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DLN: 93493135049993

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number Name of organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC B Check if applicable Address change 22-1714130 Doing Business As E Telephone number Name change (973)929-3060 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 34,407,103 901 ROUTE 10 Terminated Amended return City or town, state or country, and ZIP + 4 WHIPPANY, NJ 079811156 Application pending Name and address of principal officer **H(a)** Is this a group return for HOWARD RABNER affiliates? 901 ROUTE 10 WHIPPANY, NJ 079811156 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** Tax-exempt status Group exemption number 🕨 H(c) Website: ► WWW JCFMETROWEST ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile NJ L Year of formation 1949 Summary Part I Briefly describe the organization's mission or most significant activities The mission of JCF is to service the charitable aims and interests of JCF donors by gathering, investing and disbursing charitable funds to enhance and ensure the continuity of charitable institutions Activities & Governance 2 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) . . . 46 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 43 5 9 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 43 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 9,127,420 27,175,527 497,755 537,829 Program service revenue (Part VIII, line 2g) . 4,219,947 4,132,346 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 400,757 465,597 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 14,245,879 32,311,299 13 10,378,230 11,310,936 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 1,056,364 Expenses 1,103,475 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,253,241}{1}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,398,841 2,444,740 13,880,546 14,812,040 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 365,333 17,499,259 Assets or defined by the control of **Beginning of Current End of Year** Year 186,789,989 198,095,239 20 Total assets (Part X, line 16) . End Fund 21 Total liabilities (Part X, line 26) . . . 91,184,212 89,205,881 22 95,605,777 108,889,358 Net assets or fund balances Subtract line 21 from line 20 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. 2013-05-14 Signature of officer Date Sign Here HOWARD RABNER CFO/ASSISTANT TREASURER
Type or print name and title Check if Preparer's taxpayer identification number Catherine Bendall signature Paid employed 🕨 🔽 Preparer's Firm's name (or yours WithumSmithBrown PC if self-employed), address, and ZIP + 4 **Use Only**

1 SPRING STREET

NEW BRUNSWICK, NJ 08901 May the IRS discuss this return with the preparer shown above? (see instructions)

▼Yes 「No

Phone no (732) 828-1614

| Par | t III | Statement of Program S Check if Schedule O contains | | | | ୮ |
|-----|-----------------------------------|--|--|--|---|---|
| 1 | Brief | ly describe the organization's mi | ssion | | | |
| DIS | BURSI | ON OF JCF IS TO SERVICE TH NG CHARITABLE FUNDS ON TH HE CONTINUITY OF CHARITA | HEIR BEHALF AND ENG | COURAGING ALLO | CATION OF THESE MONIE | S TO ENHANCE AND |
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| | | | | | | |
| | | | | | | |
| 2 | the pi | ne organization undertake any si rior Form 990 or 990-EZ? | | | which were not listed on | ⊤Yes ▼ No |
| | If "Ye | s," describe these new services | on Schedule O | | | |
| 3 | Did th | ne organization cease conducting | g, or make sıgnıfıcant ch · · · · · · · | nanges in how it cor | nducts, any program | 「Yes ▼ No |
| | If "Ye | s," describe these changes on S | chedule O | | | |
| 4 | exper | ribe the organization's program s nses Section 501(c)(3) and 501 s and allocations to others, the t | l (c)(4) organizations an | d section 4947(a)(| 1) trusts are required to repo | |
| 4a | (Code | e) (Expenses \$ | 13,304,008 inc | cluding grants of \$ | 11,310,936) (Revenue \$ | 5,135,772) |
| | arour and e gıft p famıl | wment funds provide a critical base of sold the world. In recent years, JCF has been downent development department sold lan design and implementation. JCF makes in helping them achieve their philanter charitable giving. THERE ARE CURRI | peen the focus of new and in taffed by gift planning profess anages the administration of l thropic goals. The Foundation | novative community de sionals who are prepare Donor Advised Funds ar i takes responsibility for | velopment and programmatic initiat d to assist donors and their families id Supporting Foundations, working all aspects of managing these fund | ives We house a planned gift with all aspects of charitable closely with donors and their |
| 41. | (Cod |) /Fypopaga # | .mal | uding ampts of t |) (Dayanya d | ``` |
| 4b | (Code | e) (Expenses \$ | ind | uding grants of \$ |) (Revenue \$ |) |
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| 4c | (Code | e) (Expenses \$ | ıncl | uding grants of \$ |) (Revenue \$ |) |
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| | O + L - | 25 program comuses (Desember) | n Cabadula C \ | | | |
| 4d | | er program services (Describe i venses \$ | including grants of \$ | |) (Revenue \$ |) |
| 4e | Tota | Il program service expenses \$\displays\$ | 13,304,008 | | | |

| Part TV | Checklist | of Required | Schedules |
|---------|-----------|-------------|------------|
| | CHECKHISE | JI REUUIIEU | Scileudies |

| | • | | Yes | No |
|-----|---|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | <u> </u> |
| 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 | | N o |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | Νο |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | Yes | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | <u> </u> |
| f | 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the US? If "Yes," complete Schedule F, Part II and IV | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | 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 owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 20 | Yes | |

| | · · · · · · · · · · · · · · · · · · · | |
|--------|---------------------------------------|--------------------------------------|
| Part V | Statements Regarding | Other IRS Filings and Tax Compliance |

| | Check if Schedule O contains a response to any question in this Part V | | . 🔽 | |
|----|---|------------|-----|----------|
| | | | Yes | No |
| 3 | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | | | | |
| L- | | | | |
| D | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 24 | V | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| | year? | 3a | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account or securities account)? | 4a | | Νo |
| 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 | | | |
| | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | Does the eventuation have annual accounts that are accounted that are accounted to the eventual transfer of the eventual | 5c | | R! |
| | 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 | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| 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 | | Νo |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7 c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| _ | contract? | 7e | | Νo |
| F | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | Yes | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| h | required? | 7g | | |
| | Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | | | |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| | | 8 | | No |
| _ | Sponsoring organizations maintaining donor advised funds. | 00 | | No |
| | Did the organization make any taxable distributions under section 4966? | 9a 9b | | No No |
| | Section 501(c)(7) organizations. Enter | 90 | | 1110 |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other | | | |
| | sources against amounts due or received from them) | | | |
| а | 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 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| u | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue | | | |
| | qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate 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 aggregate amount of reserves on hand | | | |
| 2 | Did the organization receive any payments for indoor tanning services during the tax year? | 14= | | NI o |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a 14b | | Νo |
| , | IT TES, HAS IT HIEU A FORM 720 TO TEPOIT THESE PAYMENTS? IT INO, PROVIDE AN EXPLANATION IN SCREAULE U | T+D | | |

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

| Se | ection 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 | i | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | = : | | | | | |
| 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 | | No | | | |
| 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? . | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No | | | |
| 6 | Did the organization have members or stockholders? | 6 | | No | | | |
| 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 | | No | | | |
| 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 | | No | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No | | | |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | | | | |
| Re | evenue Code.) | | | | | | |
| | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 | | No | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done | 12c | Yes | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | |
| b | Other officers or key employees of the organization | 15b | Yes | | | | |
| | 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 | | No | | | |
| 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 | | | | | |
| Se | ection C. Disclosure | | | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed►NJ | | | | | | |

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization HOWARD RABNER
 901 ROUTE 10
 WHIPPANY, NJ 079811156

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, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the or | ganization nor any re | lated o | rgan | ızatı | ons | compe | ensat | ted any current or fo | rmer officer, direc | tor, or trustee |
|----------------------------------|--|--|-----------------------|----------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) A verage hours per week (describe | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustae or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | (B) Average hours per week (describe | unles an | on (d e tha | n on son er a | e bo ıs b nd a | x, oth | | Repo compo fro organiz | (D) ortable ensation m the ration (W- 9-MISC) | (W- 2/1099- | | (F) Estimated amount of other compensation from the organization | | |
|----------------|---|--|-----------------------------------|-----------------------|---------------------|----------------------|------------------------------|----------|---------------------------------|---|----------------------------------|----------|--|---------|--|
| | | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | MISC) | (| relat organiza | | |
| See A | ddıtıonal Data Table | | | | | | | | | | | + | | | |
| | | | | | | | | | | | | + | | | |
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| 1b | Sub-Total | | | | • | • | | • | | | | | | | |
| | Total from continuation sheets | · · · · · · · · · · · · · · · · · · · | | • | • | • | | <u>▶</u> | | 426,801 | 522,70 | 5 | | 145,118 | |
| d | Total (add lines 1b and 1c). Total number of individuals (inc \$100,000 of reportable comper | luding but not lin | nited to | | | • ted | <u>a</u> bove | | o receive | | | <u> </u> | | 143,110 | |
| | | | | | | | | | | | | | | | |
| 3 | Did the organization list any for | mer officer direc | torort | rusta | ae k | ev e | mnlov | ee (| or highes | t compens | sated employee | | Yes | No | |
| • | on line 1a? If "Yes," complete Sc. | | | | • • | | p.io y | • | | · | · · · | 3 | | No | |
| 4 | For any individual listed on line organization and related organiz | | | | | | | | | | | 4 | Vaa | | |
| 5 | Did any person listed on line 1a | receive or accru | ie comi | oensa | ation | fror | n any | unre | lated org | anızatıon | or individual for | 7 | Yes | | |
| | services rendered to the organiz | zation? <i>If "Yes,"</i> (| complet | e Sch | edul | e J f | or suci | h per | son . | | • | 5 | | No | |
| Se | ection B. Independent Con | tractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | highest comper n the organizatio | | | | | | | | | | | | | |
| | | (A) | d == == | | | | | | | Door | (B) | | (0 | | |
| 605 T | ERGER BERMAN HIRD AVENUE YORK, NY 10157 | me and business add | aress | | | | | | | | ription of services T MGMT FEES | | Compe | 321,826 | |
| PETEI 645 N | A B CANNELL CO IADISON AVENUE YORK, NY 10022 | | | | | | | | | INVESTMEN ⁻ | T MGMT FEES | | | 108,856 | |
| MT B/ 1800 | | | | | | | | | | INVESTMEN | T MGMT FEES | | | 174,971 | |
| | | | | | | | | | | | | 7 | | | |
| | Total number of independent cont | ractors (includir | ng but r | ot lır | nıted | to | those | liste | d above) | who recei | ved more than | \top | | | |

