

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493008028150

_{=orm}990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Inspection

epartment of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number C Name of organization
THE JEWISH COMMUNITY FOUNDATION INC B Check if applicable Please use IRS 06-0646689 Address change label or Doing Business As E Telephone number Name change print or type. See (203) 372-6567 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$83,054 Instruc-4200 PARK AVENUE Termination tions. City or town, state or country, and ZIP + 4 BRIDGEPORT, CT 06604 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for steve ehrens affiliates? 4200 park avenue bridgeport, CT 06604 H(b) Are all affiliates included? Tax-exempt status 501(c) (3) ◀ (insert no) √ 4947(a)(1) or
√ 527 (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► n/a L Year of Formation 1955 M State of legal domicile CT Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance serve as a fund development vehicle and investment manager for jccs and other jewish agencies primarily in the bridgeport area Check this box ┌─ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 8 8 Number of independent voting members of the governing body (Part VI, line 1b) . 0 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 **Prior Year Current Year** 30,017 Contributions and grants (Part VIII, line 1h) . . 70,751 9 Program service revenue (Part VIII, line 2g) . . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 94,595 -34,679 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,440 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 185,786 4,662 21,675 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 0 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 108,874 82,856 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 108,874 104,531 18 Revenue less expenses Subtract line 18 from line 12 19 76,912 -109,193 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 3,514,406 2,881,680 21 Total liabilities (Part X, line 26) 2,014,001 1,642,457 22 Net assets or fund balances Subtract line 21 from line 20 1,500,405 1,239,223 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** Sign Signature of officer Here steve ehrens chair Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's David Zieff signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours FRIEDBERG SMITH & CO PC if self-employed). **Use Only** address, and ZIP + 4 855 MAIN STREET 6TH FLOOR

BRIDGEPORT, CT 066044915 May the IRS discuss this return with the preparer shown above? (See instructions) . Phone no (203) 366-5876

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expense	es \$ 9	5,679 Must equal Part IX, L	ne 25. column (B).	
4d	Other program services (Deso (Expenses \$	cribe in Schedule O) including gra) (Revenue \$)
4c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expe	enses \$	ıncludıng grants of \$) (Revenue \$)
	THE FOUNDATION INVESTS ITS ENDO	WMENT FUNDS AND DIST	TRIBUTES THE INCOME TO AGENCIES	S BASED UPON THE DONORS advice Of	R BY BOARD POLICY
4a		•	5,679 including grants of \$) (Revenue \$)
4	Describe the exempt purpose a Section 501(c)(3) and (4) organ others, the total expenses, and	nizations and 4947 (a	ı)(1) trusts are required to rep	ort the amount of grants and al	
	services?	s on Schedule O			es No
3	If "Yes," describe these new ser Did the organization cease cond			ucts any program	
2	Did the organization undertake the prior Form 990 or 990-EZ?			hich were not listed on	es 🔽 No
See A	dditional Data Table		d H.		
1	Briefly describe the organization's mi	ssion			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	46				
	· · · · · · · · · · · · · · · · · · ·	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i .				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	0			
Ь	If at least one is reported in 2a, did the organization file all required federal employing.			2b		
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this Did the organization have unrelated business gross income of \$1,000 or more durin			20		
Ja	return?		year covered by this	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si	ıgnatu	re or other authority			
	over, a financial account in a foreign country (such as a bank account, securities ac	count	, or other financial	4a		NI -
	account)?			-TG		N o
D	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	r Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	na the	tax vear?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited		·			No
				5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
ь	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d ⁷	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-	_		
	file Form 8282?	1		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	iums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for	ile a F	orm 1098-C as	71.	V	
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the			8		
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a		10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	TOD				
11	Section 501(c)(12) organizations Enter					
11	Gross income from members or shareholders	l				
а	Closs medice from members of stratefrorders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them).............	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	уеаг	12b				

9Ь

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

Is there any officer, director or 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

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
.a	Enter the number of voting members of the governing body 1a 8			
b	Enter the number of voting members that are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
ŀ	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
•	Does the organization have members or stockholders?	6		No
'a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
a	Does the organization have local chapters, branches, or affiliates?	9a		Νo

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

	Land Aller Charles				\sim τ
L/	List the States	with which a copy	oi this roim 99t) is required to be filed	<u> </u>

