule D (Form 990)	2017		

Pai	rt III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi								•	
	(check all that apply):			•	_	_				
а	Public exhibition	d		Loan or exc	hange progra	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	•		-	-					
	to be sold to raise funds rather than to be m	aintained as part of th	ne organ	ization's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa			Ū						
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for c	contribution	s or other ass	ets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F						y?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planatio	n has been	provided on F	Part XIII				
Pai	rt V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	ı, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	tion that	t are held a	nd administer	ed for the	e organiza	ation	_	
	by:								Y	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Pai	rt VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
С	Leasehold improvements				4,260.		3,5			681.
d	Equipment				9,568.		35,2			<u>,279.</u>
	Other	I		6	1,850.		59,6	65.		<u>,185.</u>
Total	Add lines 1a through 1e (Column (d) must o	and Form 000 Port	V salum	n (D) line 1	0-1				17	145.

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
Financial derivatives			•
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1d. See Form 990, Part X,	line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990. Part X. col. (B) line	. 15.)		
art X Other Liabilities.			· •
Operation and the superior of	on Form 990, Part IV, line	l 1e or 11f. See Form 990, F	Part X, line 25.
Complete if the organization answered "Yes"			
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	
		(b) Book value	
(a) Description of liability (1) Federal income taxes		(b) Book value	
(a) Description of liability (1) Federal income taxes (2)		(b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		b) Book value	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	÷ 25.)		I statements that reports the

732053 10-09-17

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,658,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d		1 4.1		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,658,787.
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				
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			2,658,787.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Returr	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	2,340,039.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
	Prior year adjustments			
c				
d				
	· · · · · · · · · · · · · · · · · · ·		20	0.
	Add lines 2a through 2d			2,340,039.
3	Subtract line 2e from line 1			2,340,037.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	THICHIGG CAGAL CHILDOC. LARTS INTO TO	.)	5	2,340,039.
Pa	rt XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		art V, line 4; Part X	I, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
	_			
PAI	RT X, LINE 2:			
TH:	<u>E ORGANIZATION EVALUATES ALL SIGNIFICANT</u>	TAX POSITION	S AS REQUI	RED BY
GA.	AP, AS OF DECEMBER 31, 2017, THE ORGANIZ	ATION DOES NO	r believe	THAT IT
HA	<u>S TAKEN ANY TAX POSITIONS THAT WOULD REQ</u>	UIRE THE RECO	RDING OF A	ANY
ADI	DITIONAL TAX LIABILITY NOR DOES IT BELIE	VE THAT THERE	ARE ANY U	JNREALIZED
TA	X BENEFITS THAT WOULD EITHER INCREASE OR	DECREASE WIT	HIN THE NE	EXT TWELVE
MOI	NTHS. THE ORGANIZATIONS TAX RETURNS ARE	SUBJECT TO EX	AMINATION	BY THE
AP)	PROPRIATE TAXING JURISDICTIONS.			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

lame of the organization KESHET	INC					Employer ide 48-1278	ntification number 6 6 4
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1		
Indicate whether the organization rais	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-ga governising a ing of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		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	to (or	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contribu	▶ utions	or has been notified	it is e	exempt from re	gistration
or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 KESHET INC 48-1278664 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 per IV, line 48-1278664 Page 2

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.	
				(b) Event #2 OUTSTANDING BOSTON	(c) Other events NONE	(d) Total events (add col. (a) through	
4			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	92,027.	177,651.		269,678.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	92,027.	177,651.		269,678.	
	4	Cash prizes					
s	5	Noncash prizes					
shense	6	Rent/facility costs	3,225.	9,697.		12,922.	
Direct Expenses	7	Food and beverages	9,150.	13,229.		22,379.	
D	8	Entertainment	9,150.	13,229.		22,379.	
	9	Other direct expenses	25,772.	22,794.		22,379. 48,566.	
		Direct expense summary. Add lines 4 through			>	106,246.	
Pa	11 rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		. 000 Dort IV line 10 or r		163,432.	
1 4		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or i	eported more than		
_		Ţ.0,000 0 0 000 == , 0 0a.	(a) Din na	(b) Pull tabs/instant	(a) Oth an arasin a	(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Reve							
_	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>		
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_		
	0	Net garning income summary. Subtract line r	from line 1, column (a)				
9	En	ter the state(s) in which the organization condu	cts gaming activities:				
		the organization licensed to conduct gaming ac				Yes No	
b	If "	No," explain:					
	_						
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No	

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Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 KESHET INC	48-12/8664 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶\$	amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); at 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9, 9b, 10b, 15b,
100, 10, and 115, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990 or 990-EZ)	KESHET INC		48-1278664	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(commuda)			
_					
					-

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

48-1278664

Internal Revenue Service

Name of the organization

KESHET INC

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Schedule J (Form 990) 2017

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	benefits (B)(i)-(D)	
(1) IDIT KLEIN	(i)	175,000.	0.	0.	0.	38,500.	213,500.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TRANSGENDER, GENDER NON-CONFORMING, ASEXUAL, QUEER, PANSEXUAL,
QUESTIONING, AND ALLY JEWISH TEENS.
- CONSULTATION WITH INDIVIDUAL LEADERS, PARENTS AND OTHER COMMUNITY
PROFESSIONALS.
- PROVIDING EDUCATIONAL RESOURCES ON LGBTQ INCLUSION THROUGH A JEWISH
LENS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LGBTQ JEWS;
- HELPING TO IDENTIFY AND DEVELOP POTENTIAL LGBTQ JEWISH LEADERS IN THE
BAY 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 \$ 685,693. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** 48-1278664 KESHET INC TAX DOCUMENTS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS AND SENIOR MANAGEMENT. IN ADDITION ALL SUCH INDIVIDUALS SIGN AN ANNUAL CONFLICT CERTIFICATION STATEMENT. FORM 990, PART VI, SECTION B, LINE 15: ALL ANNUAL COMPENSATION IS A PART OF THE ANNUAL BUDGET PROCESS. THE BOARD REVIEWS ALL COMPENSATION ARRANGMENTS EACH YEAR AS A PART OF THE BUDGET REVIEW AND APPROVAL PROCESS. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION FURNISHES ALL PUBLIC DOCUMENTS UPON REQUEST, IN ADDITION, THE PUBLIC CAN DOWNLOAD THESE DOCUMENTS FROM BOTH GUIDESTAR 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 GENERAL'S WEBSITE. IN ADDITION COPIES OF THESE DOCUMENTS AND ALL ORGANIZATION GOVERNANCE POLICES ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.