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Form 990



Department of the Treasury  
Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC  
Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

901 ROUTE 10 PO BOX 929

City or town, state or country, and ZIP + 4  
WHIPPANY, NJ 079810929

D Employer identification number

22-1714130

E Telephone number

(973) 929-3000

G Gross receipts \$ 105,242,566

F Name and address of Principal Officer

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

(If "No," attach a list See instructions )

H(c) Group Exemption Number ▶

I Tax-exempt status ☒ 501(c) ( 3 ) ◀(Insert no ) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ JCFMETRO WEST ORG

K Type of organization ☒ Corporation☐ trust☐ association☐ other ▶

L Year of Formation 1949

M State of legal domicile NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities  THE JEWISH COMMUNITY FOUNDATION'S PRIMARY FUNCTION IS TO RECEIVE, ADMINISTER AND ALLOCATE FUNDS AND PROPERTY FOR UJC AND ITS BENEFICIARY AGENCIES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	56
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	53
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	50,518,403	12,182,341
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,454,158	-7,823,427
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,903,886	2,380,966
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,876,447	6,739,880
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,501,874	18,194,634
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	956,399	1,063,295
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>1,676,669</u> )		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,434,762	2,432,015
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	32,893,035	21,689,944
	19	Revenue less expenses Subtract line 18 from line 12	30,983,412	-14,950,064
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	305,855,403	254,251,869
	21	Total liabilities (Part X, line 26)	91,963,906	81,564,608
	22	Net assets or fund balances Subtract line 21 from line 20	213,891,497	172,687,261

Part II Signature Block

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2010-05-13

Date

HOWARD RABNER COO/CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Joyce Mayeresky

Date

Check if self-employed ☐

Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4

WITHUMSMITHBROWN PC  
ONE SPRING STREET  
NEW BRUNSWICK, NJ 08901

EIN

Phone no (732) 828-1614

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

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part IIISTatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

☐ Yes

☒ No

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

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 19,571,368 including grants of \$ 18,194,634 ) (Revenue \$ )
	JCF HELPS TO SECURE THE FUTURE WITH ENDOWMENTS DESIGNED TO ADDRESS THE LONGER TERM NEEDS OF THE COMMUNITY AND PARTNERS WITH DONORS TO HELP THEM FULFILL THEIR PHILANTHROPIC DREAMS JCF HAS TAKEN THE LEAD, LOCALLY AND NATIONALLY, IN DEVELOPING SIGNIFICANT SUPPORT FOR A NUMBER OF INITIATIVES TO PROMOTE JEWISH IDENTITY AND CONTINUITY, WITH SPECIFIC FOCUS ON JEWISH DAY SCHOOL EDUCATION, JEWISH CAMPING AND BIRTHRIGHT ISRAEL JCF DISTRIBUTED FUNDS TO THE UJA ANNUAL CAMPAIGN FROM ENDOWED FUNDS, GIVING AN ESSENTIAL BOOST TO UJC’S YEARLY FUNDRAISING EFFORTS, SUPPORTING CURRENT UNRESTRICTED FUNDING, THE CORNERSTONE OF OUR COMMUNITY’S OUTREACH EFFORT JCF DISTRIBUTED GRANTS FROM DONOR-MANAGED FUNDS TO THE 2009 UJA CAMPAIGN, AND OTHER METROWEST BENEFICIARY AGENCIES JCF DISTRIBUTED FUNDS TO ENHANCE THE LIVES OF THOSE IN NEED IN OUR LOCAL COMMUNITY, ISRAEL AND AROUND THE WORLD

4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
----	---

4d

Other program services (Describe in Schedule O )













(Expenses \$ including grants of \$ ) (Revenue \$ )

4e









Total program service expenses \$ 19,571,368 Must equal Part IX, Line 25, column (B).

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	Yes
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	No
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	
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	Yes
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 V 	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	No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
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? If "Yes," complete Schedule F, Part II	15	No
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	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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	Yes
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	No
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
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	<b>29</b>	Yes
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> 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 "Yes," complete Schedule R, Part I</i> . . . . . 	<b>33</b>	Yes
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	<b>34</b>	Yes
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>35</b>	No
<b>36</b> 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>36</b>	No
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 	<b>37</b>	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
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)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	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 premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		No
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		No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
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 lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		

Part VI

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

Section A. Governing Body and Management

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.

