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Form '990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 08/31,20 10 09/01, 2009, and ending A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization JEWISH COMMUNITY FOUNDATION OF CENTRAL PA B Check if applicable Please Address change use IRS 23-1352587 Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number onnt o Name change type (717) 236-9555 3301 NORTH FRONT STREET Specifi City or town, state or country, and ZIP + 4 Terminate Instruc Amended return HARRISBURG, PA 17110 G Gross receipts \$ 3,235,138. H(a) is this a group return for X No Name and address of principal officer TED BERNSTEIN NORTH FRONT STREET HARRISBURG, PA 17110 H(b) Are all affiliates included? Nο X | 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No." attach a list (see instructions) Tax-exempt status Website ► N/A H(c) Group exemption number L Year of formation 1941 M State of legal domicile PΑ Other > Form of organization X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities 1 TO CARRY ON RELIGION, CHARITABLE AND EDICATIONAL ACTIVITIES FOR THE Activities & Governance BENEFIT AND SUPPORT OF THE HARRISBURG JEWISH COMMUNITY. STRIVE TO UNIFY, ANTICIPATE AND MEET THE NEEDS OF THE LOCAL JEWISH COMMUNITY Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 63 7a Total gross unrelated business revenue from Part VIII, column.(C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,965,992. 1,040,025 8 ÖŞ Program service revenue (Part VIII, line 2g) 9 269,146. -56,114. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10 DEN. UT 0 0. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A); line 983,911. 3,235,138. 12 862,755 1,398,987. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses, Part IX, column (D), line 25) 227,888. 245,137. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,090,643. 1,644,124. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 -106,7321,591,014. 19 **End of Year** Beginning of Year 14,123,733 16,013,712. 20 Total assets (Part X, line 16) 5,046,628. 5,396,460 21 Total liabilities (Part X, line 26) 8,727,273 10,967,084. 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penalty I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here RECTOR 40ı Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions) Paid signature P00033505 employed Preparer's BROWN SCHULTZ EIN 25-1644159 MACAL. Use Only address, and ZIP Phone no 717-761-7171 210 GRANDVIEW AVENUE CAMP HILL, PA 17011

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

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

Form 990 (2009)

X Yes

JSA 9E1010 3 000

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x l	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			-
	Schedule C, Part II	4		Х
5	Sections 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	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		Λ
10	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
''	VII, VIII, IX, or X as applicable	11	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	^-	
•				
_	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 X		1	
	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			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12		40	37	
40.4	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A				
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	\vdash		X
		14a		_^_
D	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	445		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
15		4-		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	4.5		v
17	·	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		٠,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ـ ـ ا		٠,
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	•	Х
26	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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
U	Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			<u> </u>
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
JŁ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
04	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
33	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
55	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			† <u> </u>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		† <u></u>
J	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	To Metal Fig. 2 and doc mote and required to complete defined to 1 and 1		990	(2000)

Form 9	990 (2009) 23-1352587		F	Page 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
2.0	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			i
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	Instructions)			
2.0	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	The state of the s	3a		X
L	this return?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
48				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		x
	account)?	70		
D	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			;
_	and Financial Accounts	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	35		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
_	Prohibited Tax Shelter Transaction?	- SC		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Х	
	organization solicit any contributions that were not tax deductible?	0a	Λ	<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	en	Х	
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		x
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			!
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		X
	benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
п	·	7h		
	required?			 .
8	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		ļ,
	Sponsoring organizations maintaining donor advised funds.			
9	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
10	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	• • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			;
0	amounts due or received from them)			
12 -	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		,
0	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Form	990	(2009)

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

Sect	ion A. Governing Body and Management			
	1.1.4		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	X	<u> </u>
11 A				
12a		12a	Х	
b				
_	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
_	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		_	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
	available for public inspection Indicate how you make these available Check all that apply	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
1.3	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_0	organization ► CARL BRAUNEGG 3301 NORTH FRONT STREET, HARRISBURG, PA , 17110			
	717-236-9555			

