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Form 990

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

20**1**1 Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2011 calendar year, or tax year beginning 07/01 2011, and ending 20 12 Check if applicable C Name of organization JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD IN D Employer identification number 06-1372107 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 333 Bloomfield Avenue Suite D 860-523-7460 City or town, state or country, and ZIP + 4 Terminated Amended return West Hartford, CT 06117 16,688,605 G Gross receipts \$ Application pending F Name and address of principal officer Michael L Johnston H(a) Is this a group return for affiliates? Yes No 333 Bloomfield Avenue Suite D, West Hartford, CT 06117 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **✓** 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ jcfhartford.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ► L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The Jewish Community Foundation promotes philanthropy, manages the Greater Hartford Jewish community's charitable endowment to support grant making today and in Activities & Governance the future, and distributes funds based on community needs and donor input. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 13 Total number of volunteers (estimate if necessary) . . . . 6 64 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h). 4,374,110 1,664,081 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 2,966,655 3,104,770 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 22,539 2.072 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,363,304 4,770,923 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 2,612,742 2,819,777 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 795,917 936,456 Professional fundraising-fees (Part IX; column (A), line 11e) . . . . . . 16a 0 0 Total fundraising expenses (Part.IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 1 a 11d, 11f-24e) 289,552 230,616 Total expenses Addilines 13-17 (must equal part IX, column (A), line 25) 18 3,698,211 3,986,849 Revenue less expenses. Subtract line 18 from line 12 19 3,665,093 784,074 Beginning of Current Year End of Year Total assets (Part X line 16) 20 85,462,469 81,591,909 Total liabilities (Part X, line 26) . . . . 21 13,385,302 13,363,096 22 Net assets or fund balances. Subtract line 21 from line 20 72,077,167 68,228,813 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Michael L Johnston, President and CEO Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check | ıf self-employed Preparer Firm's name ▶ Firm's FIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

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Other program services (Describe in Schedule O.) See Schedule O, Statement 2 2,403,344 ) (Revenue \$ (Expenses \$ 3.094.175 including grants of \$ Total program service expenses ▶

0)

Part	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<del>-</del>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	-	<u> </u>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_		✓
•		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<b>✓</b>	
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	✓	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<b>✓</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	1	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	Ha	•	<del></del>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446	,	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	<b>✓</b>	<u> </u>
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			,
.4	, , , , , , , , , , , , , , , , , , ,	11c	ļ	<b>✓</b>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	١		,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	<b>✓</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	<b>✓</b>	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<b>/</b>	
	Schedule D, Parts XI, XII, and XIII	12a	L <b>*</b>	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	L	<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		<u> </u>	$\vdash$
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<del>.ٽ</del>		ᆣ
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<del>-:°</del>	├	<del>                                     </del>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  ''</del>	$\vdash$	├ <b>*</b> ─
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		,
10		18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
-	If "Yes," complete Schedule G, Part III	19	<b> </b>	<b>/</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	L	<u></u>
		For	n <b>990</b>	(2011)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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	1	
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	<b>✓</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I	25b		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	✓	<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>,</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			000	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	· <u>·</u>		. $\square$
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
22		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	1	
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	<b>▼</b>	$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<del> </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible?	6a		1
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<del> </del>
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
9	organization, have excess business holdings at any time during the year?	8		Í
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	55		V
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		Ė

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and t		"No"
Tart	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			V
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 16			
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		✓
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		<b>/</b>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			/
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<del>                                     </del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>/</b>	├─
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	-	┼
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?	45-	1	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	<del> </del>
U	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		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	TIOD	L	Ь
17	List the states with which a copy of this Form 990 is required to be filed ► CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	Own website Another's website Upon request		um - 1	- الم
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n intei	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► Michael Johnston- President & Chief Executive Officer, Jewish Community Foundation of Grtr Hart			-7460
	333 Bloomfield Avenue, Suite D, West Hartford, CT 06117			(2011)

333 Bloomfield Avenue, Suite D, West Hartford, CT 06117

Form 990 (2011)

# 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.

- 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, if any. 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.

☑ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
				((	C)	_				=
(A)	(B)	(40.0	ot ob		ition	than c		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week	office	er and	_	irect	or/trust		compensation from	compensation from related	amount of other
	(describe	우급	Inst	Officer	<u>₹</u>	ᆲ퓵	Former	the	organizations	compensation
	hours for related	Individual trustee or director	Institutional trustee	ଜୁ	Key employee	ol best	#E	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	호 프	onal		용	& S		(***2 1099**************		and related
	in Schedule	ust	Ş		8	g				organizations
	O)	8	stee			Highest compensated employee				
	-						-			
DAVID R MILLER	ļ									
CHAIR	6.00	✓		✓			L	0	0	0
JOYCE D MANDELL	]									
VICE CHAIR	1.50	<b>✓</b>		✓			<u> </u>	0	0	0
ANDREW M SCHATZ	]									
VICE CHAIR	3.00	<b>✓</b>		✓			L	0	0	0
STEVEN C KLEINMAN	]									
TREASURER	3.00	1	_	✓			匚	0	0	0
MICHELE G KOSTIN	]									
SECRETARY	3.00	<b>✓</b>		✓				0	0	0
THOMAS M DIVINE	]						1			
TRUSTEE	1.50	✓	<u> </u>		L_		<u> </u>	0	0	0
STEVEN F PIAKER	]									
TRUSTEE	1.00	<b>✓</b>	<u> </u>	L.	L			0	0	0
LISA FISHMAN										
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THEODORE N KAPLAN						İ				
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LEIGH A NEWMAN		1	ł							
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GIDEON J RUTENBURG		İ			İ					
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A   Name and side   Security	Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (cont	inued)	
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DOREEN FUNDILLER-ZWEIG. PRESIDENT & CHIEF EXECUTIVE OFFICER 45.00  DOREEN FUNDILLER-ZWEIG. PRESIDENT & CHIEF EXECUTIVE OFFICER 45.00  O  O  CHARRAMA AND CHIEF EXECUTIVE OFFICER 48.00  O  DEBORAH M ROKSAN VICE PRESIDENT FINANCE  48.00  O  DEBORAH M ROTISTEIN VICE PRESIDENT FINANCE  45.00  ID  SUB-TOTAL  TOTAL (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total (add lines 1c)  Total (							_		<u> </u>				
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PRESIDENT & CHIEF EXECUTIVE OFFICER  48	DORF	EN FUNDILLER.7WFIG					-		-			+	
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DEBORAH M ROTHSTEIN  VICE PRESIDENT DEVELOPMENT  45.00  112,159  0  11,816  110,159  0  11,816  110,159  0  11,816  111,815  0  11,816  11,81			17						1				-
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is not limited to those listed above) who received more than \$100,000 of compensation from the organization is not limited to those listed above) who received more than \$100,000 of compensation from the organization is not limited to those listed above) who received more than \$100,000 of compensation from the organization is not limited to those listed above) who received more than \$100,000 of compensation from the organization is not limited to those listed above) who received more than \$100,000 of compensation from the organization is not limited to those listed above) who received more than \$100,000 of compensation from the organization is not li			<u> </u>	J		<u> </u>		<u> </u>	Ļ		<del> </del>		
Total (add lines 1b and 1c)					•	•	•			381,451		<u>"</u>	57,078
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_				•	•	•			201 451		_	67.079
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation Form the organization from the organization from the organization from the organization from the organization from the organization and related organization? If "Yes," complete Schedule J for such individual is the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in the organization or individual in the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person is the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person is the organization or individual for services organizati									2)	<del></del>		<u></u>	57,076
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2				1056	e iis	tea	abov	e) v	vno received m	ore than \$100,	וט טטנ	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation were the organ	Lation	<u>,                                     </u>									Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	fficer, direc	ctor, c	or t	rust	ee,	key (	em	ployee, or high	nest compensa	ited	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													1
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other com	pensation from	the	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual										. 4	<b>✓</b>
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	5												
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hed	ule J	for	such person		. 5	<b>/</b>
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0	Section	on B. Independent Contractors											
year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0	1												
(A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		compensation from the organization. Re	port compe	ensati	on f	or t	he c	calend	dar	year ending wi	th or within the	organiza	tion's tax
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		year.											
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0													
received more than \$100,000 of compensation from the organization ▶ 0		Name and business add	dress						┺	Description of	services	Compe	ensation
received more than \$100,000 of compensation from the organization ▶ 0									╄.				
received more than \$100,000 of compensation from the organization ▶ 0									+-				
received more than \$100,000 of compensation from the organization ▶ 0									+				
received more than \$100,000 of compensation from the organization ▶ 0									∔-		<del></del>	<del></del> -	
received more than \$100,000 of compensation from the organization ▶ 0		Total number of independent portract	ore linelud	20 5		204	lum	tod +	<u>_</u>	hose listed at	ovel who		
	2								U I		JOVE) WITO		
		Todariou more than progress or compone			gu								orm <b>990</b> (2011)