1a

Enter the number of voting members of the governing body

1a

56

1b

Enter the number of voting members that are independent

1b

48

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

Yes

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

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

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?

9b

10

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

10

Yes

11

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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

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

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

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

No

16b

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

17

List the States with which a copy of this Form 990 is required to be filed

NJ

18

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

19

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.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
BARRY MILCHMANJCF  
901 ROUTE 10 PO BOX 929  
WHIPPANY, NJ 079810929  
(973) 929-3000

Form 990 (2008)

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]





Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,182,341				
	g	Noncash contributions included in lines 1a-1f \$ 6,046,980						
	h	Total (Add lines 1a-1f) . . . . .			12,182,341			
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .						
	0							
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .		4,538,119			4,538,119	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties . . . . .		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses	2,170,255					
	c	Rental income or (loss)	225,052					
	d	Net rental income or (loss) . . . . .	1,945,203		1,945,203			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses	85,916,088					
	c	Gain or (loss)	98,277,634					
	d	Net gain or (loss) . . . . .	-12,361,546		-12,361,546			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .	a					
	b	Less direct expenses . . . .	b					
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .	a					
	b	Less direct expenses . . . .	b					
	c	Net income or (loss) from gaming activities . .		0				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
	b	Less cost of goods sold . . . .	b					
	c	Net income or (loss) from sales of inventory . .		0				
	Miscellaneous Revenue		Business Code					
	11a	ADMINISTRATIVE FEE INCOME			435,763			435,763
	b							
c								
d	All other revenue _____							
e	Total. Add lines 11a-11d . . . . .							
		\$ 435,763						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			6,739,880			4,973,882	

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).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	18,194,634	18,194,634		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	274,587	109,835	27,458	137,294
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	658,697	263,478		329,350
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	20,260	8,104	2,026	10,130
9	Other employee benefits . . . . .	40,275	16,110	4,027	20,138
10	Payroll taxes . . . . .	69,476	27,791	6,947	34,738
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	7,586	3,034	759	3,793
c	Accounting . . . . .	54,250	21,700	5,425	27,125
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	848,095	339,238	84,810	424,047
g	Other . . . . .	27,492	10,997	2,749	13,746
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	143,223	57,288	14,323	71,612
14	Information technology . . . . .	25,390	10,156	2,539	12,695
15	Royalties . . . . .	0			
16	Occupancy . . . . .	121,385	48,553	12,139	60,693
17	Travel . . . . .	13,430	5,372	1,343	6,715
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19	Conferences, conventions and meetings . . . . .	0			
20	Interest . . . . .	106,574		106,574	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	865,981	346,392	86,598	432,991
23	Insurance . . . . .	17,868	7,148	1,787	8,933
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	MISCELLANEOUS	152,844	61,139	15,284	76,421
b	BAD DEBTS	35,400	35,400		
c	PUBLICITY PROMOTION	12,497	4,999	1,250	6,248
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	21,689,944	19,571,368	441,907	1,676,669
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

			(A)		(B)
			Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .	5,291,147	1	140,245
	2	Savings and temporary cash investments . . . . .	200,000	2	3,573,248
	3	Pledges and grants receivable, net . . . . .	1,050,551	3	414,156
	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) <i>Complete Part II of Schedule L</i> . . . . .		6	
	7	Notes and loans receivable, net . . . . .	20,539,219	7	16,907,988
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	12,243	9	3,871
	10a	Land, buildings, and equipment cost basis			
		10a	44,795,897		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .			
		10b	29,193,445	10c	15,602,452
	11	Investments—publicly traded securities . . . . .	223,336,182	11	171,049,296
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	36,401,724	12	43,932,515
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		13	
Liabilities	14	Intangible assets . . . . .		14	
	15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	2,384,636	15	2,628,098
	16	<b>Total assets.</b> <i>Add lines 1 through 15 (must equal line 34)</i>	305,855,403	16	254,251,869
	17	Accounts payable and accrued expenses . . . . .	881,057	17	590,784
	18	Grants payable . . . . .	3,252,183	18	1,984,726
	19	Deferred revenue . . . . .	1,334,723	19	1,300,502
	20	Tax-exempt bond liabilities . . . . .	5,400,000	20	5,400,000
	21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
Net Assets or Fund Balances	24	Unsecured notes and loans payable . . . . .		24	
	25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	81,095,943	25	72,288,596
	26	<b>Total liabilities.</b> <i>Add lines 17 through 25</i> . . . . .	91,963,906	26	81,564,608
		<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets . . . . .	180,302,256	27	146,979,853
	28	Temporarily restricted net assets . . . . .	29,804,545	28	21,748,071
	29	Permanently restricted net assets . . . . .	3,784,696	29	3,959,337
		<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b> . . . . .	213,891,497	33	172,687,261
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .	305,855,403	34	254,251,869