\$100,000 of compensation from the organization $\blacktriangleright 3$

| Form 990 (2011) Page 9 Part VIII Statement of Revenue | | | | | | | | | |
|---|--------------|---|--|---------------------------------------|----------------------|--|---|---|--|
| Part | /1111 | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 | |
| # # # # # # # # # # # # # # # # # # # | 1a | Federated cam | paigns 1a | | | | | | |
| g ja | b | Membership du | es 1b | | | | | | |
| ું. | c | Fundraising eve | ents 1c | | | | | | |
| <u>≅,≅</u> | d | | zations 1d | | | | | | |
| æ E E | e | Government grants | | ! | | | | | |
| Contributions, gifts, grants and other similar amounts | f g | sımılar amounts no | butions included in | 27,175,527 | | | | | |
| 9 C | h | Total. Add lines | s 1a-1f | ▶ | 27,175,527 | | | | |
| | | | | Business Code | | | | | |
| Program Serwce Revenue | 2a b | ADMINISTRATIVE F FUNDS | FEE INCOME MANAGED | 523930 | 537,829 | 537,829 | | | |
| | С | | | | | | | | |
| ja S | d | | | | | | | | |
| Ē | е | | | | | | | | |
| Ş | f | All other progra | am service revenue | | | | | | |
| | g | Total. Add lines | s 2a – 2f | | 537,829 | | | | |
| | 3 | | ome (including dividen | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | ar amounts) | <u> </u> | 2,057,834 | 2,057,834 | | | |
| | 4 5 | | | ` ` <u>.</u> | 0 | | | | |
| | | Royalties | (ı) Real | (II) Personal | - | | | | |
| | 6a | Gross rents | 2,261,865 | (ii) i cissilai | | | | | |
| | ь | Less rental expenses | 2,095,804 | | | | | | |
| | c | Rental income | 166,061 | | | | İ | | |
| | d | or (loss) Net rental inco | me or (loss) | <u> </u> | 166,061 | 166,061 | , | | |
| | | | (ı) Securities | (II) Other | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 2,074,512 | | | | | | |
| | ь | Less cost or other basis and sales expenses | | | | | | | |
| | c | Gain or (loss) | 2,074,512 | | 2,074,512 | 2,074,512 | | | |
| ψ | d 8a | Gross income f events (not inc | | | 2,074,312 | 2,074,312 | | | |
| Other Revenue | | \$ of contributions See Part IV , lin | | | | | | | |
| <u>-</u> | | | a | | | | | | |
| 두 | b c | | penses b (loss) from fundraising | | o | | | | |
| _ | 9a | Gross income f | rom gaming activities in 19 a | | | | | | |
| | b c | | penses b (loss) from gaming acti | | o | | | | |
| | 10a | Gross sales of returns and allo | | | | | | | |
| | b c | | oods sold b (loss) from sales of inv | entory ► | 0 | | | | |
| | <u> </u> | Miscellaneous | | Business Code | 200 50- | 200 52- | | | |
| | 11a | MISCELLANEC | DUS | 900099 | 299,536 | 299,536 | | | |
| | b | | | | | | | | |
| | C | All other recent | ue | | | | | | |
| | d e | | ue | | | | | | |
| | 12 | | See Instructions . | | 299,536 | F 43F 770 | | | |
| | j | | | L | 32,311,299 | 5,135,772 | | <u> </u> | |

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 response to any question in this Part IX

| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 10,960,936 | 10,960,936 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 350,000 | 350,000 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 330,177 | 130,420 | 34,669 | 165,088 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 622,488 | 245,883 | 65,361 | 311,244 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 31,325 | 12,373 | 3,289 | 15,663 |
| 9 | Other employee benefits | 10,236 | 4,043 | 1,074 | 5,119 |
| 10 | Payroll taxes | 62,138 | 24,545 | 6,524 | 31,069 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 3,914 | 1,546 | 411 | 1,957 |
| С | Accounting | 65,400 | 25,833 | 6,867 | 32,700 |
| d | Lobbying | 0 | | | <u> </u> |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 1,034,560 | 1,034,560 | | |
| g | Other | 12,948 | 5,114 | 1,360 | 6,474 |
| 12 | Advertising and promotion | 12,552 | 4,958 | 1,318 | 6,276 |
| 13 | Office expenses | 23,591 | 9,318 | 2,477 | 11,796 |
| 14 | Information technology | 93,238 | 36,829 | 9,790 | 46,619 |
| 15 | Royalties | , | , | , | |
| 16 | Occupancy | 91,744 | 36,239 | 9,633 | 45,872 |
| 17 | Travel | 9,011 | 3,559 | 946 | 4,506 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 5,928 | 2,342 | 622 | 2,964 |
| 20 | Interest | 62,750 | 24,786 | 6,589 | 31,375 |
| 21 | Payments to affiliates | 0 | | | <u> </u> |
| 22 | Depreciation, depletion, and amortization | 956,262 | 377,723 | 100,408 | 478,131 |
| 23 | Insurance | 16,077 | 6,350 | 1,688 | 8,039 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | FUNDRAISING COSTS | 39,930 | 0 | 0 | 39,930 |
| b | STAFF TRAINING & DEVELOPMENT | 4,050 | 1,600 | 425 | 2,025 |
| c | DUES AND SUBSCRIPTIONS | 12,785 | 5,051 | 1,340 | 6,394 |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 14,812,040 | 13,304,008 | 254,791 | 1,253,241 |
| 26 | Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 132,802 80,064 1 1 5.682.918 2 462,488 2 Savings and temporary cash investments 3 206,120 3 1.064.678 407.530 403.604 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 1,134,064 7 0 8 34.082 30.802 9 9 Prepaid expenses and deferred charges 43,861,397 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 31,721,493 b Less accumulated depreciation 13,621,820 10c 12,139,904 135, 160, 516 136,194,931 11 11 29, 198, 548 44,221,969 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 2,398,391 15 2,309,997 15 186,789,989 16 198,095,239 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 404,719 17 372,621 17 Accounts payable and accrued expenses . 18 92.830 18 532,202 19 1,288,341 19 1,275,431 20 5,400,000 20 5.400.000 21 82,161,169 21 79.932.044 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 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 1,837,153 25 1,693,583 D 26 91,184,212 26 89,205,881 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 65,279,900 27 85,065,105 Unrestricted net assets 26,105,266 28 19,563,702 28 Temporarily restricted net assets Fund 29 4,220,611 29 4,260,551 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 95.605.777 33 108.889.358 186,789,989 34 Total liabilities and net assets/fund balances 34 198.095.239

| Ра | Check if Schedule O contains a response to any question in this Part XI | | | | |
|-----|--|----------|----|-------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 323 | 311,29 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 312,04 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 95,6 | 505,77 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -4,2 | 215,67 |
| 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 | | 108,8 | 889,35 |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | ୮ | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i | cenad | 20 | 163 | |
| u | on a separate basis, consolidated basis, or both | ssueu | | | |
| | Separate basis Consolidated basis 🔽 Both consolidated and separated basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | е | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | required | 3b | | |

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions))

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u> </u> | ection A. Public Support | organization i | ans to quanty u | ilder the tests i | isted below, pie | asc col | ilipiete r | ait III.) |
|----------|---|--|---|--|--------------------------|---------------|------------|------------------|
| | endar year (or fiscal year beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2 | 011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual | 13,969,44 | 7,011,855 | 4,128,390 | 9,127,420 | 27 | 7,175,527 | 61,412,639 |
| 2 | grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its | | | | | | | |
| | behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 13,969,447 | 7,011,855 | 4,128,390 | 9,127,420 | 27 | 7,175,527 | 61,412,639 |
| 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 | | | | | | | 23,869,180 |
| 6 | (f) Public Support. Subtract line 5 from line 4 | | | | | | | 37,543,459 |
| S | ection B. Total Support | 1 | | | | | L | |
| Cale | endar year (or fiscal year | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 20 | 11 | (f) Total |
| 7 | beginning in) A mounts from line 4 | 13,969,447 | 7,011,855 | 4,128,390 | 9,127,420 | 27 | ,175,527 | 61,412,639 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | 7,004,583 | 4,115,458 | 2,933,135 | 4,341,425 | 2 | ,057,833 | 20,452,434 |
| 9 | sources Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | 299,536 | 299,536 |
| 11 | Total support (Add lines 7 through 10) | | | | | | | 82,164,609 |
| 12 | Gross receipts from related activiti | es, etc (See inst | ructions) | | | 12 | | 1,930,524 |
| 13 | First Five Years If the Form 990 is check this box and stop here | | | , thırd, fourth, or fı | fth tax year as a 5 | 501(c)(3 | 3) organız | ation, ▶ |
| | ection C. Computation of Pub Public Support Percentage for 2013 | | | 1.1 column (5) | | 1 | | |
| 14 15 | Public Support Percentage for 2013 Public Support Percentage for 2013 | • | | II column (t)) | | 14 | | 45 693 % |
| | 33 1/3% support test—2011. If the | · | - | on line 13 and l | ine 14 is 33 1/20/ | 15 | check + | 56 529 % |
| b | and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization | alifies as a public organization did n qualifies as a pi | ly supported orga not check the box ublicly supported | nization k on line 13 or 16 organization | a, and line 15 is 3 | 3 1/3% | or more, (| ▶ ▼ |
| ∟/a | 10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee organization | tion meets the "f | acts and circumst | ances" test, chec | k this box and st | op here. | Explain | ed ▶□ |
| b | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza | nization meets th | e "facts and cırcu | mstances" test, c | heck this box and | stop he | ere. | , |
| 18 | supported organization Private Foundation If the organizat instructions | ion did not check | a box on line 13, | 16a, 16b, 17a or | 17b, check this b | oox and | see | ▶□ ▶□ |

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---------|--|
| | |
| | Facts And Circumstances Test |
| | |
| | Explanation |
| | |
| | |
| | |
| | |