Part	VIII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					1044110401140	exempt function	business revenue	excluded from tax under sections
						revenue	Tovende	512, 513, or 514
Grants nounts	1a	Federated campaigns		0,				
S D	b	Membership dues .		0				
A.	С	Fundraising events .		0				
Gifts, ilar An	d	Related organizations		0				
ns, Sim	e	Government grants (con		0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi and similar amounts not inc						
E O				1,664,081				
no p	g	Noncash contributions includ		124,914	1 001 001			
	h	Total. Add lines 1a-1	<u> </u>	Business Code	1,664,081			
Program Service Revenue	2a							
ě	b			-			·	<del></del>
8	C							
ĒΖ	ď					-		
SE	e							
g	. f	All other program.sen		- 3 . ==				
<b>P</b>	g	Total. Add lines 2a-2			0			
	3	Investment income	(including divid	lends, interest,				
		and other similar amo	ounts)	▶	1,088,505	0	- o	1,088,505
	4	Income from investment	t of tax-exempt b	ond proceeds ►	0	0	0	0
	5	Royalties	(i) Real	▶	0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		0				
	_d	Net rental income or		, , , , <b>&gt;</b>				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	١.	assets other than inventory	13,581,032	352,915				
	b	Less. cost or other basis		_				
		and sales expenses .	11,917,682					
	C	Gain or (loss) Net gain or (loss) .	1,663,350			o	0	2,016,265
	d	ivet gain or (ioss) .		· · · · •	2,016,265	0	0	2,010,203
9	8a	Gross income from fu	ındraising					
evenue	"	events (not including \$	0					
ě		of contributions report						
P		See Part IV, line 18 .		0				
Other	Ь	Less: direct expenses						
O	C	Net income or (loss) f		events . >	O		0	0
		Gross income from ga	aming activities.					
		See Part IV, line 19 .		1				
		Less: direct expenses						
		Net income or (loss) f		tivities 🕨				
	10a	Gross sales of ir						
		returns and allowance	_	<b></b>				
	b	Less: cost of goods s				·		
	C	Net income or (loss) t						
	44	Miscellaneous F		Business Code				
	I -	Increased Life Insurance	e Cash Value	524298	2,072	<u> </u>	0	2,072
	b			<u> </u>	<del> </del>	1	<del></del>	
	4	All other revenue			+	0	0	0
	de	All other revenue .  Total. Add lines 11a-		<u> </u>	2 072	-	· · · · · · · · · · · · · · · · · · ·	U
	12	Total revenue. See in			2,072 4,770,923		0	3,106,842
		. 3.2			4,770,323	<u>,                                    </u>		Form <b>990</b> (2011)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		🔲
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	2,735,777	2,735,777		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	84,000	84,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
6	trustees, and key employees	467,989	274,565	96,801	96,623
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	361,665	215,366	79,121	67,178
9	section 401(k) and 403(b) employer contributions) Other employee benefits	8,223 30,291	4,897 18,038	1,799 6,627	1,527 5,626
10 11	Payroll taxes	68,288	40,665	14,939	12,684
a b	Management	0 873	0 520	0 191	<u>0</u> 162
c d	Accounting	20,210 0	12,035 0	4,421 0	3,754 0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	30,598	18,221	6,694	5,683
13	Office expenses	30,177	17,970	6,602	5,605
14	Information technology	23,794	14,169	5,205	4,420
15	Royalties	0	0	0	0
16	Occupancy	44,869	26,719	9,816	8,334
17	Travel	787	469	172	146
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	5,428	3,217	1,203	1,008
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	9,348	5,567	2,045	1,736
23	Insurance	6,385	3,802	1,397	1,186
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Professional Membership Fees	5,428	3,217	1,203	1,008
b	Marketing and Outreach	97,604	58,122	21,353	18,129
c	Agency Fund Administrative Fees	-117,869	-70,189	-25,786	-21,894
d	Other Distributions	72,984	43,461	15,967	13,556
e	All other expenses	12,304	73,701	10,307	13,330
25	Total functional expenses. Add lines 1 through 24e	3,986,849	3,510,608	249,770	226,471
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	_,,	5,2.5,550	,0	bang 11

	990 (20 art X	Balance Sheet			Page 11
		Balance onect	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	759,868	2	1,380,904
	3	Pledges and grants receivable, net	0	3	
1	4	Accounts receivable, net	20,397	4	8,212
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
	6	Schedule L		5	. 0
ş		employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
4	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
]	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 54.194			
Ì				40-	
	_	Less: accumulated depreciation	18,287		12,877
	11	Investments—publicly traded securities	75,926,136		71,482,043
	12 13	Investments—other securities. See Part IV, line 11	8,208,838	13	8,171,580
1	14	Intangible assets	0		<u>0</u>
	15	Other assets. See Part IV, line 11	528,943	$\overline{}$	536,293
i	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,462,469	-	81,591,909
$\dashv$	17	Accounts payable and accrued expenses	7,353		14,325
	18	Grants payable	1,038,706		1,265,930
	19	Deferred revenue	0	19	0
- 1	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	11,453,010	_	11,384,097
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
<u> </u>	00	·	0	22	0
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	23 24	0
	25 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	886,233	25	698,744
ĺ	26	Total liabilities. Add lines 17 through 25	13,385,302	_	13,363,096
sec		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	13,303,302		13,303,030
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
\$	30	Capital stock or trust principal, or current funds	72,058,879	30	68,215,936
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	18,288	31	12,877
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
S	33	Total net assets or fund balances	72,077,167		68,228,813
	34	Total liabilities and net assets/fund balances	85,462,469	34	81,591,909
					Form <b>990</b> (2011

Form 99	90 (2011)			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,77	0,923
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,98	6,849
3	Revenue less expenses. Subtract line 2 from line 1	3		78	4,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		72,07	7,167
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4,63	2,428
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		68,22	8,813
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u></u>	<del></del>	<u>,                                    </u>
			_	Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other Modified Cash		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	.n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a ✓	
b	Were the organization's financial statements audited by an independent accountant?		. 2	b 🗸	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigl	nt 🗀		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant'i	<sup>}</sup>   2	c   🗸	
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain i	in 💮		
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar wei	e e		
	issued on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3	а	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	ie 🗍		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3	b	l

Form **990** (2011)

# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

IFWIS	H COMMINITY E	OUNDATION OF	GREATER HARTFORD	INC			'	Linpioyer ic	06 12'			
Part			rity Status (All orga		s must c	omplete	this na	rt \ See i	06-13			
		<del></del>	ition because it is: (Fo	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					130000	110.		
		•	hes, or association of		-		•		).			
_	_		170(b)(1)(A)(ii). (Attac					(-)(-)(-)(-)(-)	,.			
			spital service organiza			section 1	170(b)(1)(	(A)(iii).				
	A medical rese		on operated in conjunc						)(b)(1)(A)(	(iii). Ente	r the	
5 [		on operated for ()(1)(A)(iv). (Com	the benefit of a collegible	ge or uni	versity ov	wned or	operated	l by a go	vernment	al unit d	escrit	ed in
	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nt or from	n the ger	neral p	oublic
8 [	A community	trust described i	n section 170(b)(1)(A)	)(vi). (Cor	nplete Pa	ırt II.)						
-	9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10 [	🗌 An organizatio	on organized and	l operated exclusively	to test fo	or public s	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
11 [												
	a 🗌 Type I	<b>b</b> □	Type II c	☐ Type	III-Functi	ionally in	tegrated		d□	Type II	l-Oth	er
<b>e</b> [	By checking to	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	r indırectl	ly by one	or more	disqualifi	ed pe	rsons
			ers and other than one	e or more	e publicly	support	ed organ	izations o	described	in section	on 509	9(a)(1)
	or section 509											
f			a written determination		the IRS t		a Type	I, Type	II, or Typ	e III sup	porti	ng 🗆
9	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	;			
			ndirectly controls, eithody of the supported							nd 11g(i)	Yes	No
	(ii) A family m	ember of a person	on described in (i) abo	ove?						11g(ii	1	
		-	a person described in							11g(iii	+	
h			ion about the support									
	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?		mount pport	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												

Schedu	le A (Form 990 or 990-EZ) 2011						Page <b>2</b>
Part	I Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support		·				
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,134,173	2,741,158	3,524,583	4,374,110	1,664,081	16,438,105
2	Tax revenues levied for the	1					
	organization's benefit and either paid		-	-		-	-
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities	1					
	furnished by a governmental unit to the	1					
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	4,134,173	2,741,158	3,524,583	4,374,110	1,664,081	16,438,105
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)						•
6	Public support. Subtract line 5 from line 4.						16,438,105
	on B. Total Support						10,436,105
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	4,134,173	2,741,158	3,524,583	4,374,110	1,664,081	16,438,105
8	Gross income from interest, dividends,	4,134,173	2,741,130	3,324,303	4,374,110	1,004,001	10,430,103
Ū	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,218,300	946,054	1,400,761	1,667,705	1,088,505	6,321,325
9	Net income from unrelated business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.10,02.1	1,100,101	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000,000	0,021,020
	activities, whether or not the business						
	is regularly carried on	o	o	o	0		0
10	Other income. Do not include gain or						· · · · · ·
	loss from the sale of capital assets		İ				
	(Explain in Part IV.)	o	0	0	0		0
11	Total support. Add lines 7 through 10						22,759,430
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				<u> </u>		<b>&gt;</b> 🗀
<u>Secti</u>	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	-,
14	Public support percentage for 2011 (line 6					14	72.22 %
15	Public support percentage from 2010 Sch					15	66.65 %
16a	331/3% support test—2011. If the organization gua						
	box and <b>stop here</b> . The organization qua		•				
b	331/3% support test—2010. If the organ check this box and stop here. The organ						
۰-			-	•			Land
17a							
	10% or more, and if the organization me Part IV how the organization meets the "f	ets the "tacts-a	aria-circumstai metanooo" too	nces test, che	tion qualifies	ia stop nere. E	xpiain in
	organization						
1_	_						, <b>P</b>
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part IV how the organization may be seen as the control of						
	supported organization				•	•	. <b>P</b>
18	Private foundation. If the organization di						
	instructions						
	·····					<u>.</u>	

Schedu	le A (Form 990 or 990-EZ) 2011						Page 3
Part		tions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	9 of Part I o	r if the organi	ization failed	to qualify und	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support			-			
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(a) 2011	/A Total
9	Amounts from line 6	(a) 2001	(6) 2000	(6) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)

Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2010 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . 17 17 % Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . . 18 % 331/3% support tests-2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 

17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . •

20

331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	Tago T
	instructions).	
		<b></b>
·		
·		
	······································	
		<b></b>
	Schedule A (Form 990 or 990-	EZ) 2011

# Schedule O, Statement 2

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC 06-1372107

Form 990

Page. 2

Line Number Part III Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
-	Other Programs and Services (Expenses \$3,093,840 including grants of \$2,403,009)  These include the balance of grants awarded through community grantmaking programs, donor advised program and college and Israel experience scholarship programs as well as grants administration, management of the chantable funds for local agencies and synagogues, Jewish Philanthropy Resources Center, which provides education and resources for effective and meaningful chantable giving, community workshops, women's giving circle, Israel giving circle and philanthropic advisory services	3,094,175	2,403,344	0
Total:		3,094,175	2,403,344	0

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB № 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization Employer identification number JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC 06-1372107 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 126 747 Aggregate contributions to (during year) . 2 531,238 1,132,843 Aggregate grants from (during year) . . 3 1,231,195 1,588,582 Aggregate value at end of year . . . . 22,356,206 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ✓ Yes 
☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . 2a Total acreage restricted by conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Schedule	D (Form	990) 2011	

Page 2

T-4-1	Add lines 1a through 1e. (Column (d) m	ust equal Form 000	0-4		(D) 1 10	(-1.1	•		12,877
<u>e</u>	Other		0		0		0		0
d	Equipment		0		54,194		41,317		12,877
С	Leasehold improvements		0		0		0	<u>.</u> .	0
b	Buildings	·	0		0		0	<u> </u>	
1a	Land		0		0				0
	Description of property	(a) Cost or othe (investmen	r basis	(b) Cost o	other basis her)		accumulated preciation	(d) Book va	lue
Part									
4	Describe in Part XIV the intended uses							00	
b	If "Yes" to 3a(ii), are the related organizations		uired o	n Schedi	ıle R?			3b	+*
	(ii) related organizations							3a(ii)	+
	(i) unrelated organizations							3a(i)	S NO
Ja	organization by:	possession or the	organi	במנוטוו נוופ	i ale lielu i	anu auf	imprered for the		s No
3a	Are there endowment funds not in the			zation the	t are held :	and ada	nunictored for the	<u>.</u>	
C	The percentages in lines 2a, 2b, and 2		06						
b	Temporarily restricted endowment	0.%							
a	Board designated or quasi-endowmen Permanent endowment ▶		<b>7</b> 0						
2	Provide the estimated percentage of the			e (line 1g	, column (a)	) held a	ıs:		
g	End of year balance	45,872,607		8,092,537		28,268	32,182,070		
f	Administrative expenses	852,951		669,112	<del></del>	26,710	657,311		
_	programs	-111,127		40,997		02,715	-499,009		
е	Other expenditures for facilities and								
d	Grants or scholarships	1,588,582		1,453,569	1,3	58,127	1,365,654		
	losses	-1,022,367		8,752,996	4,3	30,781	-6,175,801		
С	Net investment earnings, gains, and								
b	Contributions	1,132,843		3,874,951	2,9	97,539	1,604,080		
1a	Beginning of year balance	48,092,537	3	7,628,268	32,1	82,070	38,277,747		
		(a) Current year		or year	(c) Two years		(d) Three years back		rs back
Pari		ete if the organiza	tion ar	swered	"Yes" to F	orm 99	0, Part IV, line	10.	<del></del> -
b	If "Yes," explain the arrangement in Pa		•						
2a	Did the organization include an amoun							✓ Yes	□ No
f	Ending balance					1f			
e	Distributions during the year					1e			
d	Additions during the year					1d		-	
С	Beginning balance					1c	<del></del>		
_	in too, oxplain the arrangement in the	at Air and complete	2 1110 10	mowning to	ioic.		I An	nount	
ь	If "Yes," explain the arrangement in Pa							☐ Yes	MO MO
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other	ıntern	nediary to	r contributi	ons or	other assets no		<b>□</b> N-
	line 9, or reported an amoun	t on Form 990, Pa	ırt X, li	ne 21.					
Part									
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive do	onation	s of art, I	nistorical tr	easures	s, or other similar llection?		<b>□</b> M-
	XIV.				-	_			
4	Provide a description of the organizat		d expla	ain how th	nev further	the ora	anization's exem	nt nurnose	in Part
c	☐ Preservation for future generations		•	□ Other					
a b	Scholarly research				or exchang				
•	collection items (check all that apply):  Public exhibition			<b>—</b>					
3	Using the organization's acquisition, a	accession, and other	er reco	rds, chec	k any of the	e follow	ring that are a sig	gnificant us	e of its
	Organizations Maintaining	Odilodions of A	, 1113	Concari	reasures,	UI OLI	iei Jiiiliai Ass	els (COITE	nuea)