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JEWISH COMMUNITY FOUNDATION INC

4200 PARK AVENUE

bridgeport, CT 06604

(203) 372-6504

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
robert berkowitz , board member		Х						0	0	0
juda epstein , board member		Х						0	0	0
mark fishman , board member		Х						0	0	0
harold rosnick , board member		Х						0	0	0
stanley carp , board member		Х						0	0	0
david chaifetz , secretary				Х				0	0	0
stephen ehrens , chair				Х				0	0	0
david cohen , vice chair				Х				0	0	0
						ļ				

Part VII Continued

(A) Name and Title	(B) Average hours per week	tin at Institutional Trustee	apply	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						۲	(0

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
7 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a					311
gifts, grants illar amounts	ь	Membership du	es . 1b					
g°.g	c	Fundraising eve	ents 1 c					
類	d	Related organiz	atıons 1d					
E, c	e	Government grants	(contributions) 1e					
fior श	f	All other contribution	ons, gifts, grants, and 1f	30,017				İ
Contributions, and other simil	g		butions included in					
풀		lines 1a-1f \$ _						
<u>5 #</u>	h	Total (Add lines	s 1a-1f)		30,017			
<u>e</u>				Business Code				
er E	2a							
<u>æ</u>	b							
95e	C							
<u> </u>	d							
E	e							
Program Serwce Revenue	f	All other progra	m service revenue					
<u>Ā</u>	g	Total. Add lines	2a-2f	*				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			nounts)		53,037			53,037
	4		tment of tax-exempt bond					
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	c	expenses Rental income						
		or (loss)	(1)	I				
	d	Net rental incol	ne or (loss) (i) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(ii) o tilei				
		from sales of assets other						
	Ь	than inventory Less cost or	87,716					
	-	other basis and sales expenses	•					
	c	Gain or (loss)	-87,716					
	d		s)		-87,716	-87,716		
	8a	Gross income frevents (not incl	udıng					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18					
e v			G if total exceeds a					
<u>.</u>	ь		penses b					
ţ	c		loss) from fundraising	events 🟲				
0	9a		rom gaming activities					
		See part IV, line Complete Schedu \$15,000	e 19 ule G ıf total exceeds					
		7 - 2,000	а					
	ь	Less direct exp	penses b					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of i returns and allo	wances .					
	Ь	less costofa	a podssold b					
	c		loss) from sales of inv	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь							
	_ c							
	d	All other revenu	ne					
	e		11a-11d	\$				
	12		Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ▶	-4,662	-87,716	0	53,037

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B)	(B), (C), and (L)). (D)			
o no	t include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
	rants and other assistance to governments and organizations in the U.S. See Part IV, line 21	21,675	21,675					
	irants and other assistance to individuals in the S See Part IV, line 22	,	,					
0	irants and other assistance to governments, rganizations and individuals outside the U.S. See art IV, lines 15 and 16							
1 B	enefits paid to or for members							
	ompensation of current officers, directors, trustees, and ey employees							
(;	ompensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons escribed in section 4958(c)(3)(B)							
, 0	ther salaries and wages							
	ension plan contributions (include section 401(k) and section 03(b) employer contributions)							
0	ther employee benefits							
) P	ayroll taxes							
. F	ees for services (non-employees)							
a M	lanagement							
b L	egal							
с А	ccounting	4,036		4,036				
d L	obbying							
. P	rofessional fundraising See Part IV, line 17							
	nvestment management fees							
, 0	ther							
	dvertising and promotion							
	ffice expenses	4,816		4,816				
	nformation technology	-,		.,				
	oyalties							
	ccupancy							
	ravel							
Р	ayments of travel or entertainment expenses for any Federal, tate or local public officials							
	onferences, conventions and meetings							
	nterest							
Р	ayments to affiliates							
	epreciation, depletion, and amortization							
	nsurance							
. C	ther expenses—Itemize expenses not covered above (Expenses rouped together and labeled miscellaneous may not exceed 5% of otal expenses shown on line 25 below)							
	IST TO JCCS	64,929	64,929					
b ir	nvestment advisory fee	9,075	9,075					
c [–]		-						
d _								
e _								
d _								
e _								
e ⁻								
f A	II other expenses							
_	otal functional expenses. Add lines 1 through 24f	104,531	95,679	8,852				
; J	oint Costs. Check If following SOP 98-2 Complete this	, -	, -	, -				
С	ne only if the organization reported in column (B) joint osts from a combined educational campaign and indraising solicitation							