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Part VII 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 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	al Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TED BERNSTEIN										
TRUSTEE	1.00	X						0.	0.	0.
DOROTHEA ARONSON										
TRUSTEE	1.00	Х						0.	0.	0.
RICHARD ABRAMS										
TRUSTEE	1.00	Х					<u>.</u>	0.	0	<u>0</u> .
LEONARD N. BERMAN										
TRUSTEE	1.00	Х						0.	. 0	0.
HERMAN GORDON										
TRUSTEE	1.00	X						0.	0.	0.
STEVE KUSIC										
TRUSTEE	1.00	X						0.	0.	0.
NEYSA MAISEL TRUSTEE	1.00	x						0.	0.	0.
STEVE MARKOWITZ										
TRUSTEE	1.00	X						0.	0.	0.
GERALD K. MORRISON										
TRUSTEE	1.00	X			İ			0.	0.	0.
JAY STEINBERG TRUSTEE	1.00	x						0.	0	0.
SUSAN SYMONS						İ	_			
TRUSTEE	1.00	x						0.	0.	0.
DAVID HERMAN					T	1				
TRUSTEE	1.00	Х			l	İ		0.	. 0	0.
LEE SIEGEL										
TRUSTEE	1.00	Х						0.	. 0	0.
ALLYSON SIEGELMAN										
TRUSTEE	1.00	Х						0.	0	0.
ED FINKELSTEIN				ļ -				<u> </u>		
CHAIR	1.00			X				0.	. 0	0.
								_		
]		1							

Form 990 (2009)

(A)	(B)			•	C)			(D)	(E)			(F)		
Name and title	Average hours per week	on director	nstitutional trustee	heck Officer	all Key employee	स्म Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensating from relate organization (W-2/1099-MI	on d ns	amo of compe fror organ and	mated ount of ther ensation m the nization related iizations		
	_			_										
											•			
		-												
							-							
			-							~				
					ļ . <u>.</u>			_						
1b Total				<u> </u>	<u> </u>	l	I ►	0		0.				
 Total number of individuals (including but not lim reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu. 	er, directi	or or	0 tru	uste	е,	key e	emp	ployee, or highes	t compensat		3	Yes N		
For any individual listed on line 1a, is the the organization and related organizations individual	sum of greater the	repor	tabl 3150	e (com	pensa	atıor ∕es,	n and other com " complete Sched	pensation fro fule J for su	om uch	4			
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or acci	rue c	omp	ens	satio	n fro	om	any unrelated	organization	for	5			
Section B. Independent Contractors														
Complete this table for your five highest compensation from the organization	compensa	ted ir	ndep	enc	dent	con	trac	ctors that receive	d more thar	\$100	000,0	of		
(A) Name and business addr	ress					_		(B) Description of se	rvices	С	(C) ompens	ation		
NONE														
						•	\top							
	· · · · · · · · · · · · · · · · · · ·						\top							

	t VIII			23-1352587							
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d			-						
ntributions,	e f	All other contributions, gifts, grants, and similar amounts not included above . 1f	2,965,992								
	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		2,965,992	 .	.	17-15 T				
Program Service Revenue	2a b c										
E Se	d e										
Progra	f g	All other program service revenue Total. Add lines 2a-2f		0.							
	3	Investment income (including dividends, interestment similar amounts)		185,491 0			185,491				
	4 5	Income from investment of tax-exempt bond Royalties · · · · · · · · · · · · · · · · · · ·		0							
	6a	(ı) Real	(II) Personal								
	b	Less rental expenses			:						
	c d	Rental income or (loss)		0							
	7a	Gross amount from sales of assets other than inventory	s (II) Other		:						
	b	Less cost or other basis and sales expenses									
	С	Gain or (loss)									
-	d	Net gain or (loss)	_. ▶	83,655			83,655				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)									
Ř		See Part IV, line 18									
Ę.	b	Less direct expenses		0.							
J	l	Gross income from gaming activities See Part IV, line 19	ļ								
	ı	Less direct expenses									
	10a	` , 5 5		0							
		Less cost of goods sold Net income or (loss) from sales of inventory	b	0	1						
		Miscellaneous Revenue	Business Code			ļ.— ———					
	11a b										
	c										
	d	All other revenue					<u> </u>				
	е 12	Total. Add lines 11a-11d Total Revenue. See instructions					269,146				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,398,987.	1,398,987.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	•			
	U S See Part IV, lines 15 and 16	0.			
1	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
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 salanes and wages	0.			· · · · · · · · · · · · · · · · · · ·
В	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
)	Payroll taxes	0.			
1	Fees for services (non-employees)				
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.	•		
	Investment management fees	0.			
	Other	0.			
9 !		0.			
3	Advertising and promotion	0.			
	Office expenses	0.	-		
	Information technology	0.			
	Royalties	0.		-	
	Occupancy	0.			
	Travel	<u> </u>			
}	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
)	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
?	Depreciation, depletion, and amortization	0.			
3	Insurance				
4	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)	50.050		F2 0F2	
	BANK FEES	52,052.	21 510	52,052.	64 062
b	REIMBURSEMENT OF EXPENSES	193,085.	31,518.	96,704.	64,863
С					
d					
e					
f	All other expenses				<u> </u>
5	Total functional expenses Add lines 1 through 24f	1,644,124.	1,430,505.	148,756.	64,863
6	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ŞA		I		l	Form 990 (2009)
52 1 (40Y2GM K371	V 09-9.	.3 BON	-12222	220 (200)

