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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

2009

Open to Public Inspection

A Fo	rthe 2	2009 ca	lendar vea	r. or tax vear beginni	ina 07-01-2009	and ending 06-30-201	LO					
		plicable		C Name of organization					D Employer i	dentificati	ion number	
_	ress cha		Please JEWISH COMMUNITY FOUNDATION OF METROWEST INC							22-1714130		
_			label or	Doing Business As					E Telephone			
Nar —	ne char	nge	print or type. See						(973) 929	3.3060		
Inıt	ıal retur	'n	Specific Instruc-		PO box if mail is	not delivered to street addre	ess) Room	/suite	G Gross receip		985	
Ter	mınated	t	tions.	901 ROUTE 10				ŀ	u dross receip	713 \$ 91,009		
– _{Am}	ended r	eturn		City or town, state or		4						
— App	lication	pending		WHIPPANY, NJ 07981	.1156							
		,	E Nam	L ne and address of pri	nounal officer					_		
				RD RABNER	пстрат опісет		H(a)	Is this	a group retu		Yes 🔽 No	
			901 RO	UTE 10				allilla	.65	,	res p No	
			WHIPP	ANY,NJ 07981115	6		Н(Ь)	Are all	affiliates incl	uded?	┌ Yes ┌ No	
						_		If"No	," attach a li	st (see ır	ıstructıons)	
[Ta	x-exem	pt status	✓ 501(c)	(3) ◄ (insert no)	4947(a)(1) or	527	H(c)	Grou	exemption	number 🕨		
y W	ebsit e	: ► ww	W JCFMET	ROWEST ORG								
V Form	n of ora	ianization	☑ Corporat	ion Trust Association	on C Othor b		l Voi	or of for	mation 1949	M State of	f legal domicile NJ	
	r t I	Sumr		ion i nusci Associatio	on other F		Litea	ar or 101	mation 1949	M State of	legal dofficile No	
Fa			•	e organization's miss	ion or most sign	nificant activities						
	1	,		•	•	nd interests of JCF donc	ors by ga	thering	ı, ınvestıng a	nd disbur	sing charitable	
ų.	l			ind ensure the contin								
⋛												
Governance												
<u> </u>	2	Chackt	his hov 🛏	- if the organization	discontinued its	operations or disposed	d of more	than 7	5% of its no	tassets		
			,						.5 70 01 113 116		42	
et er	1		_	_		VI, line 1a)						
Activities	1					ng body (Part VI, line 1	b)	•	•		12	
	1			nployees (Part V, line						5		
<u> </u>	1			lunteers (estimate if				6	4:			
		_				, column (C), line 12				7a		
	b	Net unre	elated busi	ness taxable income	from Form 990	-T, line 34				7b	(
								Prio	Year	Cui	rrent Year	
	8	Contril	outions and	i grants (Part VIII, l	ıne 1 h)				12,182,341		4,128,390	
	9	Progra	m service i	revenue (Part VIII, I	ıne 2g)				0		459,177	
Revenue	10	Invest	ment incon	ne (Part VIII, colum	n (A), lines 3, 4	, and 7 d)			-7,823,427		4,299,830	
Œ.	11	Other	revenue (P	art VIII, column (A),	, lines 5, 6d, 8c	, 9c, 10c, and 11e)			2,380,966		186,752	
	12	Total r	evenue—ac	dd lines 8 through 11	. (must equal Pa	art VIII, column (A), lın	ne					
									6,739,880		9,074,149	
	13					, lines 1-3)			18,194,634		9,213,884	
	14	Benefit	s paid to o	r for members (Part :	IX, column (A),	line 4)			0		0	
ø	15		s, other co	mpensation, employ	ee benefits (Par	t IX, column (A), lines	5 –		1,063,295		1,115,348	
Expenses		10)						· · ·				
<u> </u>	16a			raising fees (Part IX			0		0			
ᅑ	Ь			enses (Part IX, column (D								
	17					,11f-24f)			2,432,015		1,869,687	
	18	Totale	xpenses A	Add lines 13–17 (mu	ıst equal Part I>	(, column (A), line 25)			21,689,944		12,198,919	
	19	Reveni	ue less exp	enses Subtract line	18 from line 12			-	14,950,064		-3,124,770	
පිලී							Beg	_	of Current	En	d of Year	
Net Assets or Fund Balances		_		* W 1 4.63					ear			
A.S.	20			t X, line 16)					54,251,869		170,724,358	
<u> </u>	21		-	Part X, line 26)					81,564,608		85,205,717	
	22			d balances Subtract	line 21 from lin	e 20		1	72,687,261		85,518,641	
Par	t II		ature Blo									
						turn, including accompanying er (other than officer) is base						
									' '			
Sign		****						2011-0)2-15			
Here	•	y Signa	ature of office	<u></u>				Date				
			ARD RABNER									
		Туре	or print nam	e and title								
		Preparer'	s L				Check If		Preparer's ide	, ,	nber	
Paid		signature		Mayeresky			self- empolyed	· 🗀	(see instruction	ons)		
	arer's	Firm's na	me (or yours	WithumSmithBrown	PC			1				
Use (ıf self-en	nployed),	P	. <i>-</i>				EIN 🕨			
		address,	and ZIP + 4	1 SPRING STREET					Phone no 🕨	(732) 828-	.1614	
				NEW BRUNSWICK, N					I HOHE HU F			
Mav t	he IRS	S discus	s this retin	rn with the preparer s	shown above? (s	see instructions)				V Y ≥ o	з Гио	

Part III Statement of Program Service Accomplishments

Briefly	describe	the	organization's	mission

The mission of JCF is to service the charitable aims and interests of JCF donors by gathering, investing and disbursing charitable funds on their behalf and encouraging allocation of these monies to enhance and ensure the continuity of charitable institutions designed by the donor and approved by the JCF board

2	Did the organization under the prior Form 990 or 99			year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on Sched	Iule O		
3	Did the organization ceas		e significant changes in how	it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Schedule (ס		
4	Section 501(c)(3) and 50	01(c)(4) organizations		hree largest program services by sts are required to report the am ram service reported	
4a	(Code) (Expenses \$	11,120,690 including grants of \$	9,213,884) (Revenue \$	539,795)
	around the world In recent y and endowment developmen gift plan design and impleme families in helping them achie	ears, JCF has been the loc at department staffed by gi ntation JCF manages the eve their philanthropic goal	rus of new and innovative commun ft planning professionals who are p administration of Donor Advised Fu s The Foundation takes responsibil	er agencies as they strive to meet pressity development and programmatic initi repared to assist donors and their famili nds and Supporting Foundations, workin lity for all aspects of managing these fu L OF \$9,213,884 TO 214 CHARITIES	atives We house a planned gift les with all aspects of charitable ng closely with donors and their
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schodi	Ia O)		
-ru	(Expenses \$	•	ng grants of \$) (Revenue \$)
4e	Total program service e		11,120,690		·
		· · ·	,,		

Part TV	Checklist	of De	auired	Schadu	عمار
2 III T V	CHECKHS	. UI KE	uuneu	Scheut	He:

			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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
Ь	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		NO.
a	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		Νo
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		Νo
~	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Νo
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
ם ו	Section 501(c)(7) organizations. Enter	90		14 0
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

901 ROUTE 10

(973) 929-3000

WHIPPANY, NJ 079811156

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

Se	ction A. Governing Body and Management					
56	caon in obtaining body und ridhagement				Yes	No
					. 03	110
1a	Enter the number of voting members of the governing body	1a	42			
ь	Enter the number of voting members that are independent 1b 38					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus	iness	relationship with any			
	other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νo
4	Did the organization make any significant changes to its organizational documents sfiled?	ince t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,		annot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
ке	venue Code.)				Yes	No
100	Does the organization have local chapters, branches, or affiliates?			10a	163	No
	If "Yes," does the organization have written policies and procedures governing the ac	• ctiviti	es of such chanters	100		110
•	affiliates, and branches to ensure their operations are consistent with those of the o			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governi	ng boo	y before filing the form?		.,	
				11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually		sts that could give rise			
	to conflicts?			12b	Yes	
Ū	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 revindependent persons, comparability data, and contemporaneous substantiation of th		• •			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		Νo
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the org participation in joint venture arrangements under applicable federal tax law, and take	en ste	ps to safeguard the			
	organization's exempt status with respect to such arrangements?	•		16b		
	ction 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 (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ie orga	ınızatıor	n 🕨
	HOWARD RABNER					

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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page 8
1b	Total	503,163		72,21
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶2			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensation line 1a? If "Yes," complete Schedule J for such individual	ted employee		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for rendered to the organization? If "Yes," complete Schedule J for such person	r services	3	No
s	Section B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more \$100,000 of compensation from the organization	than		
	(A) Name and business address Descrip	(B) Ition of services		C) nsation
605	JBERGER BERMAN THIRD AVENUE V YORK, NY 10157 INVEST MGMT	FEES		294,447
_				
	Total number of independent contractors (including but not limited to those listed above) who receive	ed more than		

\$100,000 in compensation from the organization 🗗

Form **990** (2009)