Schedule D (Form 990) 2011	0 =		Page 3
Part VII Investments - Other Securitie	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other Absolute Return Strategy	3,632,268	End-of-Year Market Value	" <u>-</u>
(A) Private Domestic Equity	<del></del>	End-of-Year Market Value	
(B) Private International Equity	<del></del>	End-of-Year Market Value	
(C) Venture Capital		End-of-Year Market Value	
(D)			······································
(E)			
(F)			
(G)			·
(H)			······································
(1)			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	8,171,580		
Part VIII Investments - Program Relate	ed. See Form 990, Part X,		
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<del></del>
(10)			····
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets. See Form 990, F			
0.1.0.1.1.0.0.0.1.0.1.1.1.0.0.0.1.1	(a) Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)	<del></del>		· · · · · · · · · · · · · · · · · · ·
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(5)	<del></del>	······································	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)		
Part X Other Liabilities. See Form 990		<u> </u>	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2) Charitable Remainder Trusts			
(3) Gift Annuities Payable	444,869		
(4)	253,875		
(5)			
(6)			
(7)			
(8)	<del> </del>		
(9)	<del>                                     </del>		
(10)			
	<del></del>		
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶			
2. FIN 48 (ASC 740) Footnote. In Part XIV, provid	e the text of the footnote to	the organization's financial stater	ments that reports the
organization's liability for uncertain tax positions	unger FIN 48 (ASC 740).		

Part	Peconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	onte	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,770,923
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,986,849
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u>3,980,</u> 849 784,074
4	Net unrealized gains (losses) on investments	4	-4,624,915
5	Donated services and use of facilities	5	-4,024,010
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	-7,513
9	Total adjustments (net). Add lines 4 through 8	9	-4,632,428
_10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,848,354
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	138,495
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	5	
b		0	
С		0	
d	Other (Describe in Part XIV.)	3	
e	Add lines 2a through 2d	2e	-4,632,428
3	Subtract line 2e from line 1	3	4,770,923
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		o la la la la la la la la la la la la la	
ь	Other (Describe in Part XIV.)	o la la la la la la la la la la la la la	
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,770,923
Part :		er Return	
1	Total expenses and losses per audited financial statements	1	3,986,849
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		0	
b		0	
С		0	
d	,	0	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,986,849
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		0	
b	Other (Describe in Part XIV.)	0	
	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,986,849
Part :			
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.	Part IV, line	s 1b and 2b; part to provide

Schedule D, Part IV, Line 2b - As part of our agency endowment program, the Foundation holds, administers and manages certain charitable funds established and owned by beneficiary agencies of the Jewish Federation of Greater Hartford and local synagogues as part of a commingled investment pool. These funds are treated as assets and liabilities on the books of the Foundation

Schedule D, Part V, Line 4 - The 1,065 charitable funds held by the Foundation are used in accordance with the terms of the gift instruments creating them. Unrestricted community funds help meet the most pressing and changing needs of the community. Decisions about the use of unrestricted community funds rest with the Board of Trustees of the Foundation. Grants from these funds are typically awarded through a competitive grant application process in accordance with Foundation grantmaking guidelines. Grants from donor advised funds are generally made upon the recommendation of donors, after review and approval by the Foundation. Twice each year the Foundation distributes a list of selected funding requests to fund advisors that includes a broad range of charitable projects. These and other funding ideas are made available on the Foundation's website. Distributions from designated funds are made to carry out the charitable intentions expressed by donors at the time the gifts were made.

Schedule D (Form 990) 2011 Page	e 5
Part XIV - Supplemental Information (Continued)	
Schedule D, Part X, Line 1 - Charitable Remainder Trusts and Gift Annuities Payable.	
Schedule D, Part X, Line 2 - Schedule D, Part X, Line 2 - The Foundation qualifies as a public charity under Internal Revenue Code Section 270(2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	n
170(b)(l)(A)(vi) and is exempt from federal income taxes under Section 502(c)(3) of the Internal Revenue Code and Section 12-244 of the Connecticut General Statutes. The Foundation accounts for uncertainty in income in accordance with the Income Tax Topic of the FASB	,
Accounting Standards Codification (FASB ASC). Management has not identified any uncertain tax positions. The Foundation files o	,
Federal tax return which represents the major tax jurisdiction of Foundation. Federal tax years 2008 through 2011 remain open for audit	
under the various statutes of limitations.	
Schedule D, Part XI, Line 8 - FASB Liability adjustments to split interest gift agreements.	
Schedule D, Part XII, Line 2d - Change in the Value of Split Interest Agreements.	

### SCHEDULE I (Form 990)

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

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

orm 990 Inspection number

Name of the organization							Employer identification num	iber
Part I General Information					· - · · · · · · · · · · · · · · · · · ·		06-1372107	
Does the organization maintaithe selection criteria used to a     Describe in Part IV the organization.	in records to sub award the grants	stantiate the amor or assistance?				r the grants or as	sistance, and .	□No
Part II Grants and Other As to Form 990, Part IV, I Part II can be duplicat	sistance to Go line 21, for any	vernments and recipient that rec	l Organizations ceived more than	in the United S	tates. Complete it this box if no one	recipient receive	on answered "Yes" red more than \$5,000.	. ▶
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistan	of (h) Purpose of	f grant
(1) Sch I, Stmt 1								
(2)						11		
(3)				· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			
4)								
5)			<u> </u>					
6)								
7)					<del>   </del>			
8)					<del> </del>			
9)								
0)	<del></del>	<u></u>			+	<del></del>	+	
1)					<del>                                     </del>			
(2)	<del></del>							<del></del>
2 Enter total number of section 3 Enter total number of other or				l line 1 table	<u></u>	······································		18