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135049993

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

| | ne of the organization ISH COMMUNITY FOUNDATION OF METROWEST INC | | Employer identification number |
|--------|---|---|-------------------------------------|
| J L VV | | | 22-1714130 |
| Pa | organizations Maintaining Donor A organization answered "Yes" to Form 9 | Advised Funds or Other Similar Fu 990, Part IV, line 6. | inds or Accounts. Complete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | 265 | |
| 2 | Aggregate contributions to (during year) | 26,280,923 | |
| 3 | Aggregate grants from (during year) | 9,958,421 | |
| 4 | Aggregate value at end of year | 68,052,160 | |
| 5 | Did the organization inform all donors and donor adfunds are the organization's property, subject to the | | or advised Yes No |
| 6 | Did the organization inform all grantees, donors, are used only for charitable purposes and not for the become an appropriate the provided by | | |
| Dai | conferring impermissible private benefit The conservation Easements. Complet | e if the organization answered "Ves" to | <u> </u> |
| 2 | Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queasement on the last day of the tax year | ation or pleasure) Preservation of an I Preservation of a co | ertified historic structure |
| | easement on the last day of the tax year | Г | Held at the End of the Year |
| а | Total number of conservation easements | <u> </u> | 2a |
| b | Total acreage restricted by conservation easemen | nts | 2b |
| С | Number of conservation easements on a certified h | <u> </u> | 2c |
| d | Number of conservation easements included in (c) | acquired after 8/17/06 | 2d |
| 3 | Number of conservation easements modified, trans the taxable year ▶ | | d by the organization during |
| 4 | Number of states where property subject to conser | | _ |
| 5 | Does the organization have a written policy regards enforcement of the conservation easements it hold | | ling of violations, and Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, in | specting and enforcing conservation easeme | ents during the year ▶ |
| 7 | A mount of expenses incurred in monitoring, inspect \$\blue{\text{F}} \\$ | cting, and enforcing conservation easements | during the year |
| 8 | Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | e 2(d) above satisfy the requirements of sect | Tion Yes No |
| 9 | In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas | of the footnote to the organization's financial : | |
| Par | Organizations Maintaining Collect Complete if the organization answered | i ons of Art, Historical Treasures, o d "Yes" to Form 990, Part IV, line 8. | or Other Similar Assets. |
| 1a | If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its | eld for public exhibition, education or researc | h ın furtherance of public service, |
| b | If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these items | or public exhibition, education, or research in | |
| | (i) Revenues included in Form 990, Part VIII, line | 2 1 | ► \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, his following amounts required to be reported under SF | | |

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| Part | Organizations Maintaining Co | llections of Art | t, His | tori | cal Treas | sures, or O | <u>the</u> | <u>r Similar Ass</u> | ets (c | continued) |
|------|--|-----------------------|---------|---------|-----------------------------|-----------------|------------|------------------------------|-----------------|------------|
| 3 | Using the organization's accession and other items (check all that apply) | r records, check an | y of th | ne foll | owing that | are a significa | nt u | se of its collecti | on | |
| а | Public exhibition | | d | Γ | Loan or e | xchange progr | ams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIV | ollections and expla | ain hov | w they | further th | e organızatıon | 's ex | empt purpose in | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | | | | | Yes | √ No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an ar | ements. Compl | ete ıf | the o | organizat | | | es" to Form 99 | 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | lian or other interm | edıary | for c | ontribution | s or other ass | ets r | | Yes | √ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ıng ta | able | Г | | Ame | ount | |
| c | Beginning balance | | | | | | 1c | | Juile | |
| d | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | <u> </u> | 1e | | | |
| f | Ending balance | | | | | - | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990 Part X lin | e 212 | | | <u>L</u> | | | · Yes | □ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | , | 103 | , 110 |
| | rt V Endowment Funds. Complete | | n ans | were | d "Yes" t | n Form 990 | Par | t IV line 10 | | |
| | Endowniene Fanasi complete | (a)Current Year | | Prior Y | | Two Years Back | | | (e) Four | Years Back |
| 1a | Beginning of year balance | 5,152,696 | | 4, | 404,353 | 4,252,529 | _ | 4,623,391 | | |
| b | Contributions | 39,940 | | | 107,578 | 153,696 | 5 | 174,641 | | |
| c | Investment earnings or losses | -1,109,818 | | | 815,612 | -1,872 | 2 | -545,504 | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities and programs | 234,370 | | | 174,847 | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 3,848,448 | | 5, | 152,696 | 4,404,353 | 3 | 4,252,528 | | |
| 2 | Provide the estimated percentage of the year | r end balance held | as | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | |
| b | Permanent endowment 🕨 81 000 % | | | | | | | | | |
| С | Term endowment ► 19 000 % | | | | | | | | | |
| 3a | Are there endowment funds not in the posse organization by | ssion of the organiz | zatıon | that a | re held an | d admınısterec | for | the | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i |) | No |
| | (ii) related organizations | | | | | | | 3a(ii |) | No |
| b | If "Yes" to 3a(II), are the related organization | • | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. See Form 99 | 90, Pa | rt X, | line 10. | 1 | | | | |
| | Description of property | | | | Cost or othe (Investment | | | (c) Accumulated depreciation | (d) B | ook value |
| 1a | Land | | | | 333,59 | 2,953, | 206 | | | 3,286,798 |
| b | Buildings | | • | | 20,946,87 | 75 17,007, | 417 | 30,418,658 | | 7,535,634 |
| c | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | 1,002,47 | 2 1,617, | 835 | 1,302,835 | | 1,317,472 |
| | Other | <u> </u> | | | | | | | | |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal F</i> | orm 990, Part X, colu | mn (B, |), line | 10(c).) . | | | 🕨 | | 12,139,904 |
| | | | | | | | _ | Schedule D | (Form | 990) 2011 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | |
|---|---|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | · |
| (2)Closely-held equity interests | | |
| (3)Other | 44 224 060 | _ |
| (A) LIMITED PARTNERSHIP INTEREST | 44,221,969 | F |
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| | | |
| , | 44,221,969 | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line : | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | |
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| | | |
| Total. (Column (b) should equal Form 990. Part X. col (B) line 13) | - | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li | | |
| | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ne 15. ption | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X | ne 15. ption | |
| Part IX Other Assets. See Form 990, Part X, II (a) Descri | ne 15. ption | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X | ne 15. ption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSIT PAYABLE | ne 15. ption 15.) X, line 25. (b) A mount 0 | |

| Sched | ule D (Form 990) 2011 | | | | | | Page 4 |
|------------|---|--|---------|--------------|--|------------|--|
| Par | XI Reconciliation of C | hange in Net Assets from For | m 99 | 00 to | Financial Stater | nents | |
| 1 | Total revenue (Form 990, Part | | | | | 1 | |
| 2 | Total expenses (Form 990, Par | | | | | 3 | · · · |
| 4 | Excess or (deficit) for the year Net unrealized gains (losses) o | | | | | 4 | |
| 5 | Donated services and use of fa | | | | | 5 | 37133733 |
| 6 | Investment expenses | | | | | 6 | |
| 7 | Prior period adjustments | | | | | 7 | |
| 8 | Other (Describe in Part XIV) | | | | | 8 | -1,333,844 |
| 9 | Total adjustments (net) Add li | | | | | 9 | -4,784,538 |
| 10 Pari | | per financial statements Combine line evenue per Audited Financial | | | nts With Revenu | e ner l | |
| 1 | | er support per audited financial stateme | | | | 1 | 36,452,853 |
| 2 | Amounts included on line 1 bu | it not on Form 990, Part VIII, line 12 | | | | | |
| а | - | tments | • | 2a | -3,450,6 | 94 | |
| b | Donated services and use of f Recoveries of prior year grant | acılıtıes | • | 2b 2c | | | |
| c d | Other (Describe in Part XIV) | | | 2d | 7,592,2 | 48 | |
| e | Add lines 2a through 2d . | | | • | | . 2e | 4,141,554 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | | . 3 | 32,311,299 |
| 4 | | 0, Part VIII, line 12, but not on line 1 | | ı | ı | | |
| a b | Investment expenses not incl Other (Describe in Part XIV) | uded on Form 990, Part VIII, line 7b | • | 4a 4b | | | |
| C | Add lines 4a and 4b | | | 40 | | . 4c | |
| 5 | | d 4c. (This should equal Form 990, Pai | t I, lı | ne 12 |) | - | 32,311,299 |
| | | xpenses per Audited Financia | l Sta | tem | ents With Expen | ses pe | |
| 1 | Total expenses and losses pe statements | r audited financial | | | | 1 | 23,738,132 |
| 2 | Amounts included on line 1 bu | t not on Form 990, Part IX, line 25 | | | | | |
| а | Donated services and use of fa | acılıtıes | | 2a | | | |
| b | Prior year adjustments | | | 2b | - | | |
| c d | Other losses Other (Describe in Part XIV) | | • | 2c 2d | | 192 | |
| e | Add lines 2a through 2d | | | | | . 2e | 8,926,092 |
| 3 | Subtract line 2e from line 1 . | | | | | . 3 | 14,812,040 |
| 4 | | 0, Part IX, line 25, but not on line 1: | | | | | |
| a | • | uded on Form 990, Part VIII, line 7b | | 4a | | | |
| b c | Other (Describe in Part XIV) Add lines 4a and 4b | | • | 4b | | | |
| 5 | | nd 4c. (This should equal Form 990, Pa | rt I. l | • • 18 ne | | | 14,812,040 |
| | TXIV Supplemental Infection places this part to provide the de | formation scriptions required for Part II, lines 3, | 5, and | d 9, Pa | art III, lines 1a and 4 | , Part IV | /, lines 1b and 2b, |
| | V, line 4, Part X, Part XI, line 8 tional information | , Part XII, lines 2d and 4b, and Part XI | III, lu | nes 2d | dand 4b Also comple | ete this p | part to provide any |
| | Identifier | Return Reference | | | Expla | nation | |
| | ciliation of Revenue to audited ial statements | Schedule D, Page 4, Reconciliation of Revenue, line 2(d) | | | | | 7), RENTAL EXPENSES SENTATION IN FORM |
| iiiiaiic | iai statements | | 990 | INCLU | JDED AS EXPENSE I | N FINA | NCIAL STATEMENTS - |
| | | | ÍNCL | UDEC | | D FINAN | ICIALS STATEMENTS |
| | | | | | UDED FROM FORM 9 ADJUSTMENT \$7,59 | | ,730,591, TOTAL |
| Uses | of Endowment Funds | Schedule D, Page 2, Part V, Line 4 | Theı | ntend | ed uses for the Endov | vment Fu | |
| | | | | | an, educational, cultu nunity, nationally and | | = - |
| Collec | tions of Art | , , , , | COLI | ECTI | ONS OF ART INCLU | DE MEM | IORIAL SCULPTURES |
| | | · , | | | | | AND SURVIVORS OF emn SYMBOL OF THE |
| A C C - | 740 FOOTNOTE | | | OCID | | odoral in | sama tayas undar |
| ASC / | 740 FOOTNOTE | | Secti | on 50 | | al Reveni | ue Code Accordingly, |
| | | | | | | | s been recorded in the net assets Management |
| | | | has c | leterm | nined that there are no | uncerta | ain tax positions at the here are no open tax |
| | | | years | prior | to June 2009 In add | lition, th | e Foundation did not |
| | | | | | ncome tax related per the financial stateme | | rinterest for the periods |
| | NCILIATION OF CHANGE IN | PART XI, QUESTION 8 | | | 5 5 | | ded in the consolidated |
| NET A | ASSETS | | | | | | included in the Form hat file their own Form |
| | | | | | y are included in the y accepted accountir | | statements as required |
| | | | State | s The | e change in net asset | s for the | se supporting |
| | | | | | ns for the year ended en shown as a recond | | r, 2012 was \$(568,861) m to the audited |
| | | | | | atements Additional | | are adjustments for ents of \$(764,983) that |
| | | | have | been | shown as revenues o | rexpens | es in the consolidated |
| | | | | | atements, but are not n the Form 990 that I | | |
| CUST | ODIAL ARRANGEMENTS | · | | | | • | nt funds provided to the CIARY AGENCIES AND |
| | | | unrel | ated, i | non-beneficiary agen | cies to b | e invested The |
| | | | | | | | unds are recorded as a various pools offered by |
| | | | the F | ounda | tion based on instruc | tions red | |
| | | | pools | allow | the investors to with | draw fun | ds with relatively short |
| | | | | | demand) while other i restrictions on an inv | | nt pools place bility to withdraw funds |
| | anticality of the state of the | | (over | seve | ral years) | | |
| | iciliation of expenses to audited ments | Schedule D, Page 4, Part XIII, Line 2 (d) | ınclu | ded ın | the consolidated aud | lited fina | ncıal statements |
| | | | | | y, rental expenses of on the audited financi | | .804 included in the nents are netted against |
| | | | renta | linco | me in the Form 990 / | A djustme | ents for split interest |
| | | | | | s of \$530,836 were n s from other split inte | | |
| | | | prese | | on for Form 990 Tota | | |
| | | ı | 1- | - , - , | | | |