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a		No
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	Yes	
c	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		

SCHEDULE A

(Form 990 or 990EZ)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST NEW JERSEY INC	Employer identification number 22-1714130
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Public Support						
Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each 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						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts 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 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 instructions )					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar 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 ")	12,419,030	31,732,367	17,477,511	50,518,403	12,182,341	124,329,652
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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	12,419,030	31,732,367	17,477,511	50,518,403	12,182,341	124,329,652
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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 (Subtract line 7c from line 6)						124,329,652

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	12,419,030	31,732,367	17,477,511	50,518,403	12,182,341	124,329,652
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,060,286	14,574,924	6,665,113	7,004,583	18,488,015	51,792,921
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	5,060,286	14,574,924	6,665,113	7,004,583	18,488,015	51,792,921
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)						176,122,573
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	70 593 %	
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	73 317 %	

Computation of Investment Income Percentage			
17	Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	17	29 407 %
18	Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	18	26 683 %
19a	<b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	<b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>

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 D  
(Form 990)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> JEWISH COMMUNITY FOUNDATION OF METROWEST NEW JERSEY INC	<b>Employer identification number</b>  22-1714130
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	249
2	Aggregate Contributions to (during year)	5,951,026
3	Aggregate Grants from (during year)	8,244,128
4	Aggregate value at end of year	45,750,047
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>Yes No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div>Yes No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$ 315,000

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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	4,623,391				
b Contributions . . . . .	174,641				
c Investment earnings or losses . . . . .	-545,504				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	4,252,528				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 94 %

c

Term endowment ▶ 6 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	333,592	2,953,206		3,286,798
b Buildings . . . . .	20,946,875	17,941,917	26,892,227	11,996,565
c Leasehold improvements . . . . .				
d Equipment . . . . .	1,002,472	1,617,835	2,301,218	319,089
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				15,602,452

**Part VII** Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other STATE OF ISRAEL BONDS	2,352,680	F
Other LIMITED PARTNERSHIP INTEREST	29,218,606	F
Other CERTIFICATES OF DEPOSIT	4,729,544	F
Other MUTUAL FUNDS	7,631,685	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	43,932,515	

**Part VIII** Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		

**Part IX** Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ACCRUED INTEREST RECEIVABLE	364,278
LIFE INSURANCE (CASH SURR VAL)	1,938,831
OTHER RECEIVABLE	324,989
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X** Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	52,587,231
SECURITY DEPOSIT PAYABLE	137,735
SPLIT INTEREST AGREEMENT	3,471,093
FUNDS HELD FOR OTHERS	16,092,537
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	72,288,596

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,739,880
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,689,944
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,950,064
4	Net unrealized gains (losses) on investments	4	-26,966,012
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-26,966,012
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-41,916,076

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	-19,289,240
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-26,966,012
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	936,892
e	Add lines 2a through 2d . . . . .	2e	-26,029,120
3	Subtract line 2e from line 1 . . . . .	3	6,739,880
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	6,739,880

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	21,914,996
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	225,052
e	Add lines 2a through 2d . . . . .	2e	225,052
3	Subtract line 2e from line 1 . . . . .	3	21,689,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	21,689,944