Form 99								Page 9
	/1111	Statement o	t Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ats Ste	1a	Federated camp	paigns 1a					
흔프	b	Membership du	es 1b					
ა°. E	c	Fundraising eve	ents 1c					
#E #E	d	Related organiz	ations 1d					
<u>∞</u> [E	e	Government grants	s (contributions) 1e					
F 호	f	All other contribution	ons, gifts, grants, and 1f	4,128,390		į		İ
<u>\$</u>	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	474,581					
ပွဲခဲ့	h	Total. Add lines	3 1a-1f	· · · •	4,128,390			
<u> </u>				Business Code				
Program Service Revenue	2a	ADMINISTRATIVE F	EE INCOME		459,177	459,177		
Es.	ь							
9	c							
₹	d							
ر د	e							
Grag	f	All other progra	ım service revenue					
Š	g	Total Add lines	s 2a-2f	b -	459,177			
	3		ome (including dividen		133,177			
			aramounts)	· · ·	2,933,135			2,933,135
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		▶	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	2,100,749					
	b	Less rental expenses	1,994,615					
	c	Rental income or (loss)	106,134					
	d		me or (loss)		106,134			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	81,387,916					
		assets other than inventory						
	ь	Less cost or other basis and	80,021,221					
		sales expenses	4 266 605					
	c	Gain or (loss)	1,366,695	b -	1,366,695			
	d 8a	Gross income fi	s)		1,300,093			
<u>Φ</u>	04	events (not incl						
Other Revenue		\$	reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а					
ŧ	b		penses b					
0	С		loss) from fundraising	events F	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		,	а					
	ь		penses b					
	С		loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С	Net income or (loss) from sales of inve	entory 🟲	0			
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEO	OUS		80,618	80,618		
	ь							
	C							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨	80,618			
	12	Total revenue.	See Instructions	•	9,074,149	539,795		2,933,135

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 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				<u> </u>
	ın the U.S. See Part IV, line 21	8,913,884	8,913,884		
2	Grants and other assistance to individuals in the			1	
	U S See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See	200.000	200.000		
	Part IV, lines 15 and 16	300,000	300,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	183,967	91,984	20,236	71,747
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	774,684	387,342	81,342	306,000
8	Pension plan contributions (include section 401(k) and section	17.,7531	23.7312	32,3.2	
	403(b) employer contributions)	56,051	28,026	5,885	22,140
9	Other employee benefits	35,390	17,695	3,716	13,979
10	Payroll taxes	65,256	32,628	6,852	25,776
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	3,600	1,800	378	1,422
c	Accounting	67,550	33,775	7,093	26,682
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	638,878	319,439	67,082	252,357
g	Other	16,995	8,498	1,784	6,713
12	Advertising and promotion	13,290	6,645	1,395	5,250
13	Office expenses	48,114	24,057	5,052	19,005
14	Information technology	39,028	19,514	4,098	15,416
15	Royalties	0			
16	Occupancy	104,702	52,351	10,994	41,357
17	Travel	8,715	4,358	915	3,442
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,514	3,257	684	2,573
20	Interest	41,867	41,867		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	812,264	812,264		
23	Insurance	16,926	8,463	1,777	6,686
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)				
а	DUES AND SUBSCRIPTIONS	13,342	6,671	1,401	5,270
b	BAD DEBT EXPENSE	6,550	5,571	6,550	3,2.0
c	MISC EXPENSE	10,051	5,026	1,055	3,970
d	STAFF TRAINING	2,294	1,146	241	907
e e	FUNDRAISING COSTS	19,007	2,210		19,007
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,198,919	11,120,690	228,530	849,699
26	Joint costs. Check here ► ☐ If following SOP 98-2	12,130,319	11,120,030	220,330	0+5,055
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			140,245	1	119,346
	2	Savings and temporary cash investments			3,573,248	2	9,252,070
	3	Pledges and grants receivable, net			414,156	3	304,457
	4	Accounts receivable, net				4	329,341
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			16,907,988	7	0
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			47,451	9	51,812
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	44,795,897			
	ь	Less accumulated depreciation	10b	30,185,349	15,602,452	10c	14,610,548
	11	Investments—publicly traded securities			173,401,976	11	108,620,062
	12	Investments—other securities See Part IV, line 11			41,579,835	12	35,334,055
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,584,518	15	2,102,667
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			254,251,869	16	170,724,358
	17	Accounts payable and accrued expenses .			590,784	17	644,817
	18	Grants payable			1,984,726	18	2,336,076
	19	Deferred revenue			1,300,502	19	1,309,126
	20	Tax-exempt bond liabilities			5,400,000	20	5,400,000
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.		68,679,768	21	72,658,880
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,608,828	25	2,856,818
	26	Total liabilities. Add lines 17 through 25			81,564,608	26	85,205,717
S do		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	olet e l	ines 27			
an	27	Unrestricted net assets			146,979,853	27	56,613,899
Balance	28	Temporarily restricted net assets			21,748,071	28	24,791,709
Z	29	Permanently restricted net assets			3,959,337	29	4,113,033
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	ıd con	ıplet e			
2		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Š	33	Total net assets or fund balances			172,687,261	33	85,518,641
_	34	Total liabilities and net assets/fund balances			254,251,869	34	170,724,358

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
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 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC

22-1714130

	_								22-1/1413			
	rt I			olic Charity Stat						tructions		
he c	rganız	ation is	not a private	e foundation because	eitis (Forlin	nes 1 throug	jh 11, check	only one box)			
1	Г	A churc	h, conventio	on of churches, or as	sociation of d	hurches s e	ection 170(b)	(1)(A)(i).				
2	Г	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	le E)					
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	tıon describ	ed in section	170(b)(1)(<i>t</i>	A)(iii).			
4	Γ		al research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	nospital desci	rıbed ın secti	on 170(b)(1)	(A)(iii). Ente	rthe	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	y owned or op	erated by a g	jovernmental	unit describ	_ ed in	
		section	170(b)(1)(#	A)(iv). (Complete Pa	rt II)							
6	Γ	A federa	al, state, or l	local government or	governmenta	l unit descr	ıbed ın sectio	n 170(b)(1)((A)(v).			
7	▼	describ	ed in	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	a government	tal unit or froi	n the genera	public	
8	Г			described in section)(vi) (Com	plete Part II)				
9	Ė			t normally receives					tions, membe	ership fees. a	nd aro	s s
	·			ties related to its ex								
		•		ss investment incom	•	-		• •				
				anızatıon after June 3						,		
0	Г			anızed and operated	•			•	•			
1	Ė	_	_	anized and operated	•	•	•			carry out the	purpos	ses of
_	,	one or r	nore publicly	supported organizations the type of supported by Type II	tions describ orting organiz	ed in section	on 509(a)(1)	or section 50 11e through	09(a)(2) See	•	a)(3).	Check
e	Γ	otherth		x, I certify that the con managers and oth								
f		check t	hıs box	eceived a written de						supporting (organız	ation,
g			ugust 17, 2 g persons?	006, has the organiz	ation accept	ed any gift o	or contributio	n from any of	the			
				ectly or indirectly co	ntrols, eithei	r alone or to	gether with p	ersons desci	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organizat	tion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	re?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	oove?			11g(iii)		
h				g information about t							<u> </u>	<u> </u>
				•		•	, ,					
	(i) Name suppor rganiza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you no organizat col (i) of suppo	tify the ion in your	(vi) Is the organizate col (i) organizate col (ii) organizate col (iii) organizate col (iii) organizate col (iiii) organizate col (iiiii) organizate col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	e ıon ın anızed	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
a+ a	1											

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.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)		
	ection A. Public Support endar year (or fiscal year beginning	T	T	T	T		
Cal	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	31,732,367	17,477,511	50,518,403	12,182,341	4,128,390	116,039,012
2	grants ") 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 lines 1 through 3	31,732,367	17,477,511	50,518,403	12,182,341	4,128,390	116,039,012
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						39,605,979
6	Public Support. Subtract line 5 from line 4						76,433,033
	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	beginning in) A mounts from line 4	31,732,367	6,665,113	50,518,403	12,182,341	4,128,390	116,039,012
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,574,924	6,665,113	7,004,583	18,488,015	2,933,135	49,665,770
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part						
	IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						165,704,782
12	Gross receipts from related activit	ies, etc (See inst	ructions)			12	894,940
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or fı	fth tax year as a	501(c)(3) organ	iization, ►
	ection C. Computation of Pul			1 (0)		11	
14	Public Support Percentage for 200	-		. 1 column (f))		14	46 126 %
15	Public Support Percentage for 200					15	0 %
b	33 1/3% support test—2009. If the and stop here. The organization quasiant of the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization merorganization	alifies as a public organization did n qualifies as a pi — 2009. If the org ition meets the "f	ly supported organ not check the box ublicly supported o anization did not cl acts and circumsta	on line 13 or 16 rganization heck a box on lin ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	33 1/3% or more and line 14 op here. Explain	, check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization Private Foundation If the organizations	nization meets th ition meets the "f	e "facts and cırcur acts and cırcumsta	nstances" test, c ances" test The	heck this box and organization qual	d stop here. Ifies as a public	,