Part X	Balance	Sheet

			(A)		(E	
	ه ا	Cook and when the same	Beginning of year		End o	fyear
	1	Cash—non-interest-bearing		1		
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net	10,000	7		10,000
	8	Inventories for sale or use		8		
2	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV , line 11 Complete Part VII of	3,389,759	12		2,751,339
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part VIII				
		of Schedule D .		13		
	14	Intangible assets	114 647	14		120 241
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	114,647	15		120,341
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,514,406	16		2,881,680
	17	Accounts payable and accrued expenses .		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
10	20	Tax-exempt bond liabilities		20		
ě	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	2,014,001	25		1,642,457
	26	Total liabilities. Add lines 17 through 25	2,014,001	26		1,642,457
s e		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets	686,191	27		392,218
Balance	28	Temporarily restricted net assets	114,647	28		147,338
Ę	29	Permanently restricted net assets	699,567	29		699,667
Fund		Organizations that do not follow SFAS 117, check here F and complete				
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
ري دي	31			32		
		Retained earnings, endowment, accumulated income, or other funds	1,500,405	33		1,239,223
Š	33	Total liabilities and not assets /fund balances				
	34	Total liabilities and net assets/fund balances	3,514,406	34		2,881,680
Pa	rt XI	Financial Statements and Reporting				
			<u> </u>		Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE J	EWISH	COMMUNITY F	DUNDATION INC					0.6	064660	0			
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	by all or	nanızatıc		-064668 Instruct				
				ation because it is (Please			_		111361466				
1		A church, o	onvention of ch	urches, or association of ch	nurches de	escribed in	n Section	170(b)(1)	(A)(i).				
2	Γ	A school d	escribed in Sect	i on 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)							
3	Γ	A hospital	or a cooperative	e hospital service organizati	ıon descrı	bed in Sec	tion 170(b)(1)(A)(i	i ii). (A ttac	h Schedul	e H)		
4	\sqcap	A medical	research organı	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's	name, city, and	state									
5	Γ	An organız	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gov	ernmental	unıt desc	rıbed ın		
		Section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt desci	ribed in Se	ection 170	(b)(1)(A)	(v).				
7 An organization that normally receives a substantial part of its support from a govern							rnmental u	ınıt or fron	n the gene	ral publi	с		
	_	described	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)								
8		A commun	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	ı	=		ally receives (1) more than					•	-	-	oss	
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
			_				•			x) from bu	sinesses	•	
	_	•	_	on after June 30, 1975 See			•		•				
10	l E	_	-	and operated exclusively to			•				•		
11	 ~	_	-						s 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). Chec the box that describes the type of supporting organization and complete lines 11e through 11h.										CHECK	
		а Г⊤	ype I b	Type II c	Type III	- Function	nally Inte	grated	d	Г⊤ype	III - Ot	her	
e	Γ			rtify that the organization is									
		other than section 50		agers and other than one or	more pub	licly supp	orted orga	inizations	described	in section	1509(a)	(1) or	
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ıg organı	zation,	
		check this										Г	
g		Since Augi following p		as the organization accepted	d any gift	or contrib	ution from	any of the	9				
				r indirectly controls, either a	alone or to	aether wi	th person:	s describe	d in (ii)		Yes	No	
			· ·	ng body of the the supported		-	•		()	11g		No	
			· -	erson described in (i) above	-						ii)	Νο	
		i i i i i i i i i i i i i i i i i i i									iii)	Νο	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports						
		ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did y	you notify	(vi) 1	is the		mount of	
		oorted		(described on lines 1 - 9		ation in		anızatıon		ation in	sup	port?	
	O rgar	nization		above or IRC section (See Instructions))		listed in verning		i) of your port?		rganized US?			
				(000 1,)		ment?		p 0 , C	""				
					Yes	No	Yes	No	Yes	No]		
	h cente	er for											
	nunity ces inc		060655499	12	Yes			No		Νo		64929	
								<u> </u>					
								ļ					
								ļ					
								1					
								 		-			
Tota	1		I	l	1	l .	1	1	1	1	1	64,929	