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
PART XII 2d	RECONCILIATION OF REVENUE	VALUATION ALLOWANCE \$711,840 DEPRECIATION EXPENSE \$179,640 PROPERTY TAXES \$ 44,348 WATER/SEWER \$ 1,064
PART XIII 2d	RECONCILIATION OF EXPENSES	DEPRECIATION EXPENSE \$179640 PROPERTY TAXES \$ 44348 WATER/SEWER \$ 1064
PART III 1b(II)	COLLECTIONS OF ART	HOLOCAUST MEMORIAL SCULPTURES IN REMEMBRANCE OF THE VICTIMS AND SURVIVORS, ACTING AS A SOLEMN SYMBOL OF THE GENOCIDE
PART X		THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS

Schedule I  
(Form 990)

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

OMB No 1545-0047  
  
2008  
  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC

Employer identification number  
22-1714130

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Abrams Hebrew Academy31 W College Ave Yardley,PA 19067	21-6001415	501(c)(3)	60,000				GENERAL CHARITABLE PURPOSES
Perkins School for the Blind 175 N Beacon St Watertown,MA 02172	04-2103616	501(c)(3)	20,000				GENERAL CHARITABLE PURPOSES
Robin Hood Foundation826 Broadway 9th Fl New York,NY 10003	13-3441066	501(c)(3)	12,000				GENERAL CHARITABLE PURPOSES
Salanter Akiba Riverdale Academy (SAR)655 West 254th Street Riverdale,NY 10471	13-2646185	501(c)(3)	24,660				GENERAL CHARITABLE PURPOSES

2 Enter total number of section 501(c)(3) and government organizations . . . . . 262

3 Enter total number of other organizations . . . . .

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part 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)Amount of cash grant	(d)Amount 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

Identifier	Return Reference	Explanation
GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS	SCHEDULE I PART I LINE 2	JCF'S BOARD APPROVES ALL GRANTS TO OTHER ORGANIZATIONS BEFORE GRANTS ARE SENT JCF VERIFIES THAT THE ORGANIZATION IS A 501(c)(3) ALL GRANTS ARE FOR GENERAL CHARITABLE PURPOSES OF THE OTHER ORGANIZATIO SN

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC

Employer identification number  
  
22-1714130

Part I		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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First class or charter travel		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<input type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MAX KLEINMAN	(i)	63,667			9,000	4,044	76,711	62,137
	(ii)	254,669			36,000	16,178	306,847	248,548
HOWARD RABNER	(i)	47,182				4,998	52,180	0
	(ii)	141,546				14,992	156,538	143,591
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





SCHEDULE M  
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC

Employer identification number  
22-1714130

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	53	4,481,269	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	X	1	3,200,000	FMV
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a		No
b If "Yes", describe in Part II			
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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 Inspection

<b>Name of the organization</b> JEWISH COMMUNITY FOUNDATION OF METROWEST NEW JERSEY INC	<b>Employer identification number</b>  22-1714130
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Identifier	Return Reference	Explanation
STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE	FORM 990 PART V 2A-2B	ALL SALARIES REPORTED ARE REIMBURSED TO A RELATED ORGANIZATION, UNITED JEWISH COMMUNITIES OF METROWEST NEW JERSEY, INC ALL TAX REPORTING AND PAYMENTS HAVE BEEN REPORTED AND PAID BY THE RELATED ORGANIZATION AS A RESULT, THERE ARE NO W-2'S ISSUED BY THE ORGANIZATION DIRECTLY