DLN: 93493135049993

Employer identification number

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

Open to Public **Inspection**

| J E W. | ISH COMMUNITY FOUNDATION | NOFMETROWE | STINC | | 22-1714130 | |
|--------|---|--|--|---|---|--|
| Pa | rt I General Informatio "Yes" to Form 990, Pa | | | he United States. C | omplete if the organiz | zation answered |
| 1 | For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance? | organızatıon n gıbılıty for the | naıntaın record grants or assıs | stance, and the selecti | on criteria used to awa | |
| 2 | For grantmakers. Describe in Pa United States | art V the organiz | atıon's proceduı | res for monitoring the use | e of grant funds outside t | he |
| 3 | Activites per Region (Use Part | V ıf addıtıonal s | pace is needed |) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region of independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
| | Middle East and North Africa | 0 | 0 | Grantmaking | | 350,000 |
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| | | | | | | |
| _ | Cub total | | | | | 350.00 |
| | Sub-total Total from continuation sheets to Part I | 0 | C | | | 350,000 |
| _ | Totals (add lines 3a and 3h) | | | | | 350.000 |

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, othe |
|--------------------------|---|-----------------------------|--|------------------------------|---|---|--|--|
| | | Middle East/North Africa | General Charitable Purposes | 350,000 | Wire | | | |
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| Enter total nu | mber of recipie | ent organizations li | sted above that are ree or counsel has pro | ecognized as charit | ties by the foreign c | ountry, recognized | as | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------|---|--------------------------------------|------------------------------------|---|--|---|
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Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | Γ | Yes | 굣 | Νo |
|---|--|---|-----|----|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | 굣 | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Г | Yes | [ত | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | া | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | Г | Yes | া | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ন | Νo |

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| ldentifier | Return Reference | Explanation |
|------------|-------------------------------|---|
| | schedule f, part ı, line 2 | JCF'S BOARD APPROVES ALL GRANTS TO OTHER ORGANIZATIONS Grants paid to an organization based in the United States that is to be used in foreign locations have been included on Schedule F in accordance with the instructions |

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the Treasury

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

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

▶ Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493135049993

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC 22-1714130 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

| (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--------------------------------|------------------|--|
| GRANTS AND OTHER ASSISTANCE TO | | JCF'S BOARD APPROVES ALL GRANTS TO OTHER ORGANIZATIONS BEFORE GRANTS ARE SENT JYF VERIFIES THAT THE ORGANIZATION IS A 501(C)(3) ORGANIZATION ALL GRANTS ARE FOR GENERAL CHARITABLE PURPOSES OF |
| ORGANIZATIONS | | THE OTHER ORGANIZATIONS ' ' |