	rt X	Balance Sheet	 		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	59,884.	1	90,004.
	2	Savings and temporary cash investments	394,920.	2	290,181.
	3	Pledges and grants receivable, net	565,954.	3	180,283.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of		! !	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		i	
		Part II of Schedule L		6	
ssets	7	Notes and loans receivable, net	-	7	
SS	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
⋖ '	9	Prepaid expenses and deferred charges	<u> </u>	9	
		Land, buildings, and equipment cost or 10a		 	
		other basis Complete Part VI of Schedule D			
	h	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	13,042,613.		15,380,343.
	12	· · ·		12	13,300,313.
		Investments - other securities See Part IV, line 11		13	
	13	Investments - program-related See Part IV, line 11		14	
	14	Intangible assets	60,362.	15	72,901.
	15	Other assets See Part IV, line 11	14,123,733.	16	16,013,712.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,123,733.	17	10,013,712.
	17	Accounts payable and accrued expenses		18	
	18	Grants payable			
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ξ	22	Payables to current and former officers, directors, trustees, key			
ā		employees, highest compensated employees, and disqualified		1 00	
_		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	5 206 460	24	
	25	Other liabilities Complete Part X of Schedule D	5,396,460.	25	5,046,628.
	26_	Total liabilities. Add lines 17 through 25	5,396,460.	26	5,046,628.
ės		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	6,749,249.		8,988,960.
3ak	28	Temporarily restricted net assets	1,978,024.	28	1,978,124.
Ā	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Žet	33	Total net assets or fund balances	8,727,273.	33	10,967,084.
_	34	Total liabilities and net assets/fund balances	14,123,733.		16,013,712.

Form **990** (2009)

For	n 990 (2009)		Pa	ige 12
Pa	rt XI Financial Statements and Reporting		_	
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3а	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		X
þ	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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the assessment

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047 Inspection

Nam	e of th	ne organizatioi	n						Employe	r identificati	on numb	er	
JE	WISH	COMMUNIT	Y FOUNDATIO	N OF CENTRAL PA	Ą			_		23-135	52587		
Pa	rt I	Reason fo	or Public Chari	ty Status (All organi	zations mi	ust comple	ete this p	art) Se	e instruc	tions			
The	orgai	nization is no	a private founda	tion because it is (For	lines 1 thro	ugh 11, che	eck only o	ne box)	_		_		
1		A church, co	nvention of churc	ches, or association of	churches de	escribed in	section	1 170 (b)(1	1)(A)(i).				
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedu	ule E)							
3		A hospital of	r a cooperative ho	ospital service organiza	ition describ	oed in se	ction 170((b)(1)(A)(i	iii).				
4		A medical	research organiz	ation operated in coi	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)(A)(iii).	Enter	the
		hospital's na	ame, city, and sta	ite									
5		An organiza	ition operated fo	r the benefit of a coll	lege or uni	versity ow	ned or o	perated b	y a gove	rnmental	unit des	cribe	d in
		section 170	(b)(1)(A)(iv). (Co	omplete Part II)									
6		A federal, st	ate, or local gove	rnment or governmenta	al unit desc	ribed in s	section 17	⁷ 0(b)(1)(A)(v).				
7	X	An organiza	ition that normal	ly receives a substant	hal part of	its support	from a g	governme	ental unit	or from th	ne gene	ral pı	ublic
		described in	section 170(b)(1)(A)(vi). (Complete P	Part II)								
8		A communit	y trust described	in section 170(b)(1)(A	A)(vi). (Co	mplete Parl	: II)						
9		An organiza	ition that normal	ly receives (1) more	than 33 1/3	% of its su	pport fror	n contrib	utions, m	nembership	fees, a	and g	ıross
		receipts fro	m activities relat	ted to its exempt fun-	ctions - su	bject to ce	rtain exc	eptions,	and (2) n	o more th	nan 33 1	/3% C	of its
		support fro	m gross investn	nent income and uni	related bus	siness taxa	able incor	ne (less	section	511 tax)	from b	usine	sses
		acquired by	the organization	after June 30, 1975	See sectio	n 509(a)(2)	. (Comple	ete Part I	II)				
10	\square	An organiza	tion organized an	d operated exclusively	to test for p	oublic safet	y See s	section 50	09(a)(4).				
11		An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform the	e function	ns of, or	to carry	, out	the
		purposes of	f one or more p	ublicly supported orga	anizations of	described i	n section	509(a)(1	l) or sect	tion 509(a))(2) Se	e sec	tion
		509 <u>(a)(</u> 3). (Check the box the	at describes the type of					lines 11e	through 1	1h		
		а Тур	_		: 💹 Тур		•	•			pe III - C		
•	•	•	=	rtify that the organiz									
		•		on managers and oth	er than on	e or more	publicly s	supported	i organiza	ations des	cribed i	n sec	ction
		, , , ,	r section 509(a)(2	•									
1		If the organ	nization received	a written determinat	ion from t	the IRS tha	at it is a	Type I, 1	Type II, o	r Type III	support	ng	
			i, check this box									!	Ш
9	3			he organization accept	ed any gift	or contribut	ion from a	ny of the					
		following pe						_					· · ·
		• • •		or indirectly controls		•	ether with	h person	is describ	ed in (ii)		Yes	No
			_	rning body of the sup	-	anization					11g(l)	ļ!	 -
		• •	•	rson described in (i) at							11g(li)	├ ─-	
				of a person described in		•					11g(III)		L
	<u> </u>			tion about the supporte	T		1		1	1			
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	rganization sted in your		ou notify lization in	(vi) l organizat	s the	(vii) Am suc	nount (port	of
	0,90			above or IRC section	governing		col (i)	of your	(i) organi	zed in the		P	
				(see instructions))		No.		oort?		S?			
					Yes	No	Yes	No	Yes	No			
			 		<u> </u>				 	-			
					l								
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										<u> </u>			
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Tot	al							1					