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization

IHE	JEWISH COMMUNITY FOUNDATION INC		06-0646689					
Pa	rt I Organizations Maintaining Donor A			s. Complete if the				
	organization answered "Yes" to Form 99							
4	Tabel number at and aftern	(a) Donor advised funds	(b) Funds and	other accounts				
1	Total number at end of year	-						
2 3	Aggregate Contributions to (during year) Aggregate Grants from (during year)	29,917						
<i>3</i> 4	Aggregate value at end of year	38,675 303,546						
		,						
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised	✓ Yes				
6	Did the organization inform all grantees, donors, and		may be					
	used only for charitable purposes and not for the ber impermissible private benefit?	lent of the donor or donor advisor or other		✓ Yes				
Pai	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part I	V, line 7.				
1	Purpose(s) of conservation easements held by the o	rganızatıon (check all that apply)						
	Preservation of land for public use (e.g., recreat	<u> </u>	historically importai	·				
	Protection of natural habitat	Preservation of cer	rtıfıed hıstorıc struct	ure				
	Preservation of open space							
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservation ea	sement				
			Held a	t the End of the Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easement	s	2b					
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c					
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d					
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	d by the organization	n during				
	the taxable year 🕨							
4	Number of states where property subject to conserve	ation easement is located ▶						
5	Does the organization have a written policy regarding		tions, and					
	enforcement of the conservation easements it holds		,	│ Yes │ No				
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►					
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$					
8	Does each conservation easement reported on line $2170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sect	tion	┌ Yes ┌ No				
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	•					
Par	Complete if the organization answered		or Other Similar	Assets.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue statement for public exhibition, education or researc	h in furtherance of p					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		,				
	(i) Revenues included in Form 990, Part VIII, line 1		► \$					
	(ii) Assets included in Form 990, Part X		► \$					
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, prov	ıde the				
а	Revenues included in Form 990, Part VIII, line 1		► \$					

b Assets included in Form 990, Part X

Part :	III Organizations Maintaining Co	ollections of Art	<u>, His</u>	<u>tori</u>	<u>cal Treasur</u>	es, or Other	Similar Asse	ets (c	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e fol	lowing that are	a sıgnıfıcant us	e of its collectio	n	
a [Public exhibition		d	Г	Loan or excha	nge programs			
ь	☐ Scholarly research e ☐ Other								
c [Preservation for future generations								
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	y further the org	ganızatıon's exe	empt purpose in		
	During the year, did the organization solicite assets to be sold to raise funds rather than							Yes	┌ No
Part	Trust, Escrow and Custodial . Part IV, line 9, or reported an ar					ızatıon answe	ered "Yes" to F	orm 9	90,
	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for c	ontributions or	other assets n		Yes	┌ No
b 1	If "Yes," explain why in Part XIV and comple	ete the following tabl	е						
							A moi	ınt	
_	Beginning balance					1c			
d	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XI\								
Part	Endowment Funds. Complete							\F \	
	Paginning of waar halanga	(a)Current Year 699,567	(B)	Prior '	rear (c) I wo	Years Back (d)T	hree Years Back (e	e)Four Y	ears Back
	Beginning of year balance	100							
	Investment earnings or losses	100							
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f /	Administrative expenses								
g i	End of year balance	699,667							
	Provide the estimated percentage of the yea	r end balance held a	ıs						
a	Board designated or quasi-endowment 🕨								
Ь	Permanent endowment 🕨 100 000 %								
c -	Term endowment 🕨								
	A re there endowment funds not in the posse	ssion of the organiza	ation t	that a	are held and adr	mınıstered for t	he		
	organization by							Yes	No
((i) unrelated organizations			•			3a(i)		No
	(ii) related organizations						3a(ii)	<u> </u>	No.
	If "Yes" to 3a(11), are the related organizatio Describe in Part XIV the intended uses of th	·					Зь		<u> </u>
Part						t V line 10			
rait	investments—Land, Building	s, and Equipmen	III. 3		•	_ ′		1	
	Description of investment				a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) i	Book value
	and	• • • •	•				1		
b B	uildings		•						
c L	easehold improvements		•						
d E	quipment							\perp	
- 0	ther			- 1		I	I		
	Add lines 1a-1e (Column (d) should equal Fo	<u> </u>	•						