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

| Form 990,Schedul | e I, Part II, | Grants and | Other Assist | ance to Gove | ernments an | d Organizatio | ns in the United St |
|---|----------------|--|------------------------------|--|--|---|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Abrams Hebrew Academy31 West College Avenue Yardley,PA 19067 | 21-6001415 | 501(c)(3) | 55,540 | | appraisal, other) | assistance | GENERAL CHARITABLE PURPOSES CHARITABLE CHARITABLE PURPOSES CHARITABLE PURPOSES CHARITABLE CHARITABLE PURPOSES CHARITABLE CHARITABLE CHARITABLE PURPOSES CHARITABLE CHARI |
| A cademy for Jewish Religion 6301 Riverdale A venue Suite 400 Riverdale, NY 10471 | 06- 1220056 | 501(c)(3) | 50,280 | | | | GENERAL CHARITABLE P GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| ACAP301 South Livingston Avenue 10th Floor Livingston, NJ 07039 | 22- 2426648 | 501(c)(3) | 7,200 | | outer) | | GENERAL CHARITABLE PURPOSES |
| Achilles International Inc42 West 38 Street Suite 1405 New York, NY | 13- 3318293 | 501(c)(3) | 7,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Adler Aphasia Center60 West Hunter Avenue Suite 802 Maywood, NJ 07607 | 02- 0687863 | 501(c)(3) | 6,450 | | | | GENERAL CHARITABLE PURPOSES |
| Aleph Society Inc 25 West 45th Street Suite 400 New York, NY | 13- 3472524 | 501(c)(3) | 18,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Alexander Muss High School in Israel78 Randall Avenue 11th Floor Rockville Centre, NY 11570 | 59- 0173782 | 501(c)(3) | 21,000 | | | | GENERAL CHARITABLE PURPOSES |
| Allied Jewish Federaton of Colorado300 South Dahlia Street Suite 802 Denver, CO | 84- 0402662 | 501(c)(3) | 16,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| A merican Committee for Tel Aviv Foundation Inc1201 Broadway 4th Floor New York, NY 10001 | 13- 3145161 | 501(c)(3) | 10,500 | | | | GENERAL CHARITABLE PURPOSES |
| A merican Friends of Chabad of Slovakia Inc17 Route 208 Suite 100 Fairlawn, NJ | 11- 3394570 | 501(c)(3) | 6,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| American Friends of Magen David Adom352 Seventh Avenue Suite 1 New York, NY 10001 | 13- 1790719 | 501(c)(3) | 10,860 | | | | GENERAL CHARITABLE PURPOSES |
| American Friends of Migdal Ohr1560 Broadway 3rd Floor New York, NY 10036 | 13- 3389558 | 501(c)(3) | 45,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| A merican Friends of Neveh Zion681 Main Street Second Floor Flushing, NY 11367 | 13- 3119118 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| A merican Jewish Committee 225 Millburn A venue Suite 345 Millburn, NJ 07041 | 13- 5563393 | 501(c)(3) | 30,770 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| American Jewish Joint Distribution Committee711 Third Avenue Suite 201 New York, NY 10017 | 13- 1656634 | 501(c)(3) | 7,830 | | | | GENERAL CHARITABLE PURPOSES |
| American Jewish World Service Inc 45 West 36th Street 3rd Floor New York, NY 10018 | 22- 2584370 | 501(c)(3) | 7,110 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| American Pardes Foundation Inc5 West 37th Street Room 154 New York, NY 10018 | 22- 2594099 | 501(c)(3) | 118,000 | | | | GENERAL CHARITABLE PURPOSES |
| American Society for Yad Vashem 500 5th Avenue Room 166 New York, NY 10110 | 13- 3106768 | 501(c)(3) | 6,810 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Animal Haven Inc 251 Centre Street 4th Floor New York, NY 10013 | 11- 6101487 | 501(c)(3) | 35,000 | | | | GENERAL CHARITABLE PURPOSES |
| Arkansas Take Action125 Englewood Road Bldg 4 Little Rock, AR 72222 | 26- 1807968 | 501(c)(3) | 25,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Arts Unbound Inc 544 Freeman Street Suite 203 Orange, NJ 07050 | 03- 0424875 | 501(c)(3) | 12,500 | | | | GENERAL CHARITABLE PURPOSES |
| Aspen Jewish Congregation0077 Meadowood Drive Suite 800 Aspen, CO 81611 | 84- 0723135 | 501(c)(3) | 8,508 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Bachurei Chemed of Long Beach10 Franklin Blvd Suite 832 Long Beach, NY 11561 | 11- 1864921 | 501(c)(3) | 5,600 | | | | GENERAL CHARITABLE PURPOSES |
| Bancroft Neuro Health425 Hopkins Lane PO Box 20 13th Floor Haddonfield, NJ 08033 | 22- 3092734 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section If applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Bensalem Kollel Synagoge and Outreach Center 2446 Bristol Road Suite 2011 Bensalem, PA 19020 | 23- 3045942 | 1 501(6)(3) | 8,600 | | | | GENERAL CHARITABLE PURPOSES |
| Bergen Volunteer Medical Initiative Inc241 Moore Street Suite 205 Hackensack, NJ | 20- 2633437 | 1 501(6)(3) | 7,500 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Bloomfield College 68 Oakland Avenue Suite 101 Bloomfield, NJ 07003 | 22- 1494428 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Boys and Girls Clubs of America5 Hanover Square Suite 105 New York, NY 10004 | 13- 5562976 | 501(c)(3) | 15,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of | (b) EIN | section | (d) A mount of cash grant | non-cash | valuation | (g) Description of | (h) Purpose of grant |
|---|----------------|---------------|------------------------------|------------|-------------------------------------|------------------------|-----------------------------------|
| organization or government | | ıf applıcable | | assistance | (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| BoysTown Jerusalem1 ADP Blvd Room 1600 Roseland, NJ 07068 | 11- 5324002 | 501(c)(3) | 16,350 | | | | GENERAL CHARITABLE PURPOSES |
| Brain Injury Association of New Jersey Inc825 Georges Road Suite 7600 North BrunswicK, NJ 08902 | 22- 2431796 | 501(c)(3) | 6,300 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Brandeis UniversityPO Box 549110 M5126 Suite 703 Waltham, MA 02554 | 04- 2103552 | 501(c)(3) | 6,000 | | | | GENERAL CHARITABLE PURPOSES |
| Camp Ramah in the Berkshires Inc25 Rockwood Place 5A Englewood, NJ 07631 | 13- 1997276 | 501(c)(3) | 6,200 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Camp Yavneh160 Herrick Road 13th Floor Newtown, MA 02459 | 04- 6004710 | 501(c)(3) | 7,000 | | | | GENERAL CHARITABLE PURPOSES |
| Carnegie Mellon University5000 Forbes Avenue GSIA 213 District 212 Pittsburgh, PA 15213 | 25- 0969449 | 501(c)(3) | 50,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Center for International Training Education and De69 Ridgeway Drive Suite 500 Bar Harbor, ME 04609 | 27- 2851378 | 1 501763733 | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Central Jersey Legal Services317 George Street Suite 102 New Brunswick, NJ 08901 | 21- 0684259 | 1 501(6)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Central Park Conservancy Inc14 East 60th Street Suite 210 New York, NY 10022 | 13- 3022855 | 501(c)(3) | 7,600 | | | | GENERAL CHARITABLE PURPOSES |
| Central Synagogue Congregation Ahavath Chesed Shaa123 East 55th Street Suite 120 New York, NY | 13- 1628161 | 501(c)(3) | 10,990 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Chai Center for Living Judaism515 Millburn Avenue 10th Floor Short Hills, NJ 07078 | 22- 3192029 | 501(c)(3) | 20,500 | | | | GENERAL CHARITABLE PURPOSES |
| Chai Lifeline151 West 30th Street Room 213 New York, NY 10001 | 11- 2940331 | 501(c)(3) | 27,100 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Childrens Institute One Sunset Avenue 6th Floor Verona, NJ 07044 | 22- 1500529 | 501(c)(3) | 110,000 | | | | GENERAL CHARITABLE PURPOSES |
| City College Fund 160 Convent Avenue Shephard Hall Suite 12E New York, NY 10031 | 13- 1760098 | 501(c)(3) | 6,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| CLAL - The National Jewish Center for Learning and440 Park Avenue South Suite 607 New York, NY 10016 | 23- 7390358 | 501(c)(3) | 30,500 | | | | GENERAL CHARITABLE PURPOSES |
| Community Food Bank of New Jersey 31 Evans Terminal Road Suite 1001 Hullside N1 07205 | 22- 2423882 | 501(c)(3) | 8,700 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Community YMCA 613 Hope Road 3rd Floor Eatontown, NJ 07724 | 21- 0635054 | 501(c)(3) | 55,000 | | | | GENERAL CHARITABLE PURPOSES |
| Congregation AA B'nai Jacob & David 700 Pleasant Valley Way Suite 725 West Orange, NJ 07052 | 22- 1813528 | 1 501(6)(3) | 42,118 | | | | GENERAL CHARITABLE PURPO SES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Congregation Agudath Israel20 Academy Road Suite 205 Caldwell,NJ 07006 | 22- 1515560 | 501(6)(3) | 49,286 | | | | GENERAL CHARITABLE PURPOSES |
| Congregation Ahavat Torah320 White Oak Ridge Road Suite 105 Short Hills, NJ 07078 | 22- 3764133 | 1 501(6)(3) | 29,640 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address | (b) EIN | (c) IRC Code | (d) A mount of | ` ' | (f) Method of | (g) Description | (h) Purpose of |
|--|----------------|--------------------------|----------------|------------------------|--------------------------|-----------------|-----------------------------------|
| of organization or government | | section if applicable | cash grant | non-cash assistance | valuation (book, FMV, | of non-cash | grant or assistance |
| | | | | | appraisal, other) | assistance | |
| Congregation Beth El222 Irvington Avenue Suite 300 South Orange, NJ 07079 | 22- 1448040 | 1 5011(6)(3) | 32,845 | | | | GENERAL CHARITABLE PURPOSES |
| Congregation Beth Hatikvah36 Chatham Road Room 214 Summit,NJ 07901 | 22- 3281522 | 501(c)(3) | 102,080 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Congregation Beth Simchat Torah57 Bethune Street Suite 100 New York, NY 10014 | 23- 7406899 | 501(c)(3) | 92,400 | | | | GENERAL CHARITABLE PURPO SES |
| Congregation B'nai Israel40 Whitenack Road Room 433 Basking Ridge, NJ 07920 | 22- 3021786 | 501(c)(3) | 56,096 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Congregation B'nai Jacob176 Westside Avenue 6th Floor Jersey City, NJ 07305 | 22- 0274548 | 501(c)(3) | 46,000 | | | | GENERAL CHARITABLE PURPOSES |
| Congregation B'nai Jeshurun1025 South Orange Avenue Suite 203E Short Hills, NJ | 22- 1487157 | 501(c)(3) | 80,716 | | | | GENERAL CHARITABLE PURPO SES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Congregation Neve Shalom250 Grove Avenue Suite 206 Metuchen, NJ 08840 | 22- 1599193 | 1 5017(2)(3) | 12,900 | | | | GENERAL CHARITABLE PURPOSES |
| Congregation Oheb Shalom170 Scotland Road Suite 1050 South Orange, NJ 07079 | 22- 1510213 | 1 5017(6)(3) | 38,901 | | | | GENERAL CHARITABLE PURPO SES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Congregation Shomrei Emunah67 Park St Montclair, NJ 07042 | 22- 1601254 | 1 501(6)(3) | 6,673 | | | | GENERAL CHARITABLE PURPOSES |
| Conservative Synagogue of 5th Avenue11 East 11th Street New York, NY | 13- 3054568 | 1 501(6)(3) | 7,900 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Crohn's & Colitis Foundation of America Inc45 Wilson Avenue Manalapan, NJ 07726 | 13- 6193105 | 501(c)(3) | 10,500 | | | | GENERAL CHARITABLE PURPOSES |
| Daughters of Israel 1155 Pleasant Valley Way West Orange, NJ 07052 | 22- 1487162 | 501(c)(3) | 11,914 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Daughters of Israel1155 Pleasant Valley Way West Orange, NJ 07052 | 22- 1487162 | 501(c)(3) | 17,085 | | | | GENERAL CHARITABLE PURPOSES |
| Davis Memorial Fund Inc25 Lawrence Avenue Lawrence, NY 11559 | 04- 3720418 | 501(c)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Eliminate Poverty Now Inc6 Amalia Court Mendham, NJ 07945 | 27- 2121165 | 501(c)(3) | 9,800 | | | | GENERAL CHARITABLE PURPOSES |
| Emunah of A merica7 Penn Plaza New York, NY 10001 | 13- 2670365 | 501(c)(3) | 30,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Etzion Foundation Inc111 Galway Place Teaneck, NJ 07666 | 23- 7228230 | 501(c)(3) | 42,700 | | | | GENERAL CHARITABLE PURPOSES |
| Family Connections 395 South Center Street Suite 203 Orange, NJ 07050 | 22- 1865826 | 501(c)(3) | 19,016 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--|--|------------------------------------|
| | | | | | other) | | |
| Family Services of Morris County65 Elm Street Morristown, NJ 07960 | 22- 1489900 | 501(c)(3) | 34,000 | | | | GENERAL CHARITABLE PURPOSES |
| Filmmaker's Alliance12228 Venice Boulevard Suite 800 Los Angeles, CA 90066 | 95- 4449125 | 501(c)(3) | 95,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Five Boroughs Music Festival Inc P O Box 1925 New York, NY 10159 | 27- 0773911 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Florence Chafetz Hillel House at Boston Universit 213 Bay State Rd Boston, MA 02215 | 32- 0293118 | 501(c)(3) | 5,688 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Florence Melton Adult Mini-School Corporation95 Revere Drive Northbrook, IL 60062 | 01- 0725179 | 501(c)(3) | 10,000 | | 26.) | | GENERAL CHARITABLE PURPOSES |
| Foundation for Conservative Masorti Judaism in Isr475 Riverside Drive Suite F New York, NY 10115 | 13- 3137586 | 501(c)(3) | 26,130 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Foundation for Jewish Camping15 West 36th Street Suite 832 New York, NY 10118 | 22- 3551013 | 501(c)(3) | 12,600 | | | | GENERAL CHARITABLE PURPOSES |
| Friends of the Arava Institute 179 Boylston Street 13th Floor Jamaica Plain, MA 02130 | 11- 3485736 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Friends of the Israel Defense Forces350 Fifth Avenue Bldg P New York, NY 10118 | 13- 3156445 | 501(c)(3) | 6,540 | | | | GENERAL CHARITABLE PURPOSES |
| Friendship Circle 66 West Mt Pleasant Avenue Suite 2011 Livingston, NJ 07039 | 22- 6017975 | 501(c)(3) | 32,808 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Garden State Discovery Museum Center for Learning 2040 Springdale Road Cherry Hill, NJ 08003 | | 501(c)(3) | 32,500 | | | | GENERAL CHARITABLE PURPOSES |
| Gesher Foundation 332 Bleeker Street Suite 444 New York, NY 10014 | 23- 7029115 | 501(c)(3) | 9,600 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Gift of Life Bone Marrow Foundation 800 Yamato Road Boca Raton, FL 33431 | 22- 3131232 | 501(c)(3) | 8,908 | | | | GENERAL CHARITABLE PURPOSES |
| Golda Och Academy1418 Pleasant Valley Way Suite 101 West Orange, NJ 07052 | 22- 1779887 | 501(c)(3) | 228,005 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Grinspoon Institute for Jewish Philanthropy31 West College Avenue Yardley,PA 19067 | 99- 9999999 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Hadassah the Women's Zionist Organization of Ameri50 West 58th Street P O Box 745 New York, NY | 13- 6110872 | 501(c)(3) | 16,060 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Hebrew A cademy of Morris County 146 Dover Chester Road Randolph, NJ 07869 | 22- 1833220 | 501(c)(3) | 836,110 | | | | GENERAL CHARITABLE PURPOSES |
| Hebrew Free Loan of MetroWest Inc 256 Columbia Turnpike Florham Park, NJ 07932 | 52- 1931966 | 501(c)(3) | 30,147 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Hebrew Immigrant Aid Society333 7th Avenue Suite 105 New York, NY 10001 | 13- 3633307 | 501(c)(3) | 6,650 | | | | GENERAL CHARITABLE PURPOSES |
| Hillel The Foundation for Jewish Campus Life Belfer Building 800 8th Street NW Room 1600 Washington, DC 20001 | 52- 1844823 | 501(c)(3) | 169,888 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--|---|--|
| Holy Redeemer Home Care354 Union Avenue Elizabeth, NJ 07208 | 21- 0634582 | 501(c)(3) | 90,000 | | other) | | GENERAL CHARITABLE PURPOSES |
| Imrai Kohain Congregation721 Avenue L Brooklyn, NY 11230 | 11- 2948863 | 501(c)(3) | 5,800 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Israel Project2020 K Street NW Washington, DC 20006 | 37- 1472882 | 501(c)(3) | 7,500 | | | | GENERAL CHARITABLE PURPOSES |
| JCC MetroWest760 Northfield Avenue West Orange, NJ 07052 | 22- 2680030 | 501(c)(3) | 81,885 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Jersey Animal Coalition Inc298 Walton Avenue South Orange, NJ 07079 | 22- 2942416 | 501(c)(3) | 8,680 | | | | GENERAL CHARITABLE PURPOSES |
| Jespy House102 Prospect Street South Orange, NJ 07079 | 22- 2186490 | 501(c)(3) | 21,955 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|--|---|--|
| Jewish Communal Fund575 Madison Avenue New York, NY 10022 | 23- 7174183 | 501(c)(3) | 167,803 | | other) | | GENERAL CHARITABLE PURPOSES |
| Jewish Community Center of the Greater Palm Beache4803 PGA Boulevard Suite 703 Palm Beach Gardens, FL 33418 | 59- 1582799 | 501(c)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Jewish Community Center on the Palisades411 East Clinton Avenue Tenafly, NJ 07670 | 22- 1487220 | 501(c)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Community Housing Corp750 Northfield Ave West Orange, NJ 07052 | 22- 2540505 | 501(c)(3) | 139,371 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Jewish Council for Public Affairs116 East 27th Street New York, NY 10016 | 13- 1624104 | 501(c)(3) | 6,000 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Educational Center330 Elmora Avenue 10th Floor Elizabeth, NJ 07208 | 22- 1549747 | 501(c)(3) | 6,300 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Jewish Family Service of MetroWest256 Columbia Turnpike Florham Park, NJ 07932 | 22- 1687995 | 501(c)(3) | 51,848 | | · | | GENERAL CHARITABLE PURPOSES |