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)										
Sect	tion A. Public Support										
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")	2,239,052.	1,356,842	1,328,440	1,040,025	2, 965, 992	8,930,351.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	2,239,052	1,356,842	1,328,440	1,040,025	2,965,992.	8,930,351.				
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),					ì	_				
6	Public support Subtract line 5 from line 4						8,930,351				
Sec	tion B. Total Support										
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4	2,239,052	1,356,842	1,328,440	1,040,025	2,965,992	8,930,351				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	550,604	232,289	318,020.	234,846	185,491	1,521,250.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10				L.	40	10,451,601				
12	Gross receipts from related activities, etc. (s					12					
13	First five years. If the Form 990 is organization, check this box and stop here		<u> </u>								
Sec	tion C. Computation of Public Sup	_					05 44 0				
14	Public support percentage for 2009 (lin					14	85.44%				
	Public support percentage from 2008 S						81.50 %				
16a	33 1/3 % support test - 2009. If the										
	this box and stop here. The organization										
b	33 1/3 % support test - 2008. If the check this box and stop here. The org										
	or more, and if the organization meets organization	the "facts the "facts the "facts-and-control of the organization meets	-and-circumstand incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomplete incomp	ces" test, checest The organia	ck this box and zation qualifies on line 13, 16, ' test, check the	d stop here. Ends as a publicity since the state of the s	xplain in upported ▶ □ and line op here.				
40	Explain in Part IV how the organization supported organization						▶□				

Schedule A (Form 990 or 990-EZ) 2009

Sched	ule A (Form 990 or 990-EZ) 2009				-1352587		Page 3
Part	Support Schedule for Organi	zations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checked	the box on I	ine 9 of Part I)			
	ion A. Public Support		41,000		1 1 2 2 2 2	(5) 2000	(D. T-1-1
	lendar 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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf						•
5	The value of services or facilities						
3	furnished by a governmental unit to the						
						ļ	
	organization without charge				 	<u> </u>	-
6	Total. Add lines 1 through 5			 	 		
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3					<u> </u>	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13			ļ			
	for the year			ļ			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				I		
	line 6)		<u> </u>		<u> </u>		
Sec	tion B. Total Support			_		1	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 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						
40	carried on		†	·		<u> </u>	1
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)					ł	
42	Total support (Add lines 0 10s 11		 		1	 	

10	Fublic support percentage for 2003 (line 6, column (f) divided by line 10, column (f))	13		70
	Public support percentage from 2008 Schedule A, Part III, line 15			%
Sec	tion D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18				%
19 a	33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is mor	e than	33 1/3 %, and line	

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 % shock this box and stop here. The organization qualifies as a publicly supported organization.

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2009

Page 4

Part IV 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 D (Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-1352587