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

Cat No 50055P

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 College Scholarships	29	73,000	0		······································
2 Scholarships - Israel Experience	8	11,000	0		
3					
4					
5					
6					
7					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Schedule I, Part I, Line 2 - Part I Line 2 / Part IV Grants and Other Assistance to Organizations, Governments and Individuals in the U.S. The Foundation has established processes to monitor grants to ensure that they are used for proper purposes and are not otherwise diverted from their intended use. The processes vary somewhat based on the source of the grant funds. Unrestricted community funds. Once a discretionary grant from unrestricted funds is approved, a letter agreement, outlining the terms and conditions of the grant, is sent to the grant recipient. It must be signed by the chief executive officer and volunteer head of the recipient's governing board. These grants are approved on the basis of a proposal as submitted The recipient of any grant from the Foundation must agree to use the funds awarded for the specific project and in accordance with the budget submitted as part of the grant application Grant funds are disbursed upon presentation of paid invoices accompanied by the Foundation's Grant Payment Request Form. The Foundation requires periodic progress reports until the completion of the project, and funding may be withheld if the recipient fails to make progress towards the intended project goals. The Foundation also requires the submission of a final report on the grant, which includes a detailed accounting of how the funds were expended compared to the original budget. Any requests for a modification in use of funds must be submitted in writing to the Foundation for approval in advance. Funds not used in the manner specified in the letter agreement, project, may be retained by the Foundation or be approved for reallocation by the Foundation. Grants awarded but unpaid are cancelled. The grant recipient must agree to notify the Foundation of any change in its exempt status and any change that may be proposed by the IRS. Donor advised funds. Foundation staff reviews all grant recommendations and follows additional due diligence procedures to assure that grants are made to qualified charities for proper purposes and impermissible material benefits to donors are not present. Grant recommendations are processed and approved (or denied) in accordance with the Foundation's Donor Advised Fund Guidelines. All grants from donor advised funds are reported to the Board of Trustees on a quarterly basis. Grants to qualified charities made for general operating support are paid once the grant has been approved. Grants to qualified charities made for specific projects are paid after the recipients demonstrate that the funded project was completed and submit paid invoices accompanied by the Foundation's Grant Payment Request Form. Grants awarded but unpaid are cancelled. Designated Funds. Grants from designated funds are paid to qualified charities in accordance with the terms of the applicable gift instruments. Foundation staff confirms the tax-exempt status and legal existence of charitable beneficianes of grants before grants are paid to them. Grants for scholarships are paid directly to the institution the student is attending. Payment of scholarship awards is conditioned upon proof of enrollment and, where appropriate, receipt of a transcript for the most recently completed semester, as well as satisfaction of any other ongoing qualifications for the scholarship.

Part IV - Supplemental information (Continued)						
chedule I, Part II, Line 1 - See attached Schedule I for comprehensive list.						

Schedule I, Part IV, Statement 1

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC 06-1372107

Form: Schedule I

Page: 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

Amount of cash grant Amount of non-cash assistance

Name and address See Schedule I Part II Table attached

2,808,530

EIN

00-0000000

IRC code section

501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant

See Schedule I Part II Table Attached

# **SCHEDULE J** (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2011

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JEWIS	SH COMMUNITY FOUNDATION OF GREATER HARTFORD INC 06-1372	06-1372107			
Part	Questions Regarding Compensation				
			Yes	No	
1a 	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees				
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)				
	The social services (e.g., maid, chaulled, chel)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	1			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		T		
	explain	1b	✓		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers		١.		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	✓	ļ	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the				
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.				
	✓ Compensation committee				
	☐ Independent compensation consultant ☐ Written employment contract ☐ Compensation survey or study				
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		1	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Out				
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
•	compensation contingent on the revenues of:				
а	The organization?	5a	1	1	
b	Any related organization?	5b	1	1	
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the net earnings of:				
а	The organization?	6a	ļ	1	
þ	Any related organization?	6b		✓	
7	If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	, =		-	
7	payments not described in lines 5 and 6? If "Yes," describe in Part III	1 7		/	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-	+	+-	
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described	,			
	in Part III	<b>_</b> 8		✓	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	$\vdash$	
	Regulations section 53.4958-6(c)?	ه ا	1	1	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation

		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	] "	C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation		other deferred compensation	benefits	(B)()-(D)	(F) Compensation reported as deferred in prior Form 990
DOREEN FUNDILLER-ZWEIG	(ī)	161,889	0	0		6,658	16,778	185,325	0
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	(i)				1				
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15	(ii)								
	(i)				1				
16	(ii)			l	Т.				

Schedule J (Form 990) 2011

Schedule J (Fo	
Part III	Supplemental Information
Complete Also comp	this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. plete this part for any additional information.
	, Part I, Line 1a - Annual membership in a Social Club
***********	
**********	

Schedule J (Form 990) 2011

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Employer identification number 06-1372107

Part	Types of Property		<del></del>	······································	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	✓	10	_ 124,914	Avg Mkt Value
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC,				
	or trust interests	<u> </u>			
12	Securities – Miscellaneous				
13	Qualified conservation	<u> </u>			
	contribution—Historic structures				
14	Qualified conservation	-			
14	contribution—Other				
15	Real estate - Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				·
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► (		· · · · · · ·		
27	Other ► (				
<u>28</u> 29	Other ► ( ) Number of Forms 8283 received	hy the or	nonization during the toy	loor for contributions for	
29	which the organization completed				
	which the organization completed	11 01111 020	o, i ait iv, bolice Ackilowic	agement	29 0   Yes No
20-			. h.,	and a manufacture of the contract of the contr	
30a	During the year, did the organiza it must hold for at least three year				
	used for exempt purposes for the				
b	If "Yes," describe the arrangement				308   7
31	Does the organization have a		stance policy that require	s the review of any no	n-standard
٥.	contributions?				
32a	Does the organization hire or us				
V_U	<del>-</del>	•	_	is to solicit, process, or so	
b	If "Yes," describe in Part II		, , , , ,		32a   V
33	If the organization did not report a	n amount ir	column (c) for a type of pro	operty for which column (a)	s checked.
	describe in Part II			(a)	<del>-</del>

Part II	Form 990) (2011)  Page 2  Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b,
T art II	and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	number of items received, or a combination of both. Also complete this part for any additional information.
	·
·	

Schedule M (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Employer identification number 06-1372107

Form 990, Part III - The Jewish Community Foundation addresses community needs and fulfills donors' charitable objectives, while building endowments and legacies to support a thriving and vibrant Jewish community in Greater Hartford, Connecticut. It provides philanthropic advisory services to donors and accepts funding requests from qualified charities for programs and projects that further the interests of the Greater Hartford Jewish community and of national and world Jewry. The Foundation also serves as steward of charitable funds for the benefit of the local community. The Foundation's operations, including grantmaking, are governed by its Board of Trustees. The Foundation's grant making programs are governing by guidelines adopted by its Board of Trustees. Grants are made only to organizations that are described in section 501(c)(3) of the Internal Revenue Code and have been classified as public charities. The Jewish Community Foundation operates a robust donor advised program that offers individuals a simple and flexible way to support their favorite charities, chart the course of their charitable giving according to their own values, and involve their family in hands-on philanthropy. The Foundation keeps donors informed about a variety of funding needs and shares vetted funding requests that match donors' charitable interests throughout the year. The Foundation guides donors through the process of designing charitable gift plans with a focus on making charitable giving most meaningful. It carries out the special mission of promoting personalized and valued based legacy planning through educational sessions, workshops and individual, confidential consultations. Through its Jewish Philanthropy Resource center, the Foundation shares information about contemporary trends and issues in philanthropy with individuals, families and family foundations. The Foundation's staff complement was 8.75 FTEs for the fiscal year ending June 30, 2012.

Form 990, Part VI, Section B, Line 11b - Part VI. Section B. Policies. Line 11A. Review of Form 990. A draft IRS Form 990 completed by the Foundation's VP Finance, with the assistance of the President, was distributed to the Audit Committee and the Foundation's independent auditors for review and comment. Suggested changes were then incorporated in a final Form 990 which was distributed as a pdf document by email to the Board of Trustees for review prior to submission to the IRS.