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
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 Gross receipts from activities that						
3	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 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
MARTIN BARBER treasurer & PAST PRESIDENT	1 0	Х		х				0	0	0
GARY BOTWINICK MEMBER	1 0	Х						0	0	0
A RTHUR BRO DY MEMBER	1 0	Х						0	0	0
DANIEL DRENCH PAST PRESIDENT	1 0	Х						0	0	0
EDWARD ZINBARG MEMBER	1 0	Х						0	0	0
STEVEN FISHMAN VICE PRESIDENT	1 0	Х		х				0	0	0
MARTIN FOX past president	1 0	Х						0	0	0
JEROLD GOLDBERG MEMBER	1 0	Х						0	0	0
NEIL GOLDSTEIN PAST PRESIDENT	1 0	Х						0	0	0
MICHAEL GOOEN VICE PRESIDENT	1 0	Х		х				0	0	0
PAULA GOTTESMAN PAST PRESIDENT	1 0	Х						0	0	0
KENNETH HEYMAN MEMBER	2 0	Х						0	0	0
LORI KLINGHOFFER MEMBER	1 0	Х						0	0	0
STEVEN KLINGHOFFER MEMBER	1 0	Х						0	0	0
SIMON LEVIN PAST PRESIDENT	1 0	Х						0	0	0
JERO ME LO WENGRUB PAST PRESIDENT	1 0	Х						0	0	0
SAMUEL PEPPER MEMBER	1 0	Х						0	0	0
MELVIN ROSEN MEMBER	1 0	Х						0	0	0
HARRIET ROSENTHAL MEMBER	1 0	Х						0	0	0
ARTHUR SCHECHNER MEMBER	1 0	Х						0	0	0
FLOYD SHAPIRO ESQ PAST PRESIDENT	1 0	Х						0	0	0
RICHARD SLUTZKY VICE PRESIDENT	1 0	Х		х				0	0	0
ANDREW STAMELMAN PRESIDENT	4 0	Х		х				0	0	0
MARIAN STERN MEMBER	1 0	Х						0	0	0
GARY AIDEKMAN TRUSTEE	1 0	Х						0	0	0
				-						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent Co	ontr	act	ors					
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JEFFREY BRAEMER MEMBER	1 0	Х						0	0	0
JEROME DEENER MEMBER	1 0	Х						0	0	0
SANDRA SHERMAN MEMBER	1 0	Х						0	0	0
RICHARD POLLACK MEMBER	1 0	Х						0	0	0
ROBERT ROTHBERG MEMBER	1 0	Х						0	0	0
ELISA BILDNER MEMBER	1 0	Х						0	0	0
LAWRENCE GOTFRIED MEMBER	1 0	Х						0	0	0
STEPHEN KEPNISS MEMBER	1 0	Х						0	0	0
AVA KLEINMAN MEMBER	1 0	Х						0	0	0
STEVEN LEVY member	1 0	Х						0	0	0
DAVID SAGINAW MEMBER	1 0	Х						0	0	0
MICHAEL SCHECHNER MEMBER	1 0	Х						0	0	0
STEPHANIE SHERMAN MEMBER	1 0	Х						0	0	0
RICHARD PERL MEMBER	1 0	Х						0	0	0
DAVID PULVER MEMBER	1 0	Х						0	0	0
JEAN MANDELL MEMBER	1 0	Х						0	0	0
HARRIS NYDICK MEMBER	1 0	Х						0	0	0
MAX KLEINMAN Executive VP & member	8 0			х	x			62,904	251,616	56,081
HOWARD RABNER CFO/ASSISTANT TREASURER	10 0			Х	х			47,727	143,180	14,765
JOSHUA REDNIK EXECUTIVE DIRECTOR	40 0			Х	х			150,144	0	447
SUSAN MATTISINKO GENERAL COUNSEL	32 0		_	Х				58,269	0	160
BARRY MILCHMAN CONTROLLER	40 0					Х		106,075	0	377
HILARIA GOOTBLATT CORPORATE CONTROLLER	2 0					х		5,704	108,367	381

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DUES AND SUBSCRIPTIONS	13,342	6,671	1,401	5,270
BAD DEBT EXPENSE	6,550		6,550	
MISC EXPENSE	10,051	5,026	1,055	3,970
STAFFTRAINING	2,294	1,146	241	907
FUNDRAISING COSTS	19,007			19,007

DLN: 93493136046651

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

JEV	ISH COMMUNITY FOUNDATION OF METROWEST INC					
_				714130		
Ρā	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds o	r Account	s. Comple	ete if the
	organization answered Tes to Form 2	(a) Donor advised funds	(b) Funds and	other accou	ınts
1	Total number at end of year	275	,	<u>* </u>		31
2	Aggregate contributions to (during year)	3,973,297				,802,28
3	Aggregate grants from (during year)	7,019,355				,129,79
4	Aggregate value at end of year	54,528,439				,658,880
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th	visors in writing that the assets held in don	or advis	e d	√ Yes	┌ No
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the be conferring impermissible private benefit	enefit of the donor or donor advisor, or for a	ny other		▽ Yes	┌ No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" t	o Form	990, Part I	V, line 7.	
2	Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quie easement on the last day of the tax year	Preservation of a	certified	historic stru	· ·	
				Held at the	e End of the	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	ts	2b			
c	Number of conservation easements on a certified h	nstoric 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, trans	ferred, released, extinguished, or terminate	d by the	organizatior	n during	
	the taxable year 🛌					
4	Number of states where property subject to conser	vation easement is located >				
5	Does the organization have a written policy regards enforcement of the conservation easements it hold	ng the periodic monitoring, inspection, hand	—— dling of v	ıolatıons, an	d Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	nents dui	ing the year	-	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easement:	s during	the year ► \$		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financia	•			
Par	Complete if the organization answered		or Oth	er Similar	Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	ch ın furt			e,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		
	(ii) Assets included in Form 990. Part Y			b ¢	3	15,000

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	TIL Organizations Maintaining Co	ollections of Art	, His	torical Tr	eası	ares, or O	the	r Similar A	sse	ts (ca	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e following t	hat a	re a significa	int u	se of its colle	ction		
а	Public exhibition		d	┌ Loan d	rexc	hange progr	ams				
Ь	Scholarly research		e	┌ Other							
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they furthe	r the	organızatıon	's ex	cempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Γ,	Yes	√ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form	990	,	
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions	or other ass	ets	not	Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г					
_	B					-	1-	A	mou	nt	
C C	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f		_		_
2a	Did the organization include an amount on F		21?						⊽ '	Yes	No
	If "Yes," explain the arrangement in Part XI\			1 113 4			_				
Рa	rt V Endowment Funds. Complete	If the organization (a)Current Year		<u>wered "Yes</u>)Prior Year				t IV, line 10 Three Years Bac		Four V	ears Back
1a	Beginning of year balance	4,252,529	(,,	4,623,391	+ • •	WO TCUIS BUCK	1	Timee rears bac	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, our r	cars back
ь	Contributions	153,696		174,641			+		+		
c	Investment earnings or losses	-1,872		-545,504			\top		\dagger		
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs								+		
f	Administrative expenses			4 252 52			+		+		
g	End of year balance	4,404,353		4,252,528	1						
2	Provide the estimated percentage of the year	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment F 94.000 %										
c	Term endowment ► 6.000 %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	hat are held	and	administered	d for	the		Yes	N-
	(i) unrelated organizations							3	ı(i)	res	No No
	(ii) related organizations		٠						(ii)		No
ь	If "Yes" to 3a(II), are the related organization			chedule R?			٠.	· · · -	3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	90, P	art X, line	10.				
	Description of investment			(a) Cost or obasis (investing		(b) Cost or ot basis (othe		(c) Accumulate depreciation	d	(d) Boo	ok value
1a	Land		1	33.	3,592	2,953	,206		\top	:	3,286,798
b	Buildings			20,94	6,875	17,941	,917	27,881,5	24	1	1,007,268
c	Leasehold improvements								\Box		
d	Equipment			1,00	2,472	1,617	,835	2,303,8	25		316,482
е	Other										

14,610,548

Part VII Investments—Other Securities. See (a) Description of security or category		. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
LIMITED PARTNERSHIP INTEREST	30,462,525	F
CERTIFICATES OF DEPOSIT	1,119,149	F
		_
MUTUAL FUNDS	3,752,381	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	35,334,055	
Part VIII Investments—Program Related. See		.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of end of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	0.15	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	tion	
Part IX Other Assets. See Form 990, Part X, lin	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE	5.)	