| Jewish Family Service of Somerset Warren and Hunt150 A West High Street Suite 105 Somerville, NJ 08876 | 22- 2306902 | 501(c)(3) | 28,950 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Jewish Federation of Central New Jersey1391 Martine Avenue Scotch Plains, NJ 07076 | 22- 1533506 | 501(c)(3) | 5,442 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Federation of Collier County 2500 Vanderbilt Beach Road 2201 Naples, FL 34109 | 59- 2151725 | 501(c)(3) | 5,250 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Jewish Federation of Greater Middlesex County230 Old Bridge Turnpike South River, NJ 08882 | 22- 1500549 | 501(c)(3) | 15,200 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Federation of Greater Philadelphia 2100 Arch Street Philadelphia, PA 19103 | | 501(c)(3) | 15,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Jewish Federation of Palm Beach County4601 Community Drive 5A W Palm Beach, FL 33417 | 59- 0948696 | 501(c)(3) | 8,850 | | outer) | | GENERAL CHARITABLE PURPOSES |
| Jewish Federation of South Palm Beach County9901 Donna Klein Blvd Boca Raton, FL 33428 | 59- 1945109 | 501(c)(3) | 6,906 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Jewish Historical Society of MetroWest901 Route 10 Whippany, NJ 07981 | 22- 3054709 | 501(c)(3) | 21,772 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Media Development Center LTD1512 Murray Avenue 13th Floor Pittsburgh, PA 15217 | 04- 3334113 | 501(c)(3) | 8,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Jewish National Fund 42 East 69th Street New York, NY 10021 | 13- 1659627 | 501(c)(3) | 29,450 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Reconstructionist Federation101 Greenwood Avenue Jenkintown, PA 19046 | 13- 2500888 | 501(c)(3) | 60,800 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Jewish Service for the Developmentally Disabled270 Pleasant Valley Way West Orange, NJ 07052 | 22- 3479872 | 501(c)(3) | 6 ,5 5 0 | | | | GENERAL CHARITABLE PURPOSES |
| Jewish Theological Seminary of America 3080 Broadway New York, NY 10027 | 13- 0887640 | 1 5011(2)(3) | 94,740 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Jewish Vocational Service of MetroWest111 Prospect Street East Orange, NJ 07017 | 22- 1487229 | 501(c)(3) | 30,060 | | | | GENERAL CHARITABLE PURPOSES |
| Joseph Kushner Hebrew A cademy 110 South Orange A venue Livingston, NJ 07039 | 22- 1520392 | 501(c)(3) | 47,921 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Kehilat Rayım Ahuvim241 West 72nd Street New York, NY 10023 | 20- 1565283 | 501(c)(3) | 8,996 | | | | GENERAL CHARITABLE PURPOSES |
| Kent Place School 42 Norwood Avenue Summit, NJ 07902 | 22- 1487233 | 501(c)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Knox College2 East South Street Galesburg, IL 61401 | 37- 0673513 | I 501(c)(3) | 11,670 | | | | GENERAL CHARITABLE PURPOSES |
| Kohelet Yeshiva High School223N Highland Avenue Merion,PA 19066 | 23- 2915026 | I 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|-------------------------------------|-----------------------------------|------------------------------------|
| or government | | | | | appraisal, other) | assistance | |
| Leyden High Schools Foundation3400 Rose Street Franklin, IL 60131 | 36- 3792880 | 501(c)(3) | 7,800 | | | | GENERAL CHARITABLE PURPOSES |
| Lido Beach Synagogue1 Fairway Road District 212 Lido Beach, NY 11561 | 23- 7110267 | 501(c)(3) | 28,600 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, | (g) Description of non-cash | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|-----------------------------------|------------------------------------|
| or government | | аррисавіс | | ussistance | appraisal, other) | assistance | 5. 455.5tanec |
| Lincoln Square Synagogue Inc200 Amsterdam Avenue New York, NY 10023 | 13- 2509155 | 501(c)(3) | 9,700 | | | | GENERAL CHARITABLE PURPOSES |
| Lubavitch of Bucks CountyGlazier Jewish Center 25 North Stat Newtown, PA 18940 | 22- 3837750 | 501(c)(3) | 11,800 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Madraigos Inc936 Broadway Woodmere, NE 11596 | 41- 2209053 | 501(c)(3) | 8,400 | | | | GENERAL CHARITABLE PURPOSES |
| Mayo Foundation 205 First Street SW Rochester, MN 55905 | 41- 6011702 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Melanoma Research Foundation1411 K Street NW Washington, DC 20005 | 76- 0514428 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Memorial Sloan Kettering Cancer Center1275 York Avenue Suite 500 New York, NE 10021 | 13- 1924236 | 501(c)(3) | 5,610 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Mental Health Assoc of Essex County33 South Fullerton Avenue Montclair, NJ 07042 | 22- 1568147 | 501(c)(3) | 5,550 | | | | GENERAL CHARITABLE PURPOSES |
| Mesivta of Long Beach205 West Beech Street PO Box 630 Long Beach, NY | 11- 2818825 | 501(c)(3) | 9,700 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Mesivta Tifereth Israel of Rizhin247 E Broadway New York, NE 10002 | 13- 2682612 | 501(c)(3) | 6,000 | | | | GENERAL CHARITABLE PURPOSES |
| Montclair Art Museum3 South Mountain Avenue Montclair, NJ 07042 | 22- 1487582 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Morris County Organization for Hispanic Affairs In 9597 Bassett Highway Dover,NJ 07801 | 22- 2137333 | 1 5011(6)(3) | 7,500 | | | | GENERAL CHARITABLE PURPOSES |
| Morristown Jewish Center Beit Yisrael 177 Speedwell Avenue Morristown, NJ 07960 | 22- 1546172 | 501(c)(3) | 20,336 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of | (b) EIN | section | (d) A mount of cash grant | (e) A mount of non-cash | valuation | (g) Description of | (h) Purpose of grant |
|---|----------------|---------------|---------------------------|----------------------------|-------------------------------------|------------------------|-----------------------------------|
| organization or government | | ıf applıcable | | assistance | (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| Morristown Memorial Health Foundation Inc100 Madison Avenue Morristown, NJ 07960 | 22- 3392808 | 501(c)(3) | 6,000 | | | | GENERAL CHARITABLE PURPOSES |
| MorseLife Foundation Inc 4847 Fred Gladstone Drive West Palm Beach, FL 33417 | 59- 2774476 | 501(c)(3) | 25,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Muscular Dystrophy Association25 E Spring Valley Avenue Maywood, NJ 07607 | 13- 1665552 | 501(c)(3) | 15,200 | | | | GENERAL CHARITABLE PURPOSES |
| National Council of Jewish Women70 South Orange Avenue Livingston, NJ 07039 | 22- 1687993 | 501(c)(3) | 84,775 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| National Council of Young Israel200 Brook Avenue Passaic,NJ 07055 | 22- 1963289 | 1 501(6)(3) | 10,200 | | | | GENERAL CHARITABLE PURPOSES |
| National Foundation of Dentistry for Handicapped1800 15th Street Denver, CO 80202 | 22- 2469940 | 501(c)(3) | 9,277 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| National Jewish Outreach Program 989 Sixth Avenue New York, NY 10018 | 13- 2881809 | 501(c)(3) | 22,000 | | | | GENERAL CHARITABLE PURPOSES |
| Netzach David- Kesharim14445 70th Road Flushing, NY 11367 | 13- 4018490 | 501(c)(3) | 5,300 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| New Israel Fund 1101 14th Street NW Washington, DC 20005 | 94- 2607722 | 501(c)(3) | 26,400 | | | | GENERAL CHARITABLE PURPOSES |
| New Jersey Federation of YMHA-YWHA21 Plymouth Street Fairfield, NJ 07004 | 22- 1487266 | 501(c)(3) | 46,530 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| New Jersey Foundation of Dentistry for Persons wit1800 15th Street Denver, CO 80202 | 22- 2469940 | 501(c)(3) | 6,979 | | | | GENERAL CHARITABLE PURPOSES |
| New Jersey Heroes P O Box 95 Mendham, NJ 07945 | 27- 4573661 | 501(c)(3) | 25,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of | (b) EIN | (c) IRC Code section | (d) A mount of cash grant | (e) A mount of non-cash | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
|---|----------------|-------------------------|---------------------------|----------------------------|-------------------------------------|------------------------|-----------------------------------|
| organization or government | | ıf applıcable | | assistance | (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| New Jersey Institute of Technology Foundation323 Martin Luther King Blvd Newark, NJ 07102 | 22- 1714037 | 501(c)(3) | 26,000 | | | | GENERAL CHARITABLE PURPOSES |
| New Jersey Performing Arts Center1 Center Street Newark NJ 07102 | 22- 2889703 | 501(c)(3) | 24,150 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| New Jersey Symphony Orchestra60 Park Place Newark,NJ 07102 | 22- 1559422 | 501(c)(3) | 219,155 | | | | GENERAL CHARITABLE PURPOSES |
| New York Shakespeare Festival425 Lafayette Street New York, NE 10003 | 13- 1844852 | 501(c)(3) | 25,100 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| New York University Medical Center Foundation IncOffice of Gift Administration P O B New York, NE 10117 | 13- 5562308 | 1 501(6)(3) | 30,000 | | | | GENERAL CHARITABLE PURPOSES |
| Newark Beth Israel Medical Center Foundation Inc201 Lyons Avenue | 22- 2587176 | 1 501(6)(3) | 109,772 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| NJFDPDP O Box 2117 Edison,NJ 08818 | 84- 6129064 | I 501(c)(3) | 5,328 | | | | GENERAL CHARITABLE PURPOSES |
| Oheb Shalom Congregation170 Scotland Road South Orange, NJ 07079 | 22- 1510213 | 1 501(6)(3) | 16,906 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Opportunity Project Inc60 East Willow Street Millburn, NJ 07041 | 22- 3242203 | I 501(c)(3) | 25,000 | | | | GENERAL CHARITABLE PURPOSES |
| Oxalosis & Hyperoxaluria Foundation201 East 19th Street New York, NY 10003 | 91- 1457505 | I 501(c)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| P E F Israel Endowment Funds Inc317 Madison Avenue New York, NY 10017 | 13- 6104086 | 1 501(6)(3) | 39,880 | | | | GENERAL CHARITABLE PURPOSES |
| PaperMill Playhouse2224 Brookside Drive Millburn, NJ 07041 | 22- 1550515 | 1 501(6)(3) | 13,450 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of | (b) EIN | (c) IRC Code section | (d) A mount of cash grant | (e) A mount of non-cash | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
|---|----------------|-------------------------|---------------------------|-------------------------|-------------------------------------|------------------------|-----------------------------------|
| organization or government | | ıf applıcable | | assistance | (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| Partnership for Jewish Learning & Life901 Route 10 Whippany, NE 07981 | 22- 1487225 | 501(c)(3) | 652,162 | | | | GENERAL CHARITABLE PURPOSES |
| Playworks Education Energized60 Park Place Newark, NJ 17102 | 94- 3251867 | 501(c)(3) | 9,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Prevention Links 121-125 Chestnut Street Roselle, NJ 07203 | 2221899 | 501(c)(3) | 7,500 | | | | GENERAL CHARITABLE PURPOSES |
| Project Sunshine Inc108 W 39th Street New York, NY 10018 | 22- 3607512 | 501(c)(3) | 6,800 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Rabbinical College of America66 West Mt Pleasant Avenue Livingston, NJ 07039 | 22- 6017975 | 501(c)(3) | 12,280 | | 33.761) | | GENERAL CHARITABLE PURPOSES |
| Rachel Coalition 256 Columbia Turnpike Florham Park, NJ 07932 | 22- 1687995 | 501(c)(3) | 10,725 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Ramaz School114 East 85th Street New York, NE 10028 | 13- 1635279 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Reconstructionist Rabbinical College 1299 Church Road Wyncote,PA 19095 | 23- 1710675 | 501(c)(3) | 56,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Rutgers Hillel93 College Ave New Brunswick, NJ 08901 | 26- 0177367 | 501(c)(3) | 12,800 | | | | GENERAL CHARITABLE PURPOSES |
| Rutgers University FoundationP O Box 193 New Brunswick, NJ 08903 | | 501(c)(3) | 12,868 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Saint Clare's Foundation140 Diamond Spring Road Denville, NJ 07834 | 22- 2502997 | 501(c)(3) | 90,600 | | | | GENERAL CHARITABLE PURPOSES |
| Salanter Akıba Rıverdale Academy (SAR)655 West 254th Street Rıverdale, NY 10471 | 13- 2646185 | 501(c)(3) | 126,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Schechter Institute of Jewish Studies Box 3566 PO Box 8500 Philadelphia, PA 19178 | 22- 3342043 | 501(c)(3) | 81,600 | | 33.161) | | GENERAL CHARITABLE PURPOSES |
| Shalom Torah Centers70 Amboy Road Morganville, NJ 07751 | 22- 2259792 | 501(c)(3) | 10,800 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Sh'or Yoshuv Rabbinical College 1 Cedarlawn Avenue Lawrence, NY 11559 | 11- 2145464 | 501(c)(3) | 5,500 | | | | GENERAL CHARITABLE PURPOSES |
| Solomon Schechter Day School of Raritan Valley511 Ryders Lane East Brunswick, NJ 08816 | 22- 2352848 | 501(c)(3) | 306,322 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| South Orange Performing Arts Center1 SOPAC Way South Orange, NJ 07079 | 32- 0074004 | 501(c)(3) | 54,700 | | | | GENERAL CHARITABLE PURPOSES |
| Special Children's Center1400 Prospect Street Lakewood, NJ 08701 | 22- 3800123 | 501(c)(3) | 11,200 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Special Ed Academy of Deal Inc1 Meridan Road Eatontown, NJ 07724 | 41- 2059473 | 501(c)(3) | 12,000 | | | | GENERAL CHARITABLE PURPOSES |
| Summit JCC67 Kent Place Summit, NJ 07901 | 22- 6009059 | 501(c)(3) | 20,180 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Temple Beth El Mekor Chayım338 Walnut Street Cranford, NJ 07016 | 22- 6016708 | 501(c)(3) | 7,600 | | | | GENERAL CHARITABLE PURPOSES |
| Temple B'naı Abraham300 E Northfield Road Livingston, NJ 07039 | 22- 1515224 | 501(c)(3) | 30,314 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Temple Israel of Long Beach305 Riverside Blvd Long Beach, NY 11561 | 11- 1704599 | 501(c)(3) | 13,180 | | , | | GENERAL CHARITABLE PURPOSES |
| Temple Sharey Tefilo-Israel432 Scotland Road South Orange, NJ 07079 | 22- 2405774 | 501(c)(3) | 12,270 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| Temple Sholom of West Essex760 Pompton Avenue Cedar Grove, NJ 07009 | 22- 1732300 | 501(c)(3) | 9,251 | | | | GENERAL CHARITABLE PURPOSES |
| Three Girls Theatre Company Inc149 Prospect Avenue San Francisco, CA 94110 | 45- 1296583 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Tikva Children's Home150 Western Road South Kearny, NJ 07032 | 22- 3779212 | 501(c)(3) | 81,000 | | oulet) | | GENERAL CHARITABLE PURPOSES |
| Tikva Children's Home40 W 23rd Street 3rd Floor New York, NE 10010 | 04- 2717782 | 501(c)(3) | 100,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Trinitas Health FoundationP O Box 259 Elizabeth, NJ 07207 | 22- 2353773 | 501(c)(3) | 5,975 | | 33.761) | | GENERAL CHARITABLE PURPOSES |
| Trustees of Columbia University in the City of New435 West 116th Street New York, NE 10027 | 13- 5598093 | 501(c)(3) | 39,330 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|--|--|------------------------------------|
| 3. g2.311111611c | | | | | other) | | |
| Trustees of Princeton UniversityP O Box 5357 Princeton, NJ 08543 | 21- 0634501 | 501(c)(3) | 7,500 | | | | GENERAL CHARITABLE PURPOSES |
| Trustees of the University of Pennsylvania3451 Walnut Street Philadelphia, PA 19104 | 23- 1352685 | 501(c)(3) | 19,200 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|------------------------------------|
| Turnaround for Children Inc25 West 45th Street New York, NY 10036 | 06- 1495529 | 501(c)(3) | 405,375 | | | | GENERAL CHARITABLE PURPOSES |
| UJA Federation of NY701 Westchester Avenue White Plains, NY 10604 | 51- 0172429 | 501(c)(3) | 11,100 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| UMDNJ Foundation 30 12th Avenue PO Box 1709 Newark,NY 07101 | 23- 7313160 | I 501(c)(3) | 20,850 | | | | GENERAL CHARITABLE PURPOSES |
| United Federation of Princeton Mercer Bucks4 Princess Road Lawrenceville, NJ 08648 | 23- 2215070 | I 501(c)(3) | 27,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| United Jewish Communities of MetroWest New Jersey901 Rt 10 Whippany,NJ 07981 | 22- 1487222 | I 501(c)(3) | 2,459,162 | | | | GENERAL CHARITABLE PURPOSES |
| Valerie Fund2101 Millburn Avenue Maplewood, NJ 07040 | 22- 2126867 | 501(c)(3) | 11,100 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Valley Hospital Foundation223 North Van Dien Avenue Ridgewood, NJ 07450 | 22- 2324554 | 501(c)(3) | 10,000 | | | | GENERAL CHARITABLE PURPOSES |
| Vassar College124 Raymond Ave Poughkeepsie, NY 12604 | 14- 1338587 | 501(c)(3) | 5,500 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Washington Institute for Near East Policy1828 L Street NW Washington, DC 20036 | 52- 1376034 | 501(c)(3) | 31,500 | | | | GENERAL CHARITABLE PURPOSES |
| Whittier College 13406 E Philadelphia Street Whittier, CA 90601 | 95- 1644048 | 501(c)(3) | 20,000 | | | | GENERAL CHARITABLE PURPOSES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| WNETO RG450 West 33rd Street New York, NY 10001 | 13- 1945149 | 501(c)(3) | 59,445 | | | | GENERAL CHARITABLE PURPOSES |
| YMCA of Eastern Union County144 Madison Avenue Elizabeth, NJ 07201 | 22- 1487381 | 501(c)(3) | 9,000 | | | | GENERAL CHARITABLE PURCHASES |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|------------------------------------|
| YM-YWHA of Union County Inc 501 Green Lane Union, NJ 07083 | 22- 2663795 | 501(c)(3) | 6,781 | | | | GENERAL CHARITABLE PURCHASES |
| Zufall Health Center17 South Warren Street Dover,NJ 07801 | 22- 3125397 | 501(c)(3) | 17,500 | | | | GENERAL CHARITABLE PURPOSES |