Form 990, Part VI, Section B, Line 12c - Part VI. Section B. Policies. Line 12c. Conflict of Interest Policy. The Foundation has adopted a code of ethics and conflict of interest policy that: (1) defines conflicts of interest; (2) defines individuals within the Foundation covered by the policy; (3) facilitates disclosure of information that may help identify conflicts of interest and potential conflicts; and (4) specifies procedures to be followed in managing conflicts of interest. Each year the Foundation distributes its Code of Ethics and Conflict of Interest Policy to its Board of Trustees, members of its Audit, Budget and Finance, Investment and Grants Committees and staff, along with an annual disclosure statement. The completed statements are collected and kept in a locked file. It is the responsibility of Trustees, committee members, staff and members of their families associated with the Foundation to be alert to situations in which a conflict or potential conflict of interest could arise. The Foundation's conflict of interest policy requires disclosure of financial and other interests prior to any discussion of the matter under consideration and mandates abstention from decision-making actions when a potential for conflict exists. The Board or committee whose member may have a conflict has the right to review and discuss the matter of a conflict or potential without the affected individual being present. Trustees and committee members who believe that someone may have violated the Foundation's conflict of interest policy are directed to express their concern to the Chair of the Audit Committee or to the Chair of the Board of Trustees. Staff would report the issue to the Foundation's President. Steps would then be taken to determine whether a conflict or the potential for conflict exists, and whether to: (1) take no action; (2) assure full disclosure to the Board, committee or others; (3) ask the individual to recuse him/herself from participation in discussions or decision making concerning the matter at hand; or (4) ask the individual to resign from his or her position or, if the individual refuses to resign, become subject to possible removal in accordance with the Foundation's bylaws. The Foundation's President and Vice President Finance monitor proposed and ongoing transactions for conflicts of interest and would disclose them to the Chair of the Audit Committee and Chair of the Board of Trustees in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.

Form 990, Part VI, Section B, Line 15 - Part VI. Section B. Policies. Line 15b. Process for Determining Compensation The Foundation has adopted a policy for setting the compensation for its chief executive officers, and "key employees." The policy is designed to ensure that the Foundation's executive compensation arrangements are reasonable. It includes three key components: (1) review and approval of compensation by a committee designated by the Board of Trustees, provided that persons with conflicts of interest are not involved in this review or approval; (2) use of data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations; and (3) contemporaneous documentation and recordkeeping with respect to the deliberations and

# **Supplemental Information (Continued)**

decisions. The Budget and Finance Committee followed this process in the setting compensation for all employees in the spring of 2011 at the time the fiscal 2012 budget was being prepared.
Form 990, Part VI, Section C, Line 19 - Part VI. Section C. Disclosure. Line 19. The Foundation publishes its audited statements on its website. The Foundation's Certificate of Incorporation is available through the office of the Secretary of the State of Connecticut. Its code of
ethics and conflict of interest policy and bylaws are available upon request.
Form 990, Part XI, Line 5 - Unrealized Gain/ (Loss) on securities, Life insurance Cash Surrender Market Value Change and Change in Split Interest Agreements.

# Jewish Community Foundation of Greater Hartford, Inc.

IRS Form 990 **Tax Year 2011**  EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
10,000 Degrees 781 Lincoln Avenue, Suite 140 San Rafael, CA 94901	95-3667812	501(c)(3)	\$39,989.99 Beatrice Fox Auerbach Scholarship Fund
Allied Jewish Federation of Colorado 300 S. Dahlia Street, Suite 300 Denver, CO 80246	84-0402662	501(c)(3)	\$25,000.00 PJ Library
American Jewish World Service 45 West 36th St., 11th Floor New York, NY 10018	22-2584370	501(c)(3)	\$5,000.00 general operating support
Anti-Defamation League CT Regional Office 1952 Whitney Avenue, Suite 3 Hamden, CT 06517-1209	13-1818723	501(c)(3)	\$1,500.00 educational programs related to anti-Semitism, Israel advocacy and interfaith relations
Anti-Defamation League CT Regional Office 1952 Whitney Avenue, Suite 3 Hamden, CT 06517-1209	13-1818723	501(c)(3)	\$2,000.00 general operating support
Anti-Defamation League CT Regional Office 1952 Whitney Avenue, Suite 3 Hamden, CT 06517-1209	13-1818723	501(c)(3)	\$3,500.00 Julia's Star
Beth El Temple of West Hartford 2626 Albany Avenue West Hartford, CT 06117	06-0699241	501(c)(3)	\$10,907.00 general operating support
Beth El Temple of West Hartford 2626 Albany Avenue West Hartford, CT 06117	06-0699241	501(c)(3)	\$400.00 Preschool Pals

Tax Year 2011

EIN: 06-1372107

# Jewish Community Foundation of Greater Hartford, Inc.

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Beth Hillel Synagogue of Bloomfield 160 Wintonbury Avenue Bloomfield, CT 06002	06-6011354	501(c)(3)	\$32,519.00 general operating support
Birthright Israel Foundation 33 E. 33rd Street New York, NY 10016	13-4092050	501(c)(3)	\$5,200.00 general operating support
Commission on Jewish Education and Leadership of the Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$600.00 ebooks for Koopman Library
Commission on Jewish Education and Leadership of the Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C	06-0655482	501(c)(3)	\$2,600.00 Koopman Library pushcart program
Commission on Jewish Education and Leadership of the Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$123.22 professional development of Jewish educators
Commission on Jewish Education and Leadership of the Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C	06-0655482	501(c)(3)	\$1,847.50 the Mitnick Education Conference
Commission on Jewish Education and Leadership of the Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C	06-0655482	501(c)(3)	\$224.54 the Scribner Library

IRS Form 990 **Tax Year 2011** 

(a) Name, Address and Zip	(b) EIN	(c) IRC Section (d)	(d) Cash Grant (e) Purpose of Grant or Assistance
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$387.92 books and materials in support of the CBI Tots Program
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$4,633.12 cantorial and music programs
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$5,067.25 general operating support
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$646.38 programs within the synagogue that are outside of its regular budget
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$5,000.00 Rabbi's Discretionary Fund in honor of Sue Fulleton's conversion
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$3,198.79 salary and health and welfare benefits for the Senior Rabbi
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$452.57 Sunday school prizes and the SAGE program
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$175.04 the Deborah Library

Schedule I IRS Form 990 Tax Year 2011

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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(c)(3)	\$370.59 the Legacy for Our Future program
Congregation Beth Shalom Rodfe Zedek 55 East Kings Highway, P.O. Box 438 Chester, CT 06412	06-1556241	501(c)(3)	\$20,125.00 general operating support
Emanuel Synagogue 160 Mohegan Drive West Hartford, CT 06117	60675032	501(c)(3)	\$36,000.00 capital campaign
Emanuel Synagogue 160 Mohegan Drive West Hartford, CT 06117	60675032	501(c)(3)	\$1,873.75 general operating support
Farmington Valley Jewish Congregation - Emek Shalom 55 Bushy Hill Road Simsbury, CT 06070	06-6080265	501(c)(3)	\$1,000.00 college scholarships
Farmington Valley Jewish Congregation - Emek Shalom 55 Bushy Hill Road Simsbury, CT 06070	06-6080265	501(c)(3)	\$43,919.50 general operating support
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(c)(3)	\$1,750.00 bingo air pop machine in memory of Alvin Kennedy
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(c)(3)	\$6,000.00 computers for computer lab

IRS Form 990 **Tax Year 2011** 

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(c) IRC Section (d) Cash Grant (e) Purpose of Grant or Assistance
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(c)(3)	\$6,000.00 exercise and men's programs
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(c)(3)	\$5,000.00 food and sundries for residents
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(c)(3)	\$250.00 pottery and drawing classes
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(c)(3)	\$2,734.72 special programming for elderly and disabled residents
The Good People Fund 384 Wyoming Avenue Millburn, NJ 07041	26-1887249	501(c)(3)	\$718.00 Bet Hayeled
The Good People Fund 384 Wyoming Avenue Millburn, NJ 07041	26-1887249	501(c)(3)	\$6,700.00 Shutaf: Self-defense for girls with special needs
Maurice Greenberg Center for Judaic Studies University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117-1599	06-0731360	501(c)(3)	\$1,800.00 25th anniversary celebration