Pai	•	hange in Net Assets from For	m 99	0 to	Financial Stateme	nts	Page 4
1	Total revenue (Form 990, Part					1	9,074,149
2	Total expenses (Form 990, Par					3	12,198,919
4	Excess or (deficit) for the year Net unrealized gains (losses) o					4	3,096,575
5	Donated services and use of fa					5	, ,
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	13,762,764
9 10	Total adjustments (net) Add In			- 4 0		10	16,859,339
Par		per financial statements Combine line evenue per Audited Financial			nts With Revenue p		<u> </u>
1	· -	r support per audited financial statem	ents			1	33,847,640
2		it not on Form 990, Part VIII, line 12	ı	۱ ـ	l		
a b	Net unrealized gains on invest Donated services and use of for	ments		2a 2b	3,096,575		
c	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)			2d	21,676,916		
e	Add lines 2a through 2d .					2e	24,773,491
3	Subtract line 2e from line 1 .	0. Bort VIII loss 12 but not an loss 4				3	9,074,149
4 a		O, Part VIII, line 12, but not on line 1 uded on Form 990, Part VIII, line 7b		4a	I		
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b					4c	
5		d 4c. (This should equal Form 990, Pa			•	5	9,074,149
Pari 1	Total expenses and losses pe	xpenses per Audited Financia r audited financial	il Sta	teme	ents With Expenses	s per	20,113,071
-	statements					1	20,113,071
2		t not on Form 990, Part IX, line 25		1 -	1		
a b	Donated services and use of far Prior year adjustments			2a 2b		-	
c	Other losses			2c		1	
d	Other (Describe in Part XIV)			2d	7,914,152		
e	Add lines 2a through 2d					2e	7,914,152
3	Subtract line 2e from line 1 .					3	12,198,919
4 a		0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b		4a	1		
ь	Other (Describe in Part XIV)	,		4b		1	
c	Add lines 4a and 4b			-		4c	
5		nd 4c. (This should equal Form 990, Pa	art I, li	ne 18)	5	12,198,919
	TEXIV Supplemental Inf	ormation scriptions required for Part II, lines 3,	F 22	4 O D -	ort III. lines 15 and 4. B.	art IV	lines 1h and 2h
Par	t V , line 4 , Part X , Part XI , line 8	, Part XII, lines 2d and 4b, and Part X					
add	itional information		1				1
Reco	Ident if ier ncılıatıon of Revenue to audıted	Return Reference Schedule D, Page 4, Reconciliation of	 	LATIO	Explanat		
	cial statements	Revenue, line 2(d)	EXPE	NSES	NETTED AGAINST RE	VENU	E FOR
					TION IN FORM 990 IN L STATEMENTS - \$1,99		
			1		ION REVENUES INCLU LS STATEMENTS BUT E		
			990	- \$19,	391,535 TOTAL REVEN	NUE \$	21,676,916
					RENTAL EXPENSES N \$1,994,615 SUPPORTI		
					INCLUDED IN CONSO		
			VAL	JATIO	N ADJUSTMENTS NET	TED A	GAINST REVENUE
			1		ENTATION IN FORM 99 LS - \$129,722 TOTAL I		
Uses	of Endowment Funds	Schedule D, Page 2, Part V, Line 4			ed uses for the Endowme an, educational, cultural		
					unity, nationally and thro		
Colle	ctions of Art	Schedule D, Page 1, Part III, Line b			ONS OF ART INCLUDE BRANCE OF THE VICTI		
			THE		CAUST, ACTING AS A		
FIN 4	18 Footnote	Schedule D, Page 3, Part X, Line 2	-		= DATION IS EXEMPT FR	ROM I	NCOME TAXES
		,	UND	ERSE	CTION 501(C)(3) OF TI CORDINGLY, NO PROV	HEIN	TERNAL REVENUE
			INCC	MET	AXES HAS BEEN RECO	RDED	IN THE
			1		NTS OF ACTIVITIES AN HE FOUNDATION HAS		
					S THE FOUNDATION A ING PRONOUNCEMENT		
			TAX	POSIT	TIONS EFFECTIVE JUL	Y 1, 2	009 MANAGEMENT
			1		RMINED THAT THERE A S AT THE FOUNDATIO		
			A DO	PTION	N OR AT JUNE 30, 2010 S PRIOR TO JUNE 30, 2	THE	
REC	ONCILIATION OF CHANGE IN	PART XI, QUESTION 8	1		upporting organizations		ed in the consolidated
NET	ASSETS				atements for JCF that ar y are separate legal entr		
			990'	s The	y are included in the fina	ncials	statements as required
			State	s The	y accepted accounting p e change in net assets fo	r thes	e supporting
					ns for the year ended Jur 20 and has been shown a		
			audıt	ed fina	ancial statements. Additi s for change in value of s	onally	, there are
			\$161	,044	that have been shown as	rever	nues or expenses in the
			1		ed financial statements, l r expenses in the Form 9		
CHC		SCHEDILLE D. BART TV. LTMF CO.	here				
LUS'	TO DIAL ARRANGEMENTS	SCHEDULE D, PART IV, LINE 2B	the F	oundat	AL ARRANGEMENTS reption by unrelated, non-be	enefici	ary agencies to be
					he investment earnings a liability These funds		
			pools	offere	ed by the Foundation bas	ed on	instructions received
			inves	tment	vestors pursuant to writt pools allow the investor	s to w	ithdraw funds with
					hort notice (on demand) ficant restrictions on an		
			funds	(over	several years)		
	nciliation of expenses to audited ments	Schedule D, Page 4, Part XIII, Line 2	-		of \$5,789,815 of the sup the consolidated audited		
			A ddıt	ionally	y, rental expenses of \$1,	,994,6	515 included in the
			renta	lincor	n the audited financial s me in the Form 990 Adji	ustme	nts on split interest
			1 -		s of \$129,722 were netto s from other split interes	_	
			prese	ntatio	n for Form 990 Total ad		
		<u> </u>	\$ / ,9	14,15	۷		

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DLN: 93493136046651

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Interna	al Revenue Service						Inspection
	ne of the organization					Employer ide	ntification number
JEW	ISH COMMUNITY FOUN	NDATION OF ME	TROWEST INC			22-1714130	n
P:	General Info	rmation on A	ctivities Outsi	de the United States	Complete		
		990, Part IV, lır			o complete	on the organ	nzadon anowerea
1	For grantmakers. De	oes the organiza	ation maintain r	ecords to substantiate	the amount	of the grant	s or
				assistance, and the se			
	the grants or assista	nce?					. Ves No
2	For grant makers. Desc United States	rıbe ın Part IV the	e organization's pr	ocedures for monitoring th	ne use of gra	nt funds outsıd	e the
3	Activites per Region (Use Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region			(d) Activities conducted in	(e) If activi	ty listed in (d)	(f) Total expenditures
	(-,	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,		am service,	for region
		region	agents in region	1		pecific type of s) in region	
				the region)	33,7,33(, reg.e	

	Use Scr		m 990) if additiona	1	I	1	I	1	ı
	n) Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			Middle East/North Africa	GENERAL CHARITABLE PURPOSES	300,000	EFT			
2 E	enter total nu ax-exempt b	umber of recipi by the IRS, or f	ent organizations l for which the grant	isted above that are ee or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	1
3 E	nter total nu	ımber of other	organızatıons or e	ntities					0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information requ	ured in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Monitoring use of grant funds outside the US	schedule f, part ı, 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) ORGANIZATION ALL GRANTS ARE FOR GENERAL CHARITABLE PURPOSES OF THE OTHER ORGANIZATIONS
	1	

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493136046651

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Inspection

Attach to Form 990 Internal Revenue Service Employer identification number Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC 22-1714130 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section valuation non-cash assistance or assistance grant cash or government ıf applıcable assistance (book, FMV, appraisal, other) See Additional Data Table

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

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Part III	G	rants and Oth	er Assista	nce to Individu	als in the U	Jnited States.	Complete if	f the organization	answered '	'Yes" to F	orm 990,	Part IV,	line 22.
	U	se Schedule I-1	(Form 990)) if additional spa	ce is needed	1.							

-					
(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 p	part to provide the information required in Part I,	line 2, and any other additional information.

Ident if ier	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) ORGANIZATION ALL GRANTS ARE FOR GENERAL CHARITABLE PURPOSES OF THE OTHER ORGANIZATIONS

Software ID: Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A cademy for Jewish Religion 6301 Riverdale Avenue Riverdale, NY 10471	06-1220056	501 (C)(3)	50,100				GENERAL CHARITABLE PURPOSES
A cademy of Clinical & A pplied Psychoanalysis 301 South Livingston A venue Livingston, NJ 07039	22-2426648	501 (C)(3)	10,050				GENERAL CHARITABLE PURPOSES
Active Minds Inc2647 Connecticut Avenue NW - Suite Washington, DC 20008	20-0587172	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES
Albert Einstein College of Medicine1165 Morris Park Avenue Suite 325 Bronx, NY 10461	13-1624225	501 (C)(3)	60,300				GENERAL CHARITABLE PURPOSES
Aleph Society Inc25 West 45th Street - suite 1405 New York, NY 10036	13-3472524	501 (C)(3)	18,000				GENERAL CHARITABLE PURPOSES
Alexander Muss High School in Israel78 Randall Avenue Rockville Centre, NY 11570	59-0173782	501 (C)(3)	19,400				GENERAL CHARITABLE PURPOSES
Alzheimer's Disease and Related Disorders Associat 225 N Michigan Avenue - 17th Floor Chicago, IL 60601	13-3039601	501 (C)(3)	5,850				GENERAL CHARITABLE PURPOSES
A merican Cancer Society Inc 865 SE Monterey Commons Blvd - Su Stuart,FL 34996	59-0657320	501 (C)(3)	5,500				GENERAL CHARITABLE PURPOSES
A merican Civil Liberties Union Foundation125 Broad Street - 18th Floor New York, NY 10004	13-6213516	501 (C)(3)	5,800				GENERAL CHARITABLE PURPOSES
A merican Friends of Migdal Ohr1560 Broadway New York, NY 10036	13-3389558	501 (C)(3)	28,000				GENERAL CHARITABLE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) American Friends of Neveh 13-3119118 GENERAL Zion6801 Main Street CHARITABLE 10,000 Flushing, NY 11367 **PURPOSES** American Heart Association1 13-5613797 501 (C)(3) GENERAL Union St Ste 301 CHARITABLE 11,250 Robbinsville, NJ 08691 **PURPOSES** 501 (C)(3) American Jewish Committee 13-5563393 GENERAL CHARITABLE 165 E 56th Street - Room 36,931 600 PURPOSES New York, NY 10022 13-1656634 501 (C)(3) GENERAL American Jewish Joint Distribution Committee711 CHARITABLE 22,423 Third Avenue **PURPOSES** New York, NY 100174014 501 (C)(3) American National Red Cross 53-0196605 GENERAL P O Box 4002018 CHARITABLE 5,250 Des Moines, IA 503402081 **PURPOSES** American Red Cross209 53-0196605 501 (C)(3) GENERAL Fairfield Road CHARITABLE 10,625 Fairfield, NJ 07004 **PURPOSES** 501 (C)(3) 13-0434195 GENERAL American Society for CHARITABLE Technion - Israel Institute o 193,037 55 E 59th St PURPOSES New York, NY 100221112 501 (C)(3) American Society for Yad 13-3106768 GENERAL Vashem500 5th Avenue -CHARITABLE 5,400 42nd Floor **PURPOSES** New York, NY 10110 501 (C)(3) American Supporters of Yedid 20-0426364 GENERAL Inc301 East 69th Street CHARITABLE 36,000 Suite - 17F PURPOSES New York, NY 10021 AMIT Women Inc817 13-5631502 501 (C)(3) GENERAL