JEW	ISH COMMUNITY FOUNDATION OF CENTRAL	, PA	23-1352587
Par	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds of	or AccountsComplete if
	the organization answered "Yes" to For	m 990, Part IV, line 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	108	180
2	Aggregate contributions to (during year)	1,632,510.	1,333,482.
3	Aggregate grants from (during year)	925,353.	473,609.
4	Aggregate value at end of year	5,256,817.	10,413,707.
5	Did the organization inform all donors and donor adv		r advised
_	funds are the organization's property, subject to the	=	X Yes No
6	Did the organization inform all grantees, donors, and	*	
	used only for charitable purposes and not for the ber		y other
	purpose conferring impermissible private benefit?		
Pai		the organization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (e.g., recrea	ition or pleasure) Preservation o	of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the	e form of a conservation
	easement on the last day of the tax year	•	<u></u>
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	l by the organization during
	the tax year ▶		
4	Number of states where property subject to conserve		
5	Does the organization have a written policy regarding		· I I I
	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conservation easeme	ents during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
_	▶ \$		
8	Does each conservation easement reported on line	The state of the s	
_	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		statements that describes
Da	t III Organizations Maintaining Collection		or Similar Assots
1 (4	Complete if the organization answered		or ominar Addom.
1a	If the organization elected, as permitted under S		statement and halance sheet works of
ıa	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	eld for public exhibition, education, or res	search in furtherance of public service
b	If the organization elected, as permitted under S historical treasures, or other similar assets held	SFAS 116, to report in its revenue state for public exhibition, education, or rese	ment and balance sheet works of art earch in furtherance of public service
	provide the following amounts relating to these ite		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	irt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or	
3 Using the organization's acquisition, accession, and other records, check any of the follow	ing that are a significant use of its
collection items (check all that apply)	Ç G
a Public exhibition d Loan or exchange	programs
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the org	anization's exempt purpose in
Part XIV	
5 During the year, did the organization solicit or receive donations of art, historical treasures	or other similar
assets to be sold to raise funds rather than to be maintained as part of the organization's of	
Part IV Escrow and Custodial Arrangements. Complete if the organization answ	
IV, line 9, or reported an amount on Form 990, Part X, line 21.	crea 105 to 101111 000, 1 are
1a Is the organization an agent, trustee, custo dian or other intermediary for contributions or o	ther assets not
included on Form 990, Part X?	
b If "Yes," explain the arrangement in Part XI V and complete the following table	
b in 100, explain the already mark in a driving and complete the leaving table	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	Yes No
b if "Yes," explain the arrangement in Part XI V	
Part V Endowment Funds. Complete if organization answered "Yes" to Form 99	0 Part IV line 10
(a) Current Year (b) Prior year (c) Two years back	
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains,	
and losses	1
d Grants or scholarships	
e Other expenditures for facilities .	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the y ear end balance held as	
a Board designated or quasi-endowment ▶ %	
b Permanent endowment > %	
c Term endowment ▶ %	
3a Are there endowment funds not in the pos session of the organization that are held and ac	dministered for the
organization by	Yes No
(i) unrelated organizations	
(ii) related organizations	
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	
4 Describe in Part XIV the intended uses of the organization's endowment funds	<u> </u>
Part VI Investments - Land, Buildings, and EquipmentSee Form 990, Part X, II	ne 10
Description of investment (a) Cost or other basis (b) Cost or other	(c) Accumulated (d) Book value
(investment) basis (other)	depreciation
1a Land	
b Buildings · · · · · · · · · · · · · ·	
c Leasehold improvements · · · · · · · ·	
d Equipment	
e Other · · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c	·))

Part VII Investments - Other Securities. See Fo	rm 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other	·····	
	·	
	-	
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related. See Fo	orm 990, Part X, line	e 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	:	
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15	
	Description	(b) Book value
	. <u>. </u>	
	-	
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		<u></u> ▶
Part X Other Liabilities. See Form 990, Part X	line 25	
1. (a) Description of liability	(b) Amount	
Federal income taxes	<u> </u>	
ANNUITY OBLIGATIONS	863,635.	
DUE TO JEWISH FEDERATION	42,515.	
JEWISH HOME OF GREATER HARRISBURG	2,167,993.	
CAMPAIGN COLLECTIONS PAYABLE	180,283.	
BETH EL TEMPLE	1,372,526.	
SOUTH HILL HEBREW CEMETERY ASSN.	99,518.	
TIFERETH ISRAEL CEMETERY	320,158.	
		1
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	5,046,628.	

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

Schedule D (Form 990) 2009 23-1352587 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 3,235,138. Total revenue (Form 990, Part VIII, column (A), line 12) 1,644,124. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 1,591,014. 3 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 595,246. 5 5 7 7 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 through 8 595,246. 2,186,260. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 3,883,935. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2b c Recoveries of prior year grants 53,551. 648,797. 3,235,138. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 3,235,138. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,644,124. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIV) e Add lines 2a through 2d Subtract line 2e from line 1 3 1,644,124. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)... 1,644,124. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information SEE PAGE 5

Page 5

Part XIV Supplemental Information (continued)