EIN: 06-1372107

### Jewish Community Foundation of Greater Hartford, Inc.

(c) IRC Section (d) Cash Grant (e) Purpose of Grant or Assistance 501(c)(3) \$500.00 archeological dig in Israel	3) \$3,250.00 Director's Discretionary Fund	3) \$3,440.45 general operating support	3) \$5,000.00 Greenberg Center capital campaign	3) \$5,000.00 Building Abrahamic Partnerships	3) \$8,000.00 capital campaign	3) \$16,393.96 general operating support
(c) IRC Section 501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)
(b) EIN 06-0731360	06-0731360	06-0731360	06-0731360	06-0647016	06-1455973	06-1455973
(a) Name, Address and Zip  Maurice Greenberg Center for Judaic Studies University of Hartford 200 Bloomfield Avenue	West Hartford, CT 06117-1599  Maurice Greenberg Center for Judaic Studies University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117-1599	Maurice Greenberg Center for Judaic Studies University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117-1599	Maurice Greenberg Center for Judaic Studies University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117-1599	Hartford Seminary 77 Sherman Street Hartford, CT 06105-2260	Hebrew High School of New England 300 Bloomfield Avenue West Hartford, CT 06117	Hebrew High School of New England 300 Bloomfield Avenue

IRS Form 990 **Tax Year 2011** 

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Hebrew High School of New England 300 Bloomfield Avenue West Hartford, CT 06117	06-1455973	501(c)(3)	\$500.00 scholarships
Hebrew High School of New England 300 Bloomfield Avenue West Hartford, CT 06117	06-1455973	501(c)(3)	\$224.53 the Scribner Library
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$3,000.00 adjustable dining room tables
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$463.33 books, games, puzzles and other amenities for residents
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$241.10 capital needs
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$1,000.00 Celebrate Life
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$2,500.00 coffee shop renovation
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$3,000.00 computers on wheels

Tax Year 2011 EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$439.41 education programs for residents
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$18,000.00 Fresh Canvas
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$54,457.58 general operating support
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$518.06 Hebrew Community Services outreach program
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$191.41 Jewish religious functions of the Hebrew Home and Hospital
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$685.00 ox-box monitors
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$1,374.55 programs and services for the elderly
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$500.00 rocking chairs

Tax Year 2011

EIN: 06-1372107

Jewish Community Foundation of Greater Hartford, Inc.

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$30,000.00 services that contribute to the well being of low income seniors
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(c)(3)	\$494.76 social and recreational activities
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(c)(3)	\$17,595.89 general operating support
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(c)(3)	\$2,500.00 Judaic programming
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(c)(3)	\$450.00 relationship education workshop
Jewish Community Foundation of Greater Hartford, Inc. 333 Bloomfield Ave, Suite D West Hartford, CT 06117	06-1372107	501(c)(3)	\$153,636.00 Leave a Jewish Legacy
Jewish Community Foundation of Greater Hartford, Inc. 333 Bloomfield Ave, Suite D West Hartford, CT 06117	06-1372107	501(c)(3)	\$101,980.00 Executive search and transition

## YOUR COMMUNITY FOUNDATION Your Way

EIN: 06-1372107

Jewish Community Foundation of Greater Hartford, Inc.

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Jewish Community Foundation of Greater Hartford, Inc. 333 Bloomfield Ave, Suite D West Hartford, CT 06117	06-1372107	501(c)(3)	\$2,225.94 staff professional development
Jewish Family Service of Broward County 100 S. Pine Island Road, Suite 230 Plantation, FL 33324	59-0995106	501(c)(3)	\$7,000.00 senior adult programs
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$4,000.00 Alzheimer's counseling
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$11,146.00 child clinic services
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$2,000.00 client transportation
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$4,400.00 divorce workshop
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$5,000.00 family counseling services

Tax Year 2011

### Jewish Community Foundation of Greater Hartford, Inc.

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$4,065.00 final CSB rent true-up for Jewish Family Services
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$22,682.60 general operating support
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$21,000.00 in-home counseling services
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$5,500.00 Jewish Employment Transitions program
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$3,937.00 Kosher Food Pantry
Jewish Family Services of Greater Hartford 333 Rioomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$20,000.00 mental health care for low income senior adults
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$3,011.88 senior adult programs
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$6,710.00 support for parents of kids with special needs

(d) Cash Grant (e) Purpose of Grant or Assistand
(d) Cash Grant (e
(c) IRC Section
(b) EIN
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Address and Zip

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$181.73 the Benet A. Rothstein Child Services Program
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	\$4,124.39 the chronic needs program
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$150,000.00 2012 annual campaign
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$30,000.00 2012 Lapsed Donor Challenge
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$4,092.56 annual campaign with the larger portion to support needs of Jews overseas
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$57,430.21 cemetery maintenance
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$250.00 Confronting Anti-Semitism
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$500.00 Connecticut-Israel Technology Summit

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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$128,328.00 discretionary use of the Jewish Federation
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$5,395.00 envelope printer
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$498,079.13 general operating support
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$27,000.00 local programs focused on social committment
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$1,297.17 medical funds for Israel
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$4,814.38 needs of Jewish senior adults in New Britain
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$1,217.81 programs in Israel
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$500.00 Sharing the Abrahamic Blessing

Schedule I IRS Form 990 Tax Year 2011

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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$100.00 Super Sunday telephone sponsorship
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$37,017.14 the Hartford Jewish Coalition for Literacy
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$2,330.99 to be used first for Young Leadership Awards and then for staff development, in the discretion of the Federation
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	\$727.00 Volunteer Coordination Project
Jewish Federation of Greater Portland 6680 SW Capitol Highway Portland, OR 97219	93-0386825	501(c)(3)	\$35,000.00 outeach initiatives for the Greater Portland Jewish community
Jewish Federation of Greater Washington 6101 Montrose Road Rockville, MD 20852	53-0212445	501(c)(3)	\$5,000.00 general operating support
Jewish Federation of Greater Washington 6101 Montrose Road Rockville, MD 20852	53-0212445	501(c)(3)	\$5,000.00 Jim Joseph Scholarship Challenge
Jewish Federation of the Berkshires 196 South Street Pittsfield, MA 01201	04-2131409	501(c)(3)	\$5,000.00 PJ Library

Tax Year 2011

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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(c)(3)	\$5,000.00 40th anniversary celebration
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(c)(3)	\$767.00 final CSB rent true-up for Jewish Historical Society
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(c)(3)	\$18,710.53 general operating support
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(c)(3)	\$20,000.00 oral history digitization project
Jewish Social Service Agency 200 Wood Hill Road Rockville, MD 20850	53-0196598	501(c)(3)	\$20,000.00 ADHD Special Needs Program
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(c)(3)	\$1,617.00 educational and other charitable purposes of JFACT Fund
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(c)(3)	\$9,620.00 educational programs and activities
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(c)(3)	\$342.00 general operating support



EIN: 06-1372107 **Tax Year 2011** 

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(c)(3)	\$3,012.31 Holocaust educational programs
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(c)(3)	\$500.00 New England Social Studies Teachers Israeli/Arab Conflict Workshop
Juvenile Diabetes Research Foundation Northern New Jersey Chapter 560 Sylvan Avenue Englewood Cliffs, NJ 07632	23-1907729	501(c)(3)	\$7,000.00 general operating support
Loomis Institute 4 Batchelder Rd Windsor, CT 06095	06-0653119	501(c)(3)	\$40,000.00 Lt. Mitchell J. Savin '51 Scholarship
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$3,500.00 2011-12 Jewish Book Festival
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$2,500.00 2012 Annual Parenting Conference
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$20,043.64 2012 Hartford Jewish Film Festival
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$138,105.00 Big Tent Judaism

Tax Year 2011

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(c) IRC Section (d) Cash Grant (e) Purpose of Grant or Assistance
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$711.68 Camp Shalom scholarship fund
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$251.65 capital needs
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$2,326.98 cultural arts programs
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$2,102.37 educational, literary, religious and other charitable purposes
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$7,279.47 general operating support
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$3,998.00 Hartford Stage Program 2012-2013
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$500.00 HaZamir Hartford
Joyce D. and Andrew J. Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	\$5,126.05 Jonathan's Dream playground

EIN: 06-1372107

Jewish Community Foundation of Greater Hartford, Inc.