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other investments	2,724,342		
Other other investments	26,997		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	2,751,339		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	45		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip			(b) Book value
(,			(-)
Total. (Column (b) should equal Form 990, Part X, col.(B) line :			
Part X Other Liabilities. See Form 990, Part >	(, line 25. (b) A mount		
Federal Income Taxes	,		
agency liabilities jccs	1,402,278		
agency liabilities other agencies	240,179		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,642,457		

Par	t XI Reconciliation of C	hange in Net Assets from For	m 99	0 to F	Financial Statemeı	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	-4,662
2	Total expenses (Form 990, Pa	rt IX, column (A), line 25)				2	104,531
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-109,193
4	Net unrealized gains (losses) o					4	
5	Donated services and use of fa	icilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	-151,989
9	Total adjustments (net) Add II	nes 4 - 8				9	-151,989
10	• • • • • • • • • • • • • • • • • • • •	per financial statements Combine line	s 3 ar	nd 9		10	-261,182
Part		evenue per Audited Financial			its With Revenue p	er Re	<u> </u>
1		er support per audited financial statem				1	-153,726
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12					
а	Net unrealized gains on inves	tments	.	2a			
b	Donated services and use of f	facilities	.	2b	12,000		
c	Recoveries of prior year grant	s	. [2c			
d	Other (Describe in Part XIV)		[2d	-151,989		
e	Add lines 2a through 2d .					2e	-139,989
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	-13,737
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b	.	4a			
b	Other (Describe in Part XIV)		.	4b	9,075		
c	Add lines 4a and 4b					4c	9,075
5		nd 4c. (This should equal Form 990, Pai				5	-4,662
		xpenses per Audited Financia			nts With Expenses		
1		raudited financial statements				1	107,456
2		it not on Form 990, Part IX, line 25		ا ء۔	12.000		
a	Prior year adjustments			2a	12,000	-	
b	, ,		• •	2b		ł	
c d	Other (Describe in Part XIV)	, Part IX, line 25	•	2c 2d		-	
u e	Add lines 2a through 2d		•	_ Zu		2e	12,000
3	Subtract line 2e from line 1.					3	95,456
4		O, Part IX, line 25, but not on line 1:	•	•		<u> </u>	33,430
a		uded on Form 990, Part VIII, line 7b		4a	1		
b	Other (Describe in Part XIV)			4b	9,075	1	
c	Add lines 4a and 4b					4c	9,075
5		nd 4c. (This should equal Form 990, Pa	rt I, lu	ne 18])	5	104,531
Par	t XIV Supplemental Int						,
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493008028150

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Schedule I (Form 990) 2008

Employer identification number

THE JEWISH COMMUNITY FOL	INDATION INC						
THE JEWISH COMMONITY TO	NDATION INC					06-0646689	
Part I General Inform	nation on Gra	nts and Assistance	2			<u>'</u>	
Does the organization mai the selection criteria used Describe in Part IV the organization.	to award the gra	nts or assistance?					
Form 990, Part IV Part IV and Sche	V, line 21 for a dule I-1 if add	ny recipient that rece itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the of	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
various charitable organizations		501(c)(3)	21,675	0			support organizations charitable purposes
		_					
2 Enter total number of sect organizations							
3 Enter total number of othe							<u> </u>

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Other Information		grants made from charitable donor advise funds to 501(c)(3) organizations to support their charitable purpose based upon advise requests of donors

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493008028150

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

	Thispection
Name of the organization	Employer identification number
THE JEWISH COMMUNITY FOUNDATION INC	
	06-0646689

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		reviewed by the executive director and a board member on behalf of the board before it is filed

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		the organization does not pay its executive director the executive director is an employee of jccs and an in kind contribution of \$12,000 is reflected to reflect the office and administrative support

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the form 990 and other documents are available at the agency's office to any person making a request

Additional Data

Software ID: Software Version:

EIN: 06-0646689

Name: THE JEWISH COMMUNITY FOUNDATION INC

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

serves as a fund development vehicle and investment manager for jewish center for community services and other jewish agencies primarily in the greater bpt area. to provide a means of accepting gift, bequests, devises and other forms of permanently and temporarily restricted contributions on behalf of jccs and other forms of permanently and otherwise manage and administer these assets and to provide financial assistance to jccs and other agencies.