DLN: 93493135049993

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| 1E\\ | ISH COMMUNITY FOUNDATION OF METROWEST INC | | | | |
|---------|--|--|----|------|-----|
|) L V V | BIT COMMONITY TOOMDATION OF METHOWEST INC | 22-1714130 | | | |
| Pa | rt I Questions Regarding Compensation | · · · · · · · · · · · · · · · · · · · | | | |
| | tuosiis kogai amg oomponsano. | ·· | | Yes | Νο |
| 1a | | ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items | | 1.00 | 110 |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (e.g., maid, chauffeur, chef) | | | |
| | I Discretionary spending account | reisonal services (e.g., maid, chauneur, cher) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc | ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive | | 2 | | |
| | | | | | |
| 3 | Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the | | | | |
| | ▼ Compensation committee | | | | |
| | ☐ Independent compensation consultant | ✓ Compensation survey or study | | | |
| | Form 990 of other organizations | A pproval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | Part VII, Section A, line $1 	extstyle a$ with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | payment? | 4a | | No |
| b | Participate in, or receive payment from, a suppleme | ntal nonqualified retirement plan? | 4b | Yes | |
| С | Participate in, or receive payment from, an equity-b | ased compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mu | ıst complete lines 5-9 | | | |
| 5 | For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of | | | | |
| а | The organization? | | 5a | | No |
| b | Any related organization? | | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of | line 1a, did the organization pay or accrue any | | | |
| а | The organization? | | 6a | | No |
| b | Any related organization? | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, | | | | |
| | subject to the initial contract exception described in in Part III | n Regs section 53 4958-4(a)(3)? If "Yes," describe | | | |
| _ | | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | e rebuttable presumption procedure described in Regulations | 9 | | |