\$153.42 maintenance of the Holocaust memorial sculpture \$3,000.00 membership subsidies for low income seniors \$278.74 programs and projects for children (d) Cash Grant (e) Purpose of Grant or Assistance \$10,000.00 senior adult exercise programs and surrounding grounds \$1,000.00 outdoor adventure trail \$207.96 special needs programs \$8,100.86 senior adult programs \$39,697.30 PJ Library (c) IRC Section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 06-0662142 06-0662142 06-0662142 06-0662142 06-0662142 06-0662142 06-0662142 06-0662142 (b) EIN Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center Joyce D. and Andrew J. Mandell Jewish Community Center (a) Name, Address and Zip West Hartford, CT 06117 West Hartford, CT 06117 West Hartford, CT 06117 West Hartford, CT 06117 West Hartford, CT 06117 West Hartford, CT 06117 West Hartford, CT 06117 West Hartford, CT 06117 335 Bloomfield Avenue 335 Bloomfield Avenue 335 Bloomfield Avenue 335 Bloomfield Avenue 335 Bloomfield Avenue 335 Bloomfield Avenue 335 Bloomfield Avenue 335 Bloomfield Avenue

EIN: 06-1372107

Your Cominunity Your Legacy Your Way

Jewish Community Foundation of Greater Hartford, Inc.

\$979.50 furthering the Jewish education of young persons \$10,000.00 ITWorks Youth Empowerment Program \$283.52 girls athletic activities or art, music and \$463.63 the Camp Shalom scholarship fund (d) Cash Grant (e) Purpose of Grant or Assistance \$400.00 8th grade Israel trip scholarships \$10,000.00 repair of air conditioning unit \$5,000.00 general operating support \$14,745.06 general operating support lewish cultural programs (c) IRC Section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 91-2054035 13-6104086 06-0665199 06-0665199 06-0665199 06-0665199 06-0665199 06-0662142 (b) EIN Joyce D. and Andrew J. Mandell Jewish Community Center Marsha Rivkin Center for Ovarian Research Bess and Paul Sigel Hebrew Academy Bess and Paul Sigel Hebrew Academy Bess and Paul Sigel Hebrew Academy Bess and Paul Sigel Hebrew Academy Bess and Paul Sigel Hebrew Academy P.E.F. Israel Endowment Funds, Inc. 317 Madison Avenue, Suite 607 (a) Name, Address and Zip West Hartford, CT 06117 801 Broadway, Suite 701 335 Bloomfield Avenue Bloomfield, CT 06002 Bloomfield, CT 06002 Bloomfield, CT 06002 Bloomfield, CT 06002 Bloomfield, CT 06002 New York, NY 10017 Seattle, WA 98122 53 Gabb Road 53 Gabb Road 53 Gabb Road 53 Gabb Road 53 Gabb Road



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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(c)(3)	\$1,245.82 scholarships
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(c)(3)	\$694.54 capital needs
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$459.00 8th grade Israel trip scholarships
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$489.00 8th grade trip to Israel
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$2,200.00 Chanukah Rocks
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$55,000.00 Early Childhood School Reggio Emilia project
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$1,172.17 enrichment of the Judaic education of the school's students and families
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$170.23 Florence S. Cramer Prize for Mathematics



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Jewish Community Foundation of Greater Hartford, Inc.

Tax Year 2011

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$979.50 furthering the Jewish education of young persons
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$23,061.64 general operating support
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$438.03 honoring milestones in students' Jewish education
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$245.90 literature awards
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$377.16 maintenance of Temple B'nai Israel memorial plaques and general operating purposes
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$5,196.55 music programs
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$3,123.00 parent survey
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$547.91 programs in mathematics and science

IRS Form 990 Tax Year 2011

EIN: 06-1372107

### Jewish Community Foundation of Greater Hartford, Inc.

(a) Name. Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$4,915.91 scholarships
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$408.05 science and technology enrichment
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(c)(3)	\$218.96 Zelda Cramer Ungar Technology Prize
Temple B'nai Abraham 127 East Main Street Meriden, CT 06450	06-0719649	501(c)(3)	\$4,928.00 cemetery maintenance
Temple B'nai Abraham 127 East Main Street Meriden, CT 06450	06-0719649	501(c)(3)	\$3,262.99 programs for Jewish youth and elderly
Temple B'nai Abraham 127 East Main Street Meriden, CT 06450	06-0719649	501(c)(3)	\$6,179.00 scholarships
Temple Beth El of Hollywood 1351 S. 14th Avenue Hollywood, FL 33020	59-0794397	501(c)(3)	\$7,000.00 adult education
Temple Chai	94-2381671	501(c)(3)	\$10,000.00 Elisa Lanes Community Caring

4645 East Marilyn Road Phoenix, AZ 85032



IRS Form 990 Tax Year 2011

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant (e) Purpose of Grant or Assistance
Universities Allied for Essential Medicines 2625 Alcatraz Avenue, #180 Berkley, CA 94705	01-0833168	501(c)(3)	\$20,000.00 general operating support
University of Connecticut Hillel 54 North Eagleville Road Storrs, CT 06268	05-6071635	501(c)(3)	\$250.00 Birthright Connections
University of Connecticut Hillel 54 North Eagleville Road Storrs, CT 06268	05-6071635	501(c)(3)	\$7,101.64 general operating support
University of Connecticut Hillel 54 North Eagleville Road Storrs, CT 06268	05-6071635	501(c)(3)	\$250.00 graduate student programs
University of Hartford Hillel 200 Bloomfield Avenue West Hartford, CT 06117	06-0731360	501(c)(3)	\$9,387.95 general operating support
Watkinson School Development Office 180 Bloomfield Avenue Hartford, CT 06105-1096	06-0655136	501(c)(3)	\$250.00 general operating support
Watkinson School Development Office 180 Bloomfield Avenue Hartford, CT 06105-1096	06-0655136	501(c)(3)	\$5,000.00 the Ribicoff/Head Scholar Award



Tax Year 2011

EIN: 06-1372107

\$35,000.00 Research Center for Spinal Cord Injury and \$10,000.00 Dorchester Bay Youth Force Initiative (c) IRC Section (d) Cash Grant (e) Purpose of Grant or Assistance \$6,821.81 general operating support \$9,400.00 general operating support Pain Management \$10,000.00 Our Class \$2,509,712.27 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) Total 06-1329245 04-3485146 06-0646973 23-7228886 23-7425668 (b) EIN Yachad Greater Hartford Jewish Community High School Yale University School of Medicine Office of Development, Box 7611 Mount Kisco, NY 10549-9688 New Haven, CT 06519-0611 c/o DLA Piper Rudnick Gray (a) Name, Address and Zip 33 Arch Street, 26th Floor West Hartford, CT 06117 The Wilma Theater, Inc. 265 South Broad Street The Lenny Zakim Fund Philadephia, PA 19107 Nitra Road, Box Y-100 2626 Albany Avenue Yeshiva of Nitra, Inc. Boston, MA 02110

# | EWISH COMMUNITY FOUNDATION Your Community Your Legacy Your Way

**Tax Year 2011** 

Jewish Community Foundation of Greater Hartford, Inc.

EIN: 06-1372107

(a) Name, Address and Zip

(p) EIN

(c) IRC Section (d) Cash Grant (e) Purpose of Grant or Assistance

\$73,000.00

SCHOLARSHIPS - 29 Education

SCHOLARSHIPS - 8

Israel Experience

\$84,000.00 Total

\$11,000.00