GAIN ON SALE OF INVESTMENTS

SCH. D, PART XI, LINE 4

GAIN ON SALE OF INVESTMENTS = \$595,246

OTHER

PART XII LINE 2D

ADJUSTMENT OF ACTUARIAL LIABILITY FOR ANNUITIES = \$53,551

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part II

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

2009

Open to Public Inspection 2

× Yes

(h) Purpose of grant or assistance

SENERAL PURPOSE

SENERAL PURPOSE

SENERAL PURPUSE

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 Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 23-1352587 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed 99,343 56,109 14,600 104,711 21,613 21,262 10,776 407,748 66,730 30,948 11,500 46,168 (c) IRC section if applicable 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501(C)3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 General Information on Grants and Assistance the selection criteria used to award the grants or assistance? JEWISH COMMUNITY FOUNDATION OF CENTRAL PA 23-1365208 23-1555413 23-1352338 23-1352587 23-2894802 23-1999945 62-0646012 20-0798235 25-1697877 13-1656651 23-1401522 (p) EIN JEWISH FAMILY SERVICE OF GREATER HARRISBURG JEWISH FEDERATION OF GREATER HARRISBURG ST JUDE CHILDREN'S RESEARCH HOSPITAL CULTURAL ALLIANCE OF YORK COUNTY ____ (a) Name and address of organization or government JEWISH HOME OF GREATER HARRISBURG JEWISH COMMUNITY FOUNDATION CHISUK_EMUNA_CONGREGATION CHABAD OF LANCASTER CHADBAD OF HARRISBURG TEMPLE_OHEV_SHOLOM____ HARRISBURG, PA 17110 HARRISBURG, PA 17110 HARRISBURG, PA 17110 HARRISBURG, PA 17110 HARRISBURG, PA 17110 HARRISBURG, PA 17110 HARRISBURG, PA 17110 HARRISBURG, PA 17112 NEW YORK, NY 10019 Name of the organization MEMPHIS, TN 38105 LANCASTER PA, HADASSAH_____

ENERAL PURPOSES

SENERAL PURPOSE

SENERAL PURPOSE

SENERAL PURPOSE

SENERAL PURPOSE

SENERAL PURPUSE

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

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

Enter total number of other organizations

Schedule I (Form 990) 2009

SENERAL PURPOSES

ENERAL PURPOSE

SENERAL PURPOSES

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance PROCEDURES FOR MONITORING GRANTS GIVEN IN THE UNITED STATES INCLUDE (c) Amount of cash grant THE ORGANIZATION'S 990 AND ANNUAL REPORTS (b) Number of recipients (a) Type of grant or assistance SCHEDULE PART I LINE 2 Schedule I (Form 990) 2009 PART I LINE 2 REVIEWING Part IV Part III

SCHEDULE I-1 (Form 990)

Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

CHARITABLE PURPOSES Schedule I-1 (Form 990) 2009 SENERAL PURPOSES (h) Purpose of grant or assistance ENERAL PURPOSES BENERAL PURPOSES SENERAL PURPOSES ENERAL PURPOSES SENERAL PURPOSES ENERAL PURPOSES SENERAL PURPOSES SENERAL PURPOSES ENERAL PURPOSES SENERAL PURPOSES ENERAL PURPOSES SENERAL PURPOSES SENERAL PURPUSES Employer Identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 23-1352587 (g) Description of non-cash assistance (e) Amount of non-cash (book, FMV, appraisal, assistance other) (d) Amount of cash grant 6,775 8,230 7,500 6,225 5,600 8,400 31,550 20,000 15,000. 9,417 8,000 30,000 25,614 17,625 148,083 (c) IRC section if applicable 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 JEWISH COMMUNITY FOUNDATION OF CENTRAL PA 23-3050193 23-2613265 23-2480490 23-1743706 20-1354368 25-1500292 23-1386179 23-2139963 23-1629016 23-6299868 23-2625950 23-2882835 23-1355127 02-0222111 23-6397748 (b) EIN DREAM WRIGHTS YOUTH AND FAMILY THEATRE ___ YORK COUNCIL OF JEWISH CHARITIES, INC ... (a) Name and address of organization or government YORK COUNTY COMMUNITY FOUNDATION YORK COUNTY RAIL TRAIL AUTHORITY JEWISH FAMILY SERVICES OF YORK PENNSYLVANIA STATE UNIVERSITY KESHER ISRAEL CONGREGATION YORK HEALTH FOUNDATION KEYSTONE PARTNERSHIP MS_RESEARCH_INSTITUTE_ SILVER_ACADEMY_____ LONDONDERRY SCHOOL Name of the organization STATE COLLEGE, PA DARIMOUTH_COLLEGE_ PHILADELPHIA, PA HARRISBURG, PA HARRISBURG, PA HARRISBURG, PA HARRISBURG, PA HARRISBURG, PA HANOVER, NH JCC_OF_YORK YORK, PA YORK, PA YORK, PA Partl

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

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BON-12222

SCHEDULE 1-1 (Form 990) Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public 2009

Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance SENERAL PURPOSES Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 23-1352587 (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 7,972 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501 (C) 3 JEWISH COMMUNITY FOUNDATION OF CENTRAL PA 05-0266920 (p) EIN BUREAU OF EDUCATION RHODE ISLAND (a) Name and address of organization or government PROVIDENCE, RI Partl

Schedule L1 (Form 990) 2009 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) (a) Type of grant or assistance (bownward cach grant or assistance FMV, appraisal, other)	stance to Indi	viduals in the Uni (c) Amount of	23-1352587 United States (Schedule (a) Amount of non-cash assistance	(e) Method of va luation (book, FMX, appraisal, other)	Page 2 (f) Description of non-cash assistance
	recipients	casn grant		riviv, appiaisa, outer)	
:					
				:	

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JEWISH COMMUNITY FOUNDATION OF CENTRAL PA

Employer identification number 23-1352587

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of rev	(d) determ enues	iining	
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	X	25	241,174.	MARKET QU	TATOL	'ION	
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution-Historic			}	į			
	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	l .						
21	Taxidermy				1			
22					 			
23 24	Scientific specimens Archeological artifacts							
2 4 25	Other ►(ATCH 1)		4.	17,000.				
26	Other ►()							
27	Other ►()		-					
28	Other ►()		·=·					
29	Number of Forms 8283 received by	the organiza	tion during the tax year for o	contributions for				
	which the organization completed Fo	-			29			0
		0_00,	,,				Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I, lir	ne 1-28 that			
	it must hold for at least three year		• • • • • • • • • • • • • • • • • • • •	= -				
	used for exempt purposes for the e					30a		X
b	If "Yes," describe the arrangement ii	_						
31	Does the organization have a		tance policy that require	es the review of any i	non-standard			
	contributions?	_				31		Х
32 a	Does the organization hire or us							
	contributions?	•	~	•		32a		Х
b	If "Yes," describe in Part II							
33	If the organization did not report re	evenues in o	column (c) for a type of pro	perty for which column (a) is checked,			1
	describe in Part II			<u> </u>				<u> </u>

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

Schedule M (Form 990) 2009

•

Part II	Supplemental 32b, and 33 A	Information. Com	plete this part to propart for any additional i	vide the information required nformation.	uired by Part I, lines 30b,
				ATTACH	MENT 1
SCHEDUL	E M, PART I -	OTHER NONCASH	CONTRIBUTIONS		
DESCRIP	TION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
IRA DIS	TRIBUTION	x	4	17,000.	CUSTODIAL STATEMENT
TOTALS		- 	4.	17,000.	
			· 	·	
			· -	· 	
			·		
		·		·	
			•=	· 	
			· -		
					
				·	
				· 	
					
			· 		
		- 	·	· 	
					
			·		
				·	
				·	

SCHEDULE O (Form 990)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Employer Identification number

23-1352587

ATTACHMENT 2

MONITOR AND ENFORCE CONFLICT OF INTERET

JEWISH COMMUNITY FOUNDATION OF CENTRAL PA

PART V SECTION B QUESTION 12C

MONITOR AND ENFORCEMENT OF COMPLIANCE WITH THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS DONE WITH THE REVIEW AND SCRUTINY OF ALL DISBURSEMENTS AND EXPENSES.

REVIEW OF FORM 990

PART VI, SECTION B, LINE 11

FORM 990 IS REVIEWED BY THE ORGANIZATION PRIOR TO FILING WITH THE IRS.

PUBLIC INSPECTION OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
OF THE ORGANIZATION ARE MADE AVAIABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

FOUNDATION OF CENTRAL PA

JEWISH COMMUNITY

Partl

2009	Open to Public	, acitacal

OMB No 1545-0047

23-1352587

(f)
Direct controlling
entity

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

Related Organizations and Unrelated Partnerships

Employer identification number

(e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity

Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	he organization ansv ar.)	vered "Yes" on F	orm 990, Part IV	, line 34 because	e it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (e) (e) Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JEWISH 3301 NO	JEWISH FEDERATION OF GREATER HARRISBURG 231352338 3301 NORTH FRONT STREET HARRISBURG, PA 17110	SUPPORT	PA	501 (C) 3	7	N/A

	ne instructions for Form 990	
A THE PERSON AND A STREET OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE	ork Reduction Act Notice, see tr	
	For Privacy Act and Paperwo	

Schedule R (Form 990) 2009

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23-1352587

Schedule R (Form 990) 2009

(j) General or managing partner? Percentage ownership res No Schedule R (Form 990) 2009 Ξ (I)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Identification of Related Organizations Taxable as a Corporation or Trust (Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Otsproportionata allocations? Yes No (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
(Direct controlling pentity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Part III Part IV