36,100

CHARITABLE

PURPOSES

Broadway 4th Floor

New York, NY 10003

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
A nimal Haven Inc251 Centre Street New York, NY 10013	11-6101487	501 (C)(3)	30,100				GENERAL CHARITABLE PURPOSES		
Anti-Defamation League605 3rd Avenue New York, NY 10158	13-1818723	501 (C)(3)	12,050				GENERAL CHARITABLE PURPOSES		
Arts Unbound Inc544 Freeman Street Orange,NJ 07050	03-0424875	501 (C)(3)	16,800				GENERAL CHARITABLE PURPOSES		
Bancroft Neuro Health425 Hopkins Lane PO Box 20 Haddonfield, NJ 08033	22-3092734	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES		
Bar Ilan University of Israel 160 East 56th Street - 5th Floor New York, NY 10022	13-6192275	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES		
Bergen Volunteer Medical Initiative IncPO Box 337 Hackensack, NJ 076020337	20-2633437	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES		
Birthright Israel Foundation 33 East 33rd Street - 7th Floor New York, NY 10016	13-4092050	501 (C)(3)	83,280				GENERAL CHARITABLE PURPOSES		
Bloomfield College68 Oakland Avenue Bloomfield, NJ 07003	22-1494428	501 (C)(3)	20,000				GENERAL CHARITABLE PURPOSES		
Blue Knights NJ Chapter IX Charities Inc61 High Street Newton, NJ 07860	26-4299290	501 (C)(3)	20,000				GENERAL CHARITABLE PURPOSES		
Boston Symphony Orchestra IncP O Box 845072 Boston, MA 022845072	04-2103550	501 (C)(3)	7,700				GENERAL CHARITABLE PURPOSES		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) GENERAL BoysTown Jerusalem1 Penn 11-5324002 Plaza Sturre 6250 CHARITABLE 16,450 New York, NY 10119 **PURPOSES** Braddock Redux1 Smithfield 51-0446626 501 (C)(3) GENERAL Street CHARITABLE 20,000 Pittsburgh, PA 15222 **PURPOSES** 501 (C)(3) Catholic Social Services of 22-2921100 GENERAL Morris County dba Ho19-21 CHARITABLE 6,000 Belmont Avenue PURPOSES Dover, NJ 07802 22-8149913 501 (C)(3) GENERAL Central Synagogue Congregation123 East 55th CHARITABLE 5,880 PURPOSES New York, NY 10022 501 (C)(3) Chai Lifeline 151 W 30th 11-2940331 GENERAL Street - 3rd Floor CHARITABLE 11,200 New York, NY 10001 **PURPOSES** Community Food Bank of NJ 22-2423882 501 (C)(3) GENERAL 31 Evans Terminal Rd CHARITABLE 6,450 Hillside, NJ 07205 **PURPOSES** 501 (C)(3) Community Health Law 22-2136004 GENERAL CHARITABLE Project185 Valley Street 27,500 South Orange, NJ 07079 PURPOSES Community YMCA613 Hope 21-0635054 501 (C)(3) GENERAL Road - Bldg 4 2nd Floor CHARITABLE 55,000 Eatontown, NJ 07724 PURPOSES 22-1813528 Congregation AA B'nai Jacob 501 (C)(3) GENERAL & David700 Pleasant Valley CHARITABLE 58,110 Way PURPOSES West Orange, NJ 07052 501 (C)(3) Congregation Agudath Israel 22-1515560 GENERAL 20 Academy Road CHARITABLE 80,266 Caldwell, NJ 07006 PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Congregation Ahavat Torah 320 White Oak Ridge Road Short Hills, NJ 07078	22-3764133	501 (C) (3)	30,628				GENERAL CHARITABLE PURPOSES		
Congregation Beth El222 Irvington Ave So Orange, NJ 07079	22-1448040	501 (C) (3)	16,334				GENERAL CHARITABLE PURPOSES		
Congregation Beth Hatikvah 36 Chatham Road Summit, NJ 07901	22-3281522	501 (C) (3)	31,980				GENERAL CHARITABLE PURPOSES		
Congregation Beth Simchat Torah57 Bethune Street New York, NY 10014	23-7406899	501 (C) (3)	71,000				GENERAL CHARITABLE PURPOSES		
Congregation B'nai Jeshurun 1025 So Orange Avenue Short Hills, NJ 07078	22-1487157	501 (C) (3)	90,380				GENERAL CHARITABLE PURPOSES		
Congregation Neve Shalom 250 Grove Avenue Metuchen, NJ 08840	22-1599193	501 (C) (3)	10,000				GENERAL CHARITABLE PURPOSES		
Congregation Oheb Shalom 170 Scotland Road South Orange, NJ 07079	22-1510213	501 (C) (3)	14,180				GENERAL CHARITABLE PURPOSES		
Congregation Ohr Torah270 Pleasant Valley Way West Orange, NJ 07052	22-3173815	501 (C) (3)	5,940				GENERAL CHARITABLE PURPOSES		
Congregation Shomrei Emunah67 Park St Montclair, NJ 07042	22-1601254	501 (C) (3)	5,190				GENERAL CHARITABLE PURPOSES		
Conservative Synagogue of 5th Ave11 East 11th St New York, NY 10003	13-3054568	501 (C)(3)	8,225				GENERAL CHARITABLE PURPOSES		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) Daughters of Israel1155 22-1487162 GENERAL CHARITABLE Pleasant Valley Way 227,296 West Orange, NJ 07052 **PURPOSES** Davis Memorial Fund Inc25 04-3720418 501 (C)(3) GENERAL Lawrence Ave CHARITABLE 16,500 Lawrence, NY 11559 **PURPOSES** 501 (C)(3) Doctors Without Borders USA 13-3433452 GENERAL CHARITABLE Inc333 Seventh Avenue -9,250 2nd Floor PURPOSES New York, NY 10001 Emunah of America 7 Penn 13-2670365 501 (C)(3) GENERAL Plaza CHARITABLE 30,180 New York, NY 10001 **PURPOSES** Essex County Court 22-2745450 501 (C)(3) GENERAL CHARITABLE Appointed Special Advocates 5,600 PURPOSES In212 Washington Street Newark, NJ 07102 Family Service of Morris 22-1489900 501 (C)(3) GENERAL CHARITABLE County62 Elm Street 30,100 Morristown, NJ 07960 **PURPOSES** 501 (C)(3) FJC - A Foundation of Donor 13-3848582 GENERAL Advised Funds 1501 CHARITABLE 39,800 Broadway - Suite 501 PURPOSES New York, NY 10036 501 (C)(3) Focus Hispanic Center for 22-1830206 GENERAL Community Development CHARITABLE 7,264 441-443 Broad Street **PURPOSES** Newark, NJ 07102 501 (C)(3) Food Bank for New York City 13-3179546 GENERAL CHARITABLE 39 Broadway - 10th Floor 15,000 New York, NY 10006 **PURPOSES** Foundation for Conservative 13-3137586 501 (C)(3) GENERAL Masorti Judaism in Isr475 CHARITABLE 8,380 Riverside Drive - Suite 832 **PURPOSES** New York, NY 10115

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 22-3090463 501 (C)(3) Friends of Yemin Orde4501 GENERAL Connecticut Avenue NW CHARITABLE 10,000 Washington, DC 20008 **PURPOSES** Friendship Circle66 West Mt 22-6017975 501 (C)(3) GENERAL Pleasant Avenue - Suite CHARITABLE 24,547 Livingston, NJ 07039 **PURPOSES** 501 (C)(3) Garden Academy 276 Parker 20-0462154 GENERAL Avenue CHARITABLE 5,200 Maplewood, NJ 07040 PURPOSES 501 (C)(3) Garden State Discovery 22-3410864 GENERAL Museum Center for Learning CHARITABLE 14,000 2040 Springdale Road PURPOSES Cherry Hill, NJ 08003 Gesher Foundation 520 23-7029115 501 (C)(3) GENERAL Eighth Avenue - 15th Floor CHARITABLE 8,500 PURPOSES New York, NY 10018 501 (C)(3) Gratz College 7605 Old York 23-1352642 GENERAL CHARITABLE Road 15,000 PURPOSES Melrose Park, PA 19027 501 (C)(3) Greenwood House53 Walter 21-0639867 GENERAL St CHARITABLE 6,000 Ewing, NJ 08628 **PURPOSES** 501 (C)(3) Hebrew Academy of Morris 22-1833220 GENERAL County146 Dover Chester Rd CHARITABLE 607,099 Randolph, NJ 07869 PURPOSES Hebrew Immigrant Aid 13-3633307 501 (C)(3) GENERAL CHARITABLE Society333 7th Avenue -6,400 Room 1600 PURPOSES New York, NY 10001 Hillel The Foundation for 52-1844823 501 (C)(3) GENERAL Jewish Campus Life800 CHARITABLE 25,400 Eighth street PURPOSES NW Washington, DC 200013724