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990 PART VI SECTION B LINE 12C	THE JEWISH COMMUNITY FOUNDATION OF METROWEST NJ'S ("JCF")CONFLICT OF INTEREST POLICY (THE "POLICY") IS DICUSSED ANNUALLY AT BOARD AND STAFF MEETINGS EACH JCF TRUSTEE AND EMPLOYEE IS REQUIRED TO COMPLETE AND SIGN THE POLICY ON AN ANNUAL BASIS AND AS MATERIAL CHANGES ARISE THE INFORMATION PROVIDED BY TRUSTEES AND EMPLOYEES IS REVIEWED AND COMPILED ON A TRACKING SHEET CONFLICTS AND POTENTIAL CONFLICTS ARE MONITORED ON A PERIODIC BASIS AND IN CONNECTION WITH MATERIAL TRANSACTIONS MOREOVER, THE JCF INVESTMENT COMMITTEE IS BOUND BY BOTH THE POLICY AND A SEPARATE INVESTMENT COMMITTEE RESOLUTION ON CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
POLICIES	PART VI, SECTION B LINE 15	PERFORMANCE REVIEWS ARE PREPARED FOR EACH OF THESE EMPLOYEES THE NATIONAL SALARY SURVEY FOR LARGE FEDERATIONS IS USED TO HELP DETERMINE THE COMPENSATION OF TOP RANKING EMPLOYEES OF JCF THE SALARIES ARE SUBJECT TO APPROVAL BY THE SALARIES AND PERSONNEL PRACTICES COMMITTEE WHOSE MEMBERS INCLUDE PAST PRESIDENTS AND OTHER SENIOR LEADERSHIP OF THE ORGANIZATION

Identifier	Return Reference	Explanation
OFFICER/TRUSTEE RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	NAME OF TRUSTEE LORI KLINGHOFFER NAME OF RELATED TRUSTEE STEVEN KLINGHOFFER RELATIONSHIP HUSBAND AND WIFE NAME OF TRUSTEE MAXINE MURNICK NAME OF RELATED TRUSTEE THEODORE MURNICK RELATIONSHIP HUSBAND AND WIFE NAME OF OFFICER ARTHUR SCHECHNER NAME OF RELATED TRUSTEE MICHAEL SCHECHNER RELATIONSHIP FATHER AND SON NAME OF OFFICER ARTHUR SCHECHNER NAME OF RELATED TRUSTEE PAUL SCHECHNER RELATIONSHIP UNCLE AND NEPHEW NAME OF OFFICER MICHAEL SCHECHNER NAME OF RELATED TRUSTEE PAUL SCHECHNER RELATIONSHIP COUSINS

Identifier	Return Reference	Explanation
990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	THE BUDGET COMMITTEE WILL REVIEW AND ANALYZE THE 990 THE BUDGET COMMITTEE HAS THE AUTHORITY TO REVIEW AND APPROVE THE 990 PER A BOARD RESOLUTION

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

Name of the organization  
JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC

Employer identification number  
  
22-1714130

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
JCF 760 NORTHFIELD AVENUE LLC 901 ROUTE 10 WHIPPANY, NJ 079811156	REAL PROPERTY	NJ			
JCF 1155 PLEASANT VALLEY WAY LLC 901 ROUTE 10 WHIPPANY, NJ 079811156	REAL PROPERTY	NJ			
JCF REAL ESTATE I LLC 901 route 10 WHIPPANY, NJ 079811156	REAL PROPERTY	NJ			

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) UNITED JEWISH COMMUNITIES OF METROWEST NJ INC	B	965,391
(2) UNITED JEWISH COMMUNITIES OF METROWEST NJ INC	N	121,185
(3) UNITED JEWISH COMMUNITIES OF METROWEST NJ INC	O	1,021,748
(4) JEROME & PAULA GOTTESMAN FAMILY SUPPORTING FD	C	663,000
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Software ID:

Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
UNITED JEWISH COMMUNITIES OF METROWEST  901 ROUTE 10 WHIPPANY, NJ079811156	COMMUNITY SER	NJ	501(c)(3)	7	
BERSON FAMILY SUPPORTING FOUNDATION INC  901 ROUTE 10 WHIPPANY, NJ07981 22-2872256	CHARITY	NJ	501(c)(3)	11	
JEROME & PAULA GOTTESMAN FAMILY SUPPORTI  901 ROUTE 10 WHIPPANY, NJ07981 22-3056144	CHARITY	NJ	501(c)(3)	11	
POLANER FAMILY SUPPORTING FOUNDATION IN  901 ROUTE 10 WHIPPANY, NJ07981 52-1793845	CHARITY	NJ	501(c)(3)	11	
JOYCE & LEONARD KULICK FAMILY SUPPORTING  901 ROUTE 10 WHIPPANY, NJ07981 52-1815237	CHARITY	NJ	501(c)(3)	11	
BETTY & SHELDON FEINBERG SUPPORTING FOUN  901 ROUTE 10 WHIPPANY, NJ07981 52-1823808	CHARITY	NJ	501(c)(3)	11	
BETH EL MEMORIAL PARK FOUNDATION INC  901 ROUTE 10 WHIPPANY, NJ07981 52-1860878	CHARITY	NJ	501(c)(3)	11	
HEBREW FREE LOAN OF METROWEST INC  901 ROUTE 10 WHIPPANY, NJ07981 52-1931966	CHARITY	NJ	501(c)(3)	11	
TURTLETAUB ENDOWMENT INC  901 ROUTE 10 WHIPPANY, NJ07981 52-1931976	CHARITY	NJ	501(c)(3)	11	
ROCKER FAMILY FOUNDATION INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3699940	CHARITY	NJ	501(c)(3)	11	
JCF JEWISH HERITAGE CONCERT SUPP FDN IN  901 ROUTE 10 WHIPPANY, NJ07981 52-1958332	CHARITY	NJ	501(c)(3)	11	
LEAH & EDWARD FRANKEL SUPPORTING FOUNDAT  901 ROUTE 10 WHIPPANY, NJ07981 22-3506484	CHARITY	NJ	501(c)(3)	11	
SOBEL FAMILY SUPPORTING FOUNDATION INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3699941	CHARITY	NJ	501(c)(3)	11	
NET2PHONE CHARITABLE FOUNDATION INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3829233	CHARITY	NJ	501(c)(3)	11	
WILLIAM & BETTY LESTER FOUNDATION INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3063176	CHARITY	NJ	501(c)(3)	11	
METROWEST COMMUNITY SUPPORTING FDN INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3892931	CHARITY	NJ	501(c)(3)	11	
METROWEST COMMUNITY SUPPORTING FDN INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3829229	CHARITY	NJ	501(c)(3)	11	
METROWEST COMMUNITY SUPPORTING FDN INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3829234	CHARITY	NJ	501(c)(3)	11	
METROWEST COMMUNITY SUPPORTING FDN INC  901 ROUTE 10 WHIPPANY, NJ07981 22-3829225	CHARITY	NJ	501(c)(3)	11	

Additional Data

Software ID:

Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST  
NEW JERSEY INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN BARBER , TREASURER	1 0	X		X				0	0	0
GARY BOTWINICK , MEMBER	1 0	X						0	0	0
ARTHUR BRODY , MEMBER	1 0	X						0	0	0
DANIEL DRENCH , PAST PRESIDENT	1 0	X						0	0	0
EDWARD ZINBARG , MEMBER	1 0	X						0	0	0
STEVEN FISHMAN , VICE PRESIDENT	1 0	X		X				0	0	0
MARTIN FOX , MEMBER	1 0	X						0	0	0
DANIEL GOLDBERG , PAST PRESIDENT	1 0	X						0	0	0
JEROLD GOLDBERG , MEMBER	1 0	X						0	0	0
NEIL GOLDSTEIN , PAST PRESIDENT	5 0	X						0	0	0
MICHAEL GOOEN , VICE PRESIDENT	1 0	X		X				0	0	0
PAULA GOTTESMAN , PAST PRESIDENT	1 0	X						0	0	0
MAX KLEINMAN , EXECUTIVE VP & SECRETARY	8 0	X		X	X			63,667	254,669	65,222
LORI KLINGHOFFER , MEMBER	1 0	X						0	0	0
STEVEN KLINGHOFFER , MEMBER	1 0	X						0	0	0
SIMON LEVIN , PAST PRESIDENT	1 0	X						0	0	0
JEROME LOWENGRUB , PAST PRESIDENT	1 0	X						0	0	0
SAMUEL PEPPER , MEMBER	1 0	X						0	0	0
KENNETH PESKIN , MEMBER	1 0	X						0	0	0
JAY RICE , MEMBER	1 0	X						0	0	0
MELVIN ROSEN , MEMBER	1 0	X						0	0	0
HARRIET ROSENTHAL , MEMBER	1 0	X						0	0	0
ARTHUR SCHECHNER , MEMBER	1 0	X						0	0	0
NANCY SCHER , MEMBER	1 0	X						0	0	0
FLOYD SHAPIRO ESQ , PAST PRESIDENT	1 0	X						0	0	0
RICHARD SLUTZKY , VICE PRESIDENT	1 0	X		X				0	0	0
ANDREW STAMELMAN , PRESIDENT	4 0	X		X				0	0	0
MARIAN STERN , MEMBER	1 0	X						0	0	0
RICHARD FINKELSTEIN , MEMBER	1 0	X						0	0	0
GARY AIDEKMAN , MEMBER	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY BRAEMER , MEMBER	1 0	X						0	0	0
JEROME DEENER , MEMBER	1 0	X						0	0	0
NANCY ESKOW , MEMBER	1 0	X						0	0	0
HERBERT KLEIN , MEMBER	1 0	X						0	0	0
DAVID PULVER , MEMBER	1 0	X						0	0	0
SANDRA SHERMAN , MEMBER	1 0	X						0	0	0
MAXINE MURNICK , MEMBER	1 0	X						0	0	0
RICHARD POLLACK , MEMBER	1 0	X						0	0	0
ROBERT ROTHBERG , MEMBER	1 0	X						0	0	0
PAUL SCHECHNER , MEMBER	1 0	X						0	0	0
ELISA BILDNER , MEMBER	1 0	X						0	0	0
LAWRENCE GOTFRIED , MEMBER	1 0	X						0	0	0
STEPHEN KEPNISS , MEMBER	1 0	X						0	0	0
AVA KLEINMAN , MEMBER	1 0	X						0	0	0
STEVEN LEVY , MEMBER	1 0	X						0	0	0
THEODORE MURNICK , MEMBER	1 0	X						0	0	0
DAVID SAGINAW , MEMBER	1 0	X						0	0	0
MICHAEL SCHECHNER , MEMBER	1 0	X						0	0	0
STEPHANIE SHERMAN , MEMBER	1 0	X						0	0	0
JEAN MANDELL , MEMBER	1 0	X						0	0	0
HARRIS NYDICK , MEMBER	1 0	X						0	0	0
RICHARD PERL , MEMBER	1 0	X						0	0	0
MARVIN WERTHEIMER , MEMBER	1 0	X						0	0	0
HOWARD RABNER , COO/CFO & ASSISTANT TREASURER	10 0			X	X			47,182	141,546	19,990
JOSHUA REDNIK , EXEC DIRECTOR & ASSISTANT SEC	40 0			X				119,811	0	3,190
BARRY MILCHMAN , CONTROLLER	40 0					X		106,764	0	2,744

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

JEWISH COMMUNITY FOUNDATION OF METROWEST NEW JERSEY, INC. (THE "FOUNDATION"), A WHOLLY OWNED SUBSIDIARY OF THE UNITED JEWISH COMMUNITIES OF METROWEST NEW JERSEY, INC., ("UJC"), WAS INCORPORATED IN 1949 AS A NEW JERSEY NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION'S PRIMARY FUNCTION IS TO RECEIVE, ADMINISTER AND ALLOCATE FUNDS AND PROPERTY FOR UJC AND ITS BENEFICIARY AGENCIES. THE FOUNDATION OPERATES A BEQUEST AND ENDOWMENT PROGRAM WHICH CONDUCTS EDUCATIONAL AND PROMOTIONAL ACTIVITIES FOR THE DEVELOPMENT OF FUNDS FOR CAPITAL PURPOSES AND SPECIAL PROJECTS, AND A PHILANTHROPIC PROGRAM WHICH PROMOTES THE PHILANTHROPIC INTERESTS AND ACTIVITIES OF THE UJC THROUGH THE GRANT-MAKING PROCESS. THE FOUNDATION IS COMPRISED OF APPROXIMATELY 725 INDIVIDUAL FUNDS. IN ADDITION, THE FOUNDATION HOLDS AND INVESTS FUNDS FOR THE BENEFIT OF OTHER AFFILIATED AND NON-AFFILIATED ORGANIZATIONS.