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Š	

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	35, or 36.)		
Note. Com	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		*	Yes No
1 During	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_
a Recein	Recent of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×
	Giff grant or capital contribution to other organization(s)		4	×
	and to complete Control of the Contr		2	×
	only, grant, or capital contribution from ourse organization(s)		-	×
	Loans or loan guarantees to or for other organization(s)			>
e Loans	Loans or loan guarantees by other organization(s)		P	4
				- -
f Sale of	Sale of assets to other organization(s)		::	×
a Purcha	Purchase of assets from other organization(s)		1g	×
	Exchange of assets		1h	×
	lease of facilities equinoment or other assets to other organization(s)		=	×
רכמסם	ט וממווונס, פקמוףוופוון, טו טוופן מסספוס וט טוופן טוממווגמוטוו(ס)	· · · ·		
1	lease of facilities commont or other secate from other organization(s)		· =	×
k Perform	Performance of services or membership or fundrasing solicitations for other organization(s)		¥	×
			Ę	×
	Performance of services or membership or fundralising solicitations by other organization(s)		- +	:
m Sharin	Sharing of facilities, equipment, mailing lists, or other assets			+
n Sharin	Sharing of paid employees			×
			1	
o Reimbi	Reimbursement paid to other organization for expenses			×
p Reimbi	Reimbursement paid by other organization for expenses		- 1	×
			Ç	_ ×
	Other transfer of cash or property to durier diganization(s)		-	×
2 If the a	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line. Including covered relationships and transaction thresholds	d transaction	thresholds	
			(5)	
i	(a) Transaction Name of other organization (type (a-r.)	ction 9-1,	Amount involved	
(1) JEWISH	SH FEDERATION OF GREATER HARRISBURG		181, 63	36.
(2) JEWISH	SH FEDERATION OF GREATER HARRISBURG		8,99,3	342.
(3) JEWISH	SH FEDERATION OF GREATER HARRISBURG		145, 3	331.
(4) JEWISH	SH FEDERATION OF GREATER HARRISBURG		7,7	54.
(5)				
(9)				
ASC			Schedule R (Form 990) 2009	9 2009

V 09-9.3

Page 4

23-1352587

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

Schedule R (Form 990) 2009

Part VI

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 entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No	į	Yes No	.	Yes No
						:	
							-
						_	
				;	-		-
							_
						Schedule R (Form 990) 2009	990) 2009

BON-12222

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Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each

OMB No 1545-1709

Internal Revenue S	ervice Prite a separate application for each return.	
 If you are fi 	ling for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
	iling for an <mark>Additional (Not Automatic) 3-Month Extension, complete only Part II</mark> (on page 2 of th te <i>Part II unless</i> you have already been granted an automatic 3-month extension on a previously fil	
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this box and c	omplete
•		▶ □
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to i ome tax returns	equest an extension of
one of the ref electronically i returns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic enturns noted below (6 months for a corporation required to file Form 990-T). However, you file forms 990-BL, omposite or consolidated From 990-T. Instead, you must submit the fully completed and signed the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities is	cannot file Form 8868 6069, or 8870, group page 2 (Part II) of Form
Type or	Name of Exempt Organization Employ	er Identification number
print	JEWISH COMMUNITY FOUNDATION OF CENTRAL PA 23-	1352587
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	
due date for	3301 NORTH FRONT STREET	
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions	HARRISBURG, PA 17110	
Check type o	f return to be filed (file a separate application for each return).	
X Form 990	Form 990-T (corporation) Form 4720	
Form 990	Form 990-T (sec 401(a) or 408(a) trust)	IF SEDIMO
Form 990		
Form 990		PA 17116
	are in the care of ► CARL BRAUNEGG No ► 717 236-9555 FAX No. ► RECEIV	<u>2011</u> 'ED
relephone	174h	
e If the erast	nization does not have an office or place of business in the United States, check this box	▶ □
_	a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If there is
		If this is
	group, check this box •	a list with the
1 I reques	st an automatic 3-month (6 months for a corporation required to file Form 990-	T) extension of time
until	st an automatic 3-month (6 months for a corporation required to file Form 990- $\frac{04/15}{2011}$, to file the exempt organization return for the organization named	above The extension is
	ganization's return for:	
ioi the oi	ganization's retain for.	
▶ □	calendar year or	
X		31, 2010
		<u> </u>
2 If this tax	year is for less than 12 months, check reason. Initial return Final return Chang	ge in accounting period
-	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any dable credits. See instructions	3a \$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	
•	plication is for Form 950-FF or 950-1, enter any fertilidable credits and estimated tax payments clude any prior year overpayment allowed as a credit	3b \$ 0.
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) Sec	
Instructio		3c \$
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	rm 88/9-EO
for payment in		
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)