Form 990, Schedule I, Part	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hoop-A-Paluza Inc101 Hudson Street - Suite 3700 Jersey City,NJ 07302	13-4208412	501 (C)(3)	11,000				GENERAL CHARITABLE PURPOSES
Hope House19-21 Belmont Avenue Dover, NJ 07802	22-2921100	501 (C)(3)	7,842				GENERAL CHARITABLE PURPOSES
InterfaithFamilycomP O Box 428 Newton, MA 02464	04-3577816	501 (C)(3)	5,500				GENERAL CHARITABLE PURPOSES
International Rescue Committee122 East 42nd Street New York, NY 10168	13-5660870	501 (C)(3)	8,100				GENERAL CHARITABLE PURPOSES
Israel Project2020 K Street NW - Suite 7600 Washington, DC 20006	37-1472882	501 (C)(3)	15,000				GENERAL CHARITABLE PURPOSES
J C H C750 Northfield Ave West Orange, NJ 07052	22-2540505	501 (C)(3)	186,233				GENERAL CHARITABLE PURPOSES
JCC MetroWest760 Northfield Ave West Orange, NJ 07052	22-2680030	501 (C)(3)	790,391				GENERAL CHARITABLE PURPOSES
JCC on the Palisades411 E Clinton Avenue Tenafly, NJ 07670	22-1487220	501 (C)(3)	20,000				GENERAL CHARITABLE PURPOSES
JCHCFriends of JCHC750 Northfield Ave West Orange, NJ 07052	22-2540505	501 (C)(3)	17,600				GENERAL CHARITABLE PURPOSES
Jersey Animal Coalition298 Walton Avenue South Orange, NJ 07079	22-2942416	501 (C)(3)	5,150				GENERAL CHARITABLE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization

(b) EIN

(c) IRC Code section if applicable

(d) A mount of cash organization

(e) A mount of non-cash assistance organization

(f) Method of valuation

(g) Description of non-cash assistance organization

(h) A mount of cash organization

(h) A mount of cash organization

(h) EIN

(c) IRC Code section organization

(d) A mount of cash organization

(e) A mount of non-cash assistance organization

(f) Method of organization

(g) Description of non-cash assistance organization

(h) EIN

(c) IRC Code section organization

(d) A mount of cash organization

(e) A mount of non-cash assistance organization

(f) Method of organization

(g) Description of non-cash assistance organization

(h) EIN

organization or government	(b) EIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Jespy House102 Prospect Street South Orange, NJ 07079	22-2186490	501 (C)(3)	88,240				GENERAL CHARITABLE PURPOSES
Jewish Council for Public Affairs116 East 27th Street - 10th Floor New York, NJ 10016	13-1624104	501 (C)(3)	7,000				GENERAL CHARITABLE PURPOSES
Jewish Family Service500 Morris Avenue Springfield, NJ 07081	22-1687995	501 (C)(3)	14,656				GENERAL CHARITABLE PURPOSES
Jewish Family Service of MetroWest256 Columbia Tpk- Suite 105 Florham Park, NJ 08932	22-1687995	501 (C)(3)	28,577				GENERAL CHARITABLE PURPOSES
Jewish Family Service of Somerset Warren and Hunt 150 A West High Street Somerville, NJ 08876	22-2306902	501 (C)(3)	32,050				GENERAL CHARITABLE PURPOSES
Jewish Federation of Collier County2500 Vanderbilt Beach Road 2201 Naples, FL 341090613	59-2151725	501 (C)(3)	5,100				GENERAL CHARITABLE PURPOSES
Jewish Federation of Greater Houston5603 South Braeswood Blvd Houston,TX 77096	74-1109654	501 (C)(3)	10,180				GENERAL CHARITABLE PURPOSES
Jewish Federation of Greater Philadelphia2100 Arch Street - 5A Philadelphia, PA 19103	23-1500085	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES
Jewish Federation of Palm Beach County4601 Community Drive W Palm Beach, FL 33417	59-0948696	501 (C)(3)	50,000				GENERAL CHARITABLE PURPOSES
Jewish Federation of South Palm Beach County9901 Donna Klein Blvd Boca Raton, FL 33428	59-1945109	501 (C)(3)	61,789				GENERAL CHARITABLE PURPOSES

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) GENERAL Jewish Historical Society of 22-3054709 MetroWest901 Route 10 CHARITABLE 9,300 Whippany, NJ 07981 **PURPOSES** Jewish Media Development 04-3334113 501 (C)(3) GENERAL Center1512 Murray Avenue CHARITABLE 8,000 Pittsburgh, PA 15217 **PURPOSES** 501 (C)(3) Jewish National Fund215 13-1659627 GENERAL Ridgedale Avenue CHARITABLE 5,525 Florham Park, NJ 07932 PURPOSES 501 (C)(3) Jewish Reconstructionist 13-2500888 GENERAL Federation101 Greenwood CHARITABLE 100,000 Avenue PURPOSES Jenkintown, PA 19046 Jewish Service for the 22-3479872 501 (C)(3) GENERAL CHARITABLE Developmentally Disabled 5,170 395 Pleasant Valley Way PURPOSES West Orange, NJ 07052 Jewish Theological Seminary 13-0887640 501 (C)(3) GENERAL of America 3080 Broadway CHARITABLE 49,880 New York, NY 10002 **PURPOSES** 501 (C)(3) Jewish Vocational Service of 22-1487229 GENERAL CHARITABLE MetroWest111 Prospect 75,923 Street PURPOSES East Orange, NJ 07017 501 (C)(3) JFS of Central NJ655 22-1487364 GENERAL Westfield Avenue CHARITABLE 8,000 Elizabeth, NJ 07208 **PURPOSES** JFS of MetroWest256 22-1687995 501 (C)(3) GENERAL CHARITABLE Columbia Tpk 13,670 Florham Park, NJ 07932 PURPOSES 501 (C)(3) Joseph Kushner Hebrew 22-1520392 GENERAL Academy110 South Orange CHARITABLE 113,598 PURPOSES Avenue Livingston, NJ 07039

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) GENERAL JVS of MetroWest111 22-1487229 Prospect St CHARITABLE 10,860 E Orange, NJ 07017 **PURPOSES** Kent Place School42 22-1487233 501 (C)(3) GENERAL Norwood Avenue CHARITABLE 15,000 Summit, NJ 07902 **PURPOSES** Knox College2 East South 501 (C)(3) 37-0673513 GENERAL Street CHARITABLE 10,000 Galesburg, IL 61401 PURPOSES 501 (C)(3) Leyden High Schools 36-3792880 GENERAL Foundation3400 Rose Street CHARITABLE 7,800 - District 212 PURPOSES Franklin, IL 60131 Lido Beach Synagogue1 23-7110267 501 (C)(3) GENERAL CHARITABLE Fairway Road 6,250 PURPOSES Lido Beach, NY 11561 501 (C)(3) Lincoln Square Synagogue 13-2509155 GENERAL Inc200 Amsterdam Avenue CHARITABLE 14,440 New York, NY 10023 PURPOSES 501 (C)(3) Lubavitch Center of Essex 56-2282482 GENERAL County456 Pleasant Valley CHARITABLE 12,550 Wav PURPOSES West Orange, NJ 07052 Lubavitch of Bucks County 22-3837750 501 (C)(3) GENERAL Glazier Jewish Center 25 N CHARITABLE 5,800 State S PURPOSES Newtown, PA 18940 Mayo Foundation 205 1st 41-1937751 501 (C)(3) GENERAL Street SW CHARITABLE 10,000 Rochester, MN 55905 PURPOSES 501 (C)(3) Memorial Sloan-Kettering 13-1924236 GENERAL Cancer Center1275 York CHARITABLE 12,100 PURPOSES Avenue New York, NY 10021

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) Metropolitan OperaPatron 13-1624087 GENERAL Office Lincoln Center CHARITABLE 12,000 New York, NY 10023 **PURPOSES** Monmouth Reform Temple 21-6007895 501 (C)(3) GENERAL 332 Hance Avenue CHARITABLE 5,175 Tinton Falls, NJ 07724 **PURPOSES** 501 (C)(3) Morristown Jewish Center 22-1546172 GENERAL CHARITABLE Beit Yisrael 177 Speedwell 170,794 Avenue PURPOSES Morristown, NJ 07960 Morristown Memorial Health 22-3392808 501 (C)(3) GENERAL Foundation Inc100 Madison CHARITABLE 16,600 Avenue PURPOSES Morristown, NJ 079601956 501 (C)(3) Morristown-Beard School70 22-1487252 GENERAL Whippany Road CHARITABLE 15,000 Morristown, NJ 07960 **PURPOSES** 59-2774476 501 (C)(3) GENERAL MorseLife Foundation Inc 4847 Fred Gladstone Drive CHARITABLE 25,000 West Palm Beach, FL 33417 **PURPOSES** 501 (C)(3) Moving Traditions 115 West 34-2015014 GENERAL Ave Ste 102 CHARITABLE 7,930 Jenkintown, PA 19046 PURPOSES Muscular Dystrophy 13-1665552 501 (C)(3) GENERAL Assocattion521 Plymouth CHARITABLE 10,100 Road - Suite 108 PURPOSES Plymouth, PA 19462 National Council of Jewish 22-1687993 501 (C)(3) GENERAL Women475 Riverside Drive -CHARITABLE 34,304 Suite 1901 PURPOSES New York, NY 10115 National Jewish Outreach 13-2881809 501 (C)(3) GENERAL Program989 Sixth Avenue -CHARITABLE 21,800 10th Floor PURPOSES New York, NY 10018

