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A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Jewish Federation Association of Connecticut Inc		D Employer identification number 06-6002641
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 40 Woodland Street		E Telephone number (860) 727-5701
Name change				
Initial return		City or town, state or country, and ZIP + 4 Hartford, CT 06105		F Group Exemption Number
Terminated				
Amended return				
Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ☐ www.jfact.org		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— ☒ 501(c)(4) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527		

K Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	266,277
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue		2023		2022	
1	Contributions, gifts, grants, and similar amounts received	1	4,000		
2	Program service revenue including government fees and contracts	2	178,008		
3	Membership dues and assessments	3	84,162		
4	Investment income	4	107		
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐				
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0		
b	Less direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe ☐ _____)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	266,277		

Expenses	10	Grants and similar amounts paid (attach schedule)	10	103,178
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	126,523
	13	Professional fees and other payments to independent contractors	13	5,000
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe)	16	15,922
	17	Total expenses. Add lines 10 through 16	17	250,623
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,654
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	88,143
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	103,797

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	87,759	22 148,539
23	Land and buildings		23
24	Other assets (describe )	10,163	24 19,288
25	Total assets	97,922	25 167,827
26	Total liabilities (describe )	9,779	26 64,030
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	88,143	27 103,797

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? To lobby for the protection and promotion of the civil, economic, political, religious and social rights of Jewish and other people To provide training and living assistance to Russian Jewish Refugees and others now living in Connecticut			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 To promote the protection and promotion of the civil, economic, political, religious and social rights of Jewish and other people and direct expenses for training and resettlement programs (Grants \$ 77,904) If this amount includes foreign grants, check here . . . ☐		28a	
29 Provision of training, living and resettlement assistance to Russian Jewish Refugees including citizenship workshops, elderly assistance programs, employment services, principally through sub-grants to affiliated and other organizations in Connecticut (Grants \$ 128,086) If this amount includes foreign grants, check here . . . ☐		29a	103,178
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	205,990

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Robert J Fishman Telephone no (860) 727-5701 40 Woodland Street Located at Hartford, CT ZIP + 4 061052327		
b	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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	West Hartford, CT 061072405		(860) 521-6400		
May the IRS discuss this return with the preparer shown above? See instructions					

Additional Data

Software ID:

Software Version:

EIN: 06-6002641

Name: Jewish Federation Association
of Connecticut Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Edward Rosenblatt c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Romana Stochlitz Primus c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Rabbi Eric Polokoff c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Arlene Elovich c/o JFACT 40 Woodland Street Hartford, CT 06105	Vice President 1 00	0		
Bert Boyson c/o JFACT 40 Woodland Street Hartford, CT 06105	Vice President 1 00	0		
Robert Zwang c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Laura Zimmerman c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Robert Yass c/o JFACT 40 Woodland Street Hartford, CT 06105	Chairman 1 00	0		
Martin Greenberg c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Adam Rin c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Alan Stein c/o JFACT 40 Woodland Street Hartford, CT 06105	Secretary 1 00	0		
Judy Singer c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Laurie Lowell c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Dr Jon Levy c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Leigh Newman c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Wendy Cohen c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Martin C Shapiro c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Gary Jones c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Martin Greenberg c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Sandra Elias c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Steven Friedlander c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Eric Albert c/o JFACT 40 Woodland Street Hartford, CT 06105	President 1 00	0		
Catherine Fischer Schwartz c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Milton Wallack c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Jerry Fischer c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Robert Tendler c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Sydney Perry c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Pam Ehrenkranz c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Laurie Gross c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Steven Ehrens c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Marvin Catler c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
David Zieff c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Norman Greenstein c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
David Baram c/o JFACT 40 Woodland Street Hartford, CT 06105	Director 1 00	0		
Michael Price c/o JFACT 40 Woodland Street Hartford, CT 06105	Past President 1 00	0		
Jason Newman c/o JFACT 40 Woodland Street Hartford, CT 06105	Treasurer 2 00	0		
Robert Lesser c/o JFACT 40 Woodland Street Hartford, CT 06105	President 5 00	0		
Robert J Fishman c/o JFACT 40 Woodland Street Hartford, CT 06105	Executive Direc 40 00	111,861	2,579	9,435

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Jewish Federation Association
of Connecticut Inc

EIN: 06-6002641

Software ID: 09000047

Software Version: 2009v1.7

Item No.	1
Class of Activity	Social services
Donee's Name	Elderly Services Grant
Donee's Address	Various Hartford, CT 06105
Amount (FMV)	18,500
Purpose of Payment to Affiliate	
Relationship	Subgrantees
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Social services
Donee's Name	Fairfield Discretionary Grant
Donee's Address	Various Hartford, CT 06105
Amount (FMV)	30,603
Purpose of Payment to Affiliate	
Relationship	Subgrantees - affiliates
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Social services
Donee's Name	Misc supplemental reimb
Donee's Address	Various Hartford, CT 06105
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Social services
Donee's Name	Citizenship Training subgrantees
Donee's Address	Various Hartford, CT 06105
Amount (FMV)	39,775
Purpose of Payment to Affiliate	
Relationship	Subgrantees
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Social services
Donee's Name	Empl Svcs Case Mgmt
Donee's Address	Various Hartford, CT 06105
Amount (FMV)	14,300
Purpose of Payment to Affiliate	
Relationship	Subgrantees - affiliates
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: Jewish Federation Association
of Connecticut Inc

EIN: 06-6002641

Software ID: 09000047

Software Version: 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Due from JFACT Fund		8,803
Accounts Receivable	10,163	10,485

TY 2009 Other Expenses Schedule

Name: Jewish Federation Association
of Connecticut Inc

EIN: 06-6002641

Software ID: 09000047

Software Version: 2009v1.7

Description	Amount
Telephone	1,686
Supplies	2,830
Publicity and lobbying	165
Program expenses	3,188
Miscellaneous	1,353
Dues and subscriptions	50
Conferences, Conventions, and Meetings	3,675
Bank and payroll service fees	1,412

TY 2009 Other Liabilities Schedule

Name: Jewish Federation Association
of Connecticut Inc

EIN: 06-6002641

Software ID: 09000047

Software Version: 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Due to JFACT Fund, Inc.	1,600	
Due to Jewish Fed. of Gr. Hartford		24,029
Deferred revenue - other	1,513	
Deferred revenue - government grants		38,710
Accounts Payable and Accrued Expenses	6,666	1,291

Jewish Federation Association of Connecticut, Inc.

Form 990-EZ, FYE 9/30/2010

Part I, Line 14 - Occupancy, rent, utilities and maintenance

Part I, Line 1 - Contributions

JFACT receives an in-kind contribution of substantially all of its occupancy costs, including rent, utilities, computer and telephone services.

The estimated value of these services, \$20,400, is excluded from Occupancy Expenses on Line 14 and Contributions on Line 1, in accordance with the instructions for Form 990-EZ.

The same amount is included in income and expenses in the organization's financial statements, in accordance with generally accepted accounting principles.