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non-organization (f) Method of (g) Description of (h) Purpose of grant (h) Purpose

organization or government	(D) EIN	if applicable	grant	cash assistance	valuation (book, FMV , appraisal, other)	non-cash assistance	or assistance
National Multiple Sclerosis Society1501 Reedsdale Street - 105 Pittsburgh,PA 15233	13-5661935	501 (C)(3)	5,850				GENERAL CHARITABLE PURPOSES
National Multiple Sclerosis SocietyKalisa Way - Suite 205 Paramus, NJ 07652	22-6080521	501 (C)(3)	16,000				GENERAL CHARITABLE PURPOSES
National Tuberous Sclerosis Association IncTuberous Sclerosis Alliance 801 Roe Silver Springs, MD 20910	95-3018799	501 (C)(3)	15,000				GENERAL CHARITABLE PURPOSES
New Israel Fund330 7th Avenue - 11th Floor New York, NY 10001	94-2607722	501 (C)(3)	46,600				GENERAL CHARITABLE PURPOSES
New Jersey Foundation of Dentistry for Persons witP O Box 2117 Edison, NJ 088182117	22-2469940	501 (C)(3)	5,289				GENERAL CHARITABLE PURPOSES
New Jersey Institute of Technology Foundation Development Office University Heigh Newark, NJ 071021982	22-1714037	501 (C)(3)	26,000				GENERAL CHARITABLE PURPOSES
New Jersey Performing Arts Center1 Center St Newark, NJ 07102	22-2889703	501 (C)(3)	140,534				GENERAL CHARITABLE PURPOSES
New Jersey Symphony Orchestra60 Park Place - 9th Floor Newark,NJ 07102	22-1559422	501 (C)(3)	92,525				GENERAL CHARITABLE PURPOSES
New Philharmonic of New JerseyPO Box 244 Cedar Knolls, NJ 07927	22-2286390	501 (C) (3)	5,150				GENERAL CHARITABLE PURPOSES
Newark Beth Israel Medical Center Foundation Inc201 Lyons Avenue Newark, NJ 07112	22-2587176	501 (C)(3)	20,557				GENERAL CHARITABLE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) GENERAL Newark Emergency Services 22-2191674 for Families 982 Broad Street CHARITABLE 17,500 Newark, NJ 07102 **PURPOSES** Newark Museum49 22-1487275 501 (C)(3) GENERAL Washington Street CHARITABLE 6,000 Newark, NJ 07102 **PURPOSES** 501 (C)(3) NJAJCS53 South Woodland 22-3660429 GENERAL CHARITABLE Street 6,352 Englewood, NJ 07631 PURPOSES 22-1714037 501 (C)(3) NJIT Center for Architecture GENERAL and Building Science333 CHARITABLE 35,569 Campbell Hall University PURPOSES Height Newark, NJ 07102 North American Cultural 13-3978343 501 (C)(3) GENERAL Laboratory110 Highland Lake CHARITABLE 45,000 Road PURPOSES Highland Lake, FL 12743 Oheb Shalom Congregation 22-1510213 501 (C)(3) GENERAL 170 Scotland Road CHARITABLE 42,830 PURPOSES South Orange, NJ 07079 Overlook Hospital Foundation 51-0194054 501 (C)(3) GENERAL 36 Overlook Drive CHARITABLE 9,730 Summit, NJ 07901 **PURPOSES** 501 (C)(3) Oxalosis & Hyperoxaluria 91-1457505 GENERAL Foundation201 E 19th Street CHARITABLE 8,500 New York, NY 10003 **PURPOSES** P E F I srael Endowment 13-6104086 501 (C)(3) GENERAL CHARITABLE Funds Inc317 Madison Ave 8,980 Suite 607 PURPOSES New York, NY 10017 PaperMill Playhouse22-24 22-1550515 501 (C)(3) GENERAL Brookside Drive CHARITABLE 10,050 Millburn, NJ 07041 **PURPOSES**

Form 990,Schedule I, Part	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partnership for Jewish Learning & Life901 Route 10 Whippany, NJ 07981	22-1487225	501 (C)(3)	447,397				GENERAL CHARITABLE PURPOSES
Paterson Hebrew Free Loan Association10-10 Norma Avenue Fair Lawn, NJ 07410	22-6001012	501 (C)(3)	12,164				GENERAL CHARITABLE PURPOSES
Project Ezra465 Grand Street - 4th Floor New York, NY 10002	13-2739211	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES
Rachel Coalition256 Columbia Tpk - Suite 105 Florham Park, NJ 07932	22-1687995	501 (C)(3)	41,080				GENERAL CHARITABLE PURPOSES
Ramapo for Children IncP O Box 266 Rhinebeck, NY 12572	13-5600422	501 (C)(3)	35,000				GENERAL CHARITABLE PURPOSES
Ramaz School114 E 85th Street New York, NY 10028	13-1635279	501 (C)(3)	27,500				GENERAL CHARITABLE PURPOSES
Reconstructionist Rabbinical College1299 Church Road Wyncote, PA 19095	23-1710675	501 (C)(3)	14,200				GENERAL CHARITABLE PURPOSES
Robin Hood Foundation826 Broadway 9th Floor New York, NY 10003	13-3441066	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES
Roundabout Theater Company Inc231 W 39 Street - Suite 1200 New York, NY 101381235	13-6192346	501 (C)(3)	60,125				GENERAL CHARITABLE PURPO SES
Rutgers Hillel93 College Ave New Brunswick, NJ 08901	26-0177367	501 (C)(3)	12,000				GENERAL CHARITABLE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non- (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rutgers University Foundation7 College Ave Winants Hall New Brunswick, NJ 08901	23-7318742	501 (C)(3)	12,143				GENERAL CHARITABLE PURPOSES
SAGE Eldercare290 Broad Street Summit, NJ 07901	22-1657929	501 (C)(3)	40,000				GENERAL CHARITABLE PURPOSES
Salanter Akıba Rıverdale Academy (SAR)655 West 254th Street Rıverdale, NY 10471	13-2646185	501 (C)(3)	72,350				GENERAL CHARITABLE PURPOSES
Schechter Institute of Jewish StudiesPO Box 8500 Philadelphia, PA 191783566	22-3342043	501 (C)(3)	32,100				GENERAL CHARITABLE PURPOSES
Solomon Schechter Day School of Essex and Union 122 Gregory Avenue West Orange, NJ 07052	22-1779887	501 (C)(3)	227,920				GENERAL CHARITABLE PURPOSES
Solomon Schechter Day School of Greater Boston125 Wells Ave Newton, MA 02459	04-2303212	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES
Solomon Schechter Day School of Raritan Valley511 Ryders Lane East Brunswick, NJ 08816	22-2352848	501 (C)(3)	7,800				GENERAL CHARITABLE PURPOSES
South Orange Performing Arts Center1 SOPAC Way South Orange, NJ 07079	32-0074004	501 (C) (3)	5,500				GENERAL CHARITABLE PURPOSES
Special Ed Academy of Deal Inc1 Meridan Road Eatontown,NJ 07724	41-2059473	501 (C)(3)	9,000				GENERAL CHARITABLE PURPOSES
St Barnabas Medical Center Foundation95 Old Short Hills Road Livingston,NJ 07039	22-2378422	501 (C)(3)	32,750				GENERAL CHARITABLE PURPOSES

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	ıs in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Storahtelling Inc261 West 35th Street - Suite 404 New York, NY 10001	51-0444205	501 (C)(3)	17,500				GENERAL CHARITABLE PURPOSES
Summit Jewish Community Center67 Kent Place Summit,NJ 07901	22-6009059	501 (C) (3)	7,600				GENERAL CHARITABLE PURPOSES
Sweat Equity Enterprises40 W 23rd Street 3rd Floor New York, NY 10010	20-3498290	501 (C) (3)	50,000				GENERAL CHARITABLE PURPOSES
Synagogue of the Suburban Torah Center85 W M t Pleasant A ve Livingston, NJ 07039	22-1919787	501 (C)(3)	5,348				GENERAL CHARITABLE PURPOSES
Taryag Legacy Foundation 1136 Somerset Avenue Lakewood, NJ 08701	01-0685362	501 (C) (3)	6,000				GENERAL CHARITABLE PURPOSES
Temple Beth Ahm60 Temple Dr Springfield, NJ 07081	22-6015105	501 (C) (3)	5,600				GENERAL CHARITABLE PURPOSES
Temple Beth Shalom193 E Mt Pleasant Avenue Livingston, NJ 07039	22-1599195	501 (C)(3)	24,019				GENERAL CHARITABLE PURPOSES
Temple B'naı Abraham300 E Northfield Road Lıvıngston, NJ 07039	22-1515224	501 (C) (3)	61,970				GENERAL CHARITABLE PURPOSES
Temple B'naı Or60 Overlook Road Morristown, NJ 07960	22-6077572	501 (C) (3)	29,810				GENERAL CHARITABLE PURPOSES
Temple Emanuel385 Ward Street PO Box 266 Newton, MA 02459	04-2121646	501 (C)(3)	10,000				GENERAL CHARITABLE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) Temple Israel of Long Beach 11-1704599 GENERAL 305 Riverside Bl CHARITABLE 6,475 Long Beach, NY 11561 **PURPOSES** Temple Sharey Tefilo-Israel 22-2405774 501 (C)(3) GENERAL 432 Scotland Road CHARITABLE 111,691 South Orange, NJ 07079 **PURPOSES** 501 (C)(3) Temple Sholom of West 22-1732300 GENERAL Essex760 Pompton Ave CHARITABLE 9,300 Cedar Grove, NJ 07009 PURPOSES 501 (C)(3) Tikva Corp40 W 23rd St 22-3779212 GENERAL New York, NY 10010 CHARITABLE 222,000 PURPOSES Tikva Corp40 W 23rd Street 04-2717782 501 (C)(3) GENERAL - 3rd Floor CHARITABLE 901,400 New York, NY 10010 **PURPOSES** 501 (C)(3) TrinitasP O Box 259 22-3601678 GENERAL CHARITABLE Elizabeth, NJ 072070259 9,234 PURPOSES 501 (C)(3) Trustees of Columbia 13-5998093 GENERAL University630 West 168th CHARITABLE 20,000 Street S Box 48 PURPOSES New York, NY 10032 Trustees of Columbia 13-5998093 501 (C)(3) GENERAL University in the City of New CHARITABLE 6,550 622 West 113th Street - Mail PURPOSES Code 4 New York, NY 10025 Unified Vailsburg Services 23-7304852 501 (C)(3) GENERAL Organization42 Richelieu CHARITABLE 9,200 Terrace PURPOSES Newark, NJ 07106 501 (C)(3) United Federation of 23-2215070 GENERAL Princeton Mercer Bucks 3131 CHARITABLE 39,100 Princeton Pike PURPOSES Lawrenceville, NJ 08648

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (C)(3) GENERAL United Jewish Communities 22-1487222 CHARITABLE of MetroWest New Jersey901 609,028 Route 10 PURPOSES Whippany, NJ 07981 US Holocaust Memorial 52-1309391 501 (C)(3) GENERAL Museum60 E 42nd St Suite CHARITABLE 5,300 2540 PURPOSES New York, NY 10165 501 (C)(3) Valerie Fund2101 Millburn 22-2126867 GENERAL CHARITABLE Ave 5,600 Maplewood, NJ 07040 PURPOSES 501 (C)(3) Valley Hospital Foundation 22-2324554 GENERAL 223 North Van Dien Ave CHARITABLE 10,000 Ridgewood, NJ 07450 PURPOSES 501 (C)(3) 22-2810732 GENERAL Visiting Nurse Association of Central NJ176 Riverside CHARITABLE 18,032 Avenue PURPOSES Red Bank, NJ 07701 52-1376034 501 (C)(3) Washington Institute for Near GENERAL East Policy1828 L Street NW CHARITABLE 10,500 **PURPOSES** - Suite 1050 Washington, DC 20036 501 (C)(3) WNETO RGThirteen 450 West 13-1945149 GENERAL CHARITABLE 33rd Street 8,530 New York, NY 10001 **PURPOSES** 501 (C)(3) Women's International 13-3041381 GENERAL Zionist Organization950 CHARITABLE 25,000 Third Avenue - Suite 901 **PURPOSES** New York, NY 10022 06-0646973 Yale University 157 Church 501 (C)(3) GENERAL Street CHARITABLE 75,300 New Haven, CT 065100210 **PURPOSES** Zufall Health Center17 South 22-3125397 501 (C)(3) GENERAL Warren Street CHARITABLE 22,500 PURPOSES Dover, NJ 07801

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DLN: 93493136046651

OMB No 1545-0047

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

JEWISH COMMUNITY FOUNDATION OF METROWEST INC

Employer identification number

22-1714130

Pa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizatorganization's CEO/Executive Director Check all t					
	▼ Compensation committee	Γ	Written employment contract			1
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

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)(1)-(111) 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 (i) Base (ii) Bonus & (iii) Other reportable			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
		compensation	compensation	compensation				Form 990-EZ
MAX KLEINMAN	(I) (II)	62,904 251,616	0	0 0	- ,	2,216 8,865		0
HOWARD RABNER	(I) (II)	47,727 143,180	0 0	0 0	0 0	3,691 11,074	51,418 154,254	0 0
JOSHUA REDNIK	(ı) (ıı)	150,144 0	0 0	0 0	0 0	447 0	150,591 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493136046651

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Employer identification number Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC

					22-1714130			
Pa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d i Method of do reven	etermi	nıng	
	At 144	applicable		1g				
	Art—Works of art							
2	=							
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 .	Х	178	1,474,581	Selling price			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
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								
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangemo	ent in Part I	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Ret urn Reference	Explanation		
Sale of noncash contributions	, , , , , , , , , , , , , , , , , , , ,	The Organization utilizes an outside brokerage firm to sell donations of securities when received		

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

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As Filed Data -

DLN: 93493136046651

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization

JEWISH COMMUNITY FOUNDATION OF METROWEST INC

Employer identification number

22-1714130

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	PART VI, SECTION 1, LINE 11	Copies of the form 990 will be provided or available to all members of the Board before the Board votes to accept the 990

ldentifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST	PART VI, SECTION B, LINE 12C	We have a conflict of interest policy and every member of the board signs that there are conflicts of interest. If someone is in conflict they will be recused from debate and voting from the matter.

ldentifier	Return Reference	Explanation
DETERMINATION OF COMPENSATION	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

ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	· '	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	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 officer arthur schechner Name of related trustee michael schechner relationship father and son

DLN: 93493136046651

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC	Employer identific	cation number			
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon a	nswered "Yes" on	Form 990, Part I'	22-1714130 V, line 33.)	
(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 760 NORTHFIELD AVENUE LLC WHIPPANY, NJ 079811156	REAL PROPERTY	tи			NA
JCF 1155 PLEASANT VALLEY WAY LLC 901 ROUTE 10 WHIPPANY, NJ 079811156	REAL PROPERTY	СИ			NA
JCF REAL ESTATE I LLC 901 ROUTE 10 WHIPPANY, NJ 079811156	REAL PROPERTY	NJ			NA
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t		e organization ans	swered "Yes" on I	Form 990, Part IV	, line 34 because it had one
(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					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Cat No 50135	5Y		Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal (d) domicile Direct controlling (state or entity foreign	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			Share of end-of-year		Share of end-of-year		Share of end-of-yea		Share of end-of-year		Share of end-of-year		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or Iging
								Yes	No			Yes	No										
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,											
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)												
(a) Name, address, and EIN of related organization		(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership												
									1														
									1														

(5)

(6)

chedule	R (Form 990) 2009			Pa	ge 3				
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35, or 36.)							
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts I	I-IV?							
a Re	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
b Gif	b Gift, grant, or capital contribution to other organization(s)								
c Gıf	t, grant, or capital contribution from other organization(s)		1c	Yes					
d Loans or loan guarantees to or for other organization(s)									
e Loans or loan guarantees by other organization(s)									
f Sal	e of assets to other organization(s)		1f		No				
g Pu	rchase of assets from other organization(s)		1 g		No				
h Ex	change of assets		1h		No				
i Lea	se of facilities, equipment, or other assets to other organization(s)		1 i		No				
j Lea	se of facilities, equipment, or other assets from other organization(s)		1j	Yes					
k Performance of services or membership or fundraising solicitations for other organization(s)									
I Performance of services or membership or fundraising solicitations by other organization(s)									
m Sha	aring of facilities, equipment, mailing lists, or other assets		1m	Yes					
n Sharing of paid employees									
o Re	imbursement paid to other organization for expenses		10	Yes					
p Re	imbursement paid by other organization for expenses		1р		No				
q Ot	her transfer of cash or property to other organization(s)		1q		No				
r Oth	ner transfer of cash or property from other organization(s)		1 r		No				
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	iships and transaction thre	sholds						
	(a) Name of other organization	(b) Transaction type(a-r)	(Amount	(c) involve	ed				
1) UNITE) JEWISH COMMUNITIES OF METROWEST	b		3,49	2,326				
2) UNITEI	D JEWISH COMMUNITIES OF METROWEST	0		1,30	9,085				
3) UNITEI) JEWISH COMMUNITIES OF METROWEST	N		12	5,538				
4) JEROM	E & PAULA GPTTESMAN FAMILY SUPPT FDN	С		87	3,000				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General o managıng partner?	
			Yes	No		Yes	No		Yes	N	
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Software ID: Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

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

Form 990, Schedule R, Part II - Identification of Related			1	1	,
(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	COMMUNITY SE	NJ	501(C)(3)	7	yes
901 ROUTE 10 WHIPPANY, NJ079811156					
BERSON FAMILY SUPPORTING FOUNDATION INC	CHARITY	N J	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 22-2872256					
	CHARITY	NJ	501(C)(3)	11	NA
901 ROUTE 10 WHIPPANY, NJ079811156 22-3056144					
	CHARITY	NJ	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 52-1793845					
	CHARITY	NJ	501(C)(3)	11	NA
901 ROUTE 10 WHIPPANY, NJ07981 52-1823808					
	CHARITY	NJ	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 52-1860878					
	CHARITY	NJ	501(C)(3)	11	NA
901 ROUTE 10 WHIPPANY, NJ079811156 52-1931976					
	CHARITY	NJ	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ078911156 22-3699940					
	CHARITY	NJ	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 52-1958332					
	CHARITY	N J	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 _22-3699941					
	CHARITY	N J	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 22-3829233					
	CHARITY	N J	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ079811156 22-3063176					
METROWEST COMMUNITY SUPPORTING FDN INC	CHARITY	NJ	501(C)(3)	11	NA
901 ROUTE 10 WHIPPANY, NJ079811156 22-3892931					
	CHARITY	NJ	501(C)(3)	11	NA
901 ROUTE 10 WHIPPANY, NJ078911156 22-3829229					
METROWEST COMMUNITY SUPPORTING FDN INC	CHARITY	NJ	501(C)(3)	11	NA
901 ROUTE 10 WHIPPANY, NJ079811156 22-3829234					
METROWEST COMMUNITY SUPPORTING FDN INC	CHARITY	NJ	501(C)(3)	11	N A
901 ROUTE 10 WHIPPANY, NJ078911156 22-3829225					