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

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

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

| (A) Name | | (B) Breakdown of (i) Base compensation | W-2 and/or 1099-MI (ii) Bonus & incentive compensation | SC compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|-------------|---|---|--|--|-----------------------------------|------------------------------------|--|
| (1) MAX KLEINMAN | (ı) (ıı) | 64,595 258,381 | 0 0 | | 21,000 84,000 | 3,042 12,167 | | |
| (2) HOWARD RABNER | (I) (II) | 51,777 155,332 | 0 | | 0 | 4,378 13,133 | 56,155 168,465 | |
| (3) JOSHUA REDNIK | (I) (II) | 162,771 0 | 0 | | 0 | 6,477 0 | 169,248 0 | |
| | | | | | | | | |
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Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---------------------------|---------------------------|---|
| Rebuttable presumption | Rebuttable Presumption | THE ORGANIZATION HAS A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT A REVIEW OF THE "TOTAL COMPENSATION" FOR EACH INDIVIDUAL IS MADE by the salaries and personnel practices committee of the board of trustees, WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS OR BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY "BEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION AND ARRANGEMENT OF THE BOARD OF TRUSTEES EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE BEBRILT ARE PRESUMENTED OF PASSONNAL ENERS ONLY APPLIES TO AUSTOR WHICH THE REPOSED FOR THE BEASONNEL. |
| | Presumption | DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SEN MANAGEMENT TEAM THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" O APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTERES" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR IT DETERMINATION THE MEMBERS OF THE BOARD OF TRUSTEES EACH ARE INDEPEND AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THR THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS |

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135049993

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

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

NonCash Contributions

Name of the organization JEWISH COMMUNITY FOUNDATION OF METROWEST INC

Employer identification number

| Pa | rt I Types of Property | | | | 22-1/14130 | | | |
|-----|---|----------------------------------|--|--|--|--------|-----|----|
| | ., pos or rioporty | (a) Check If applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line | (d Method of d contribution | etermı | _ | |
| 1 | Art—Works of art | | | J | | | | |
| | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | X | 10 | 5,067,042 | Selling price | | | |
| | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| | Qualified conservation | | | | | | | |
| | contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| | Real estate—Residential . | | | | | | | |
| | Real estate—Commercial | | | | | | | |
| | Real estate—Other | | | | | | | |
| | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| | Drugs and medical supplies . | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| | Other ► () | | | | | | | |
| | O ther ►() | | | | | | | |
| | O ther ► () | | | | | | | |
| | O ther ► () Number of Forms 8283 received | | | r for contributions | | | | |
| 29 | for which the organization comp | | | | 29 | | | |
| | | | | | • | | Yes | No |
| 30a | During the year, did the organiza | ation receiv | e by contribution any prope | erty reported in Part I, lines | 1-28 that it | | | |
| | must hold for at least three year | | | | | | | |
| | for exempt purposes for the enti | | | | | 30a | | No |
| ь | If "Yes," describe the arrangem | ent in Part : | II | | | | | |
| 31 | Does the organization have a gif | | | review of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or us | e third part | ies or related organizations | to solicit, process, or sell i | non-cash | | | |
| | | | | | | 32a | | Na |
| h | If "Yes," describe in Part II | | | | | J∠d | | No |
| | If the organization did not report | t revenues i | in column (c) for a type of n | roperty for which column (a |) is checked | | | |
| J.J | describe in Part II | c revellues i | in column (c) for a type of p | roperty for wineli column (a | , is checked, | | | |

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135049993

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

| Name | or the | orga | nization | | | |
|--------|--------|-------|------------|----|-----------|-----|
| JEWISH | COMM | JNITY | FOUNDATION | OF | METROWEST | INC |

Employer identification number

22-1714130

| ldentifier | Return Reference | Explanation |
|---|--|---|
| REVIEW OF FORM 990 | PART VI, SECTION 1, LINE 11 | THE JCF BUDGET COMMITTEE WILL REVIEW AND ANALYZE THE FORM 990 THE BUDGET COMMITTEE HAS THE AUTHORITY TO REVIEW AND APPROVE THE 990 PER A BOARD RESOLUTION |
| COMPLIANCE WITH CONFLICT OF INTEREST | PART VI, SECTION B, LINE 12C | JCF REQUIRES ALL BOARD MEMBERS TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY COMPLETED FORMS ARE REVIEWED BY THE CFO FOR POSSIBLE CONFLICTS THE EXECUTIVE COMMITTEE IS MADE AWARE OF ANY CONFLICTS IN CASE OF CONFLICTS, THESE BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES FROM PARTICIPATING ON ISSUES THAT CREATE THE CONFLICT OF INTEREST |
| DETERMINATION OF COMPENSATION | PART VI, SECTION B, LINE 15 | PERFORMANCE REVIEWS ARE PREPARED FOR EACH OF THESE EMPLOYEES THE NATIONAL SALARY SURVEY FOR LARGE FEDERATIONS IS USED TO HELP DETERMINE THE COMPENSATION OF TOP RANKING EMPLOYEES OF JCF THE SALARIES ARE SUBJECT TO APPROVAL BY THE SALARIES AND PERSONNEL PRACTICES COMMITTEE WHOSE MEMBERS INCLUDE PAST PRESIDENTS AND OTHER SENIOR LEADERSHIP OF THE ORGANIZATION |
| AVAILABILITY OF DOCUMENTS TO THE PUBLIC | PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |
| RECONCILIATION OF NET ASSETS | PAGE 12, PART XI, LINE 5, OTHER CHANGES IN NET ASSETS | INCLUDED IN THE RECONCILIATION OF NET ASSETS ARE OTHER ITEMS NOT INCLUDED ELSEWHERE IN THE FORM 990 AS REVENUES OR EXPENSES INCLUDING UNREALIZED loss ON INVESTMENTS - \$(3,450,694) NET PRESENT VALUE ADJUSTMENTS - (764,984) Total other adjustments (\$4,215,678) Form 990 (\$568,861) Total other adjustments (\$4,784,538) |
| Employees and payroll | Part V, line 2a | Payroll and the related payroll taxes for all employees are reimbursed to the United Jewish Communities of Metrowest, Inc ("UJC") UJC does all of the employment tax filings and remits all of the employment taxes for the employees of JCF |

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

DLN: 93493135049993

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

22-1714130

SCHEDULE R (Form 990)

Name of the organization

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

JEWISH COMMUNITY FOUNDATION OF METROWEST INC

► See separate instructions. ► Attach to Form 990. Department of the Treasury Internal Revenue Service

(d) (f) (a)
Name, address, and EIN of disregarded entity (b) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) JCF 760 NORTHFIELD AVENUE LLC 760 NORTHFIELD AVENUE LLC 0 **REAL PROPERTY** NJ 0 WHIPPANY, NJ 07981 (2) JCF 1155 PLEASANT VALLEY WAY LLC 901 ROUTE 10 REAL PROPERTY NJ 0 0 WHIPPANY, NJ 07981 (3) JCF REAL ESTATE I LLC 901 ROUTE 10 0 0 REAL PROPERTY NJ WHIPPANY, NJ 07981 Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization Yes No See Additional Data Table Cat No 50135Y For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2011

Related Organizations and Unrelated Partnerships

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line | e 34 |
|----------|--|------|
| | because it had one or more related organizations treated as a partnership during the tax year.) | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | , · | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of- year assets | (h Disprop allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gene mana parti | ral or nging | (k) Percentage ownership |
|---|--------------------------------|--|-----|--|--|---|--------------------------|----------|---|-----------------------------|-----------------|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Рптагу activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------------|--|-------------------------------------|--|--|--|---------------------------------------|
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(6)

| Par | Transactions With Related Organizations (Complete if the organization answered "Ye | s" on Form 990, Par | t IV, line 34, 35, 3 | 5A, or 36.) | | | |
|--------------|---|---------------------------|----------------------|--|---------|-------|---|
| ľ | ote. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Ye | s No | |
| 1 Dur | ng the tax year, did the orgranization engage in any of the following transactions with one or more related organ | nizations listed in Parts | s II-IV? | | | | _ |
| a | eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | 3 | No | _ |
| b | ift, grant, or capital contribution to related organization(s) | | | 11 | Ye | s | |
| c (| ift, grant, or capital contribution from related organization(s) | | | 10 | Ye | s | |
| d | oans or loan guarantees to or for related organization(s) | | | 10 | d Ye | s | |
| e | oans or loan guarantees by related organization(s) | | | 16 | 2 | No | _ |
| | | | | | | | |
| f s | ale of assets to related organization(s) | | | 1f | f | No | _ |
| g | urchase of assets from related organization(s) | | | 19 | 3 | No | |
| h | xchange of assets with related organization(s) | | | 11 | h | No | |
| i L | ease of facilities, equipment, or other assets to related organization(s) | | | 11 | i Ye | s | |
| | | | | | | | |
| j L | ease of facilities, equipment, or other assets from related organization(s) | | | 1j | i | No | _ |
| k | erformance of services or membership or fundraising solicitations for related organization(s) | | | 11 | k | No | |
| I P | erformance of services or membership or fundraising solicitations by related organization(s) | | | 11 | | No | |
| m s | haring of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1r | m Ye | s | _ |
| n : | haring of paid employees with related organization(s) | | | 1r | n Ye | s | _ |
| | | | | | | | |
| 0 | eimbursement paid to related organization(s) for expenses | | | 10 |) Ye | s | |
| р | eimbursement paid by related organization(s) for expenses | | | 1 <u>r</u> |) Ye | s | _ |
| | | | | | | | _ |
| q | ther transfer of cash or property to related organization(s) | | | 10 | 1 | No | |
| r | ther transfer of cash or property from related organization(s) | | | 11 | r | No | _ |
| | | | | | | | |
| 2 I | the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in | ncluding covered relati | onships and transact | ion thresholds | | | |
| | (a) | (b) Transaction | (c) | (d) Method of determ | uning a | mount | |
| | Name of other organization | type(a-r) | Amount involved | involve | | mount | |
| (1) 2) | | 1 | | | | | _ |
| _, | | | | | | | |
| 3) | | | | | | | _ |
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| 4) | | | | | | | _ |
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| 5) | | | | | | | _ |
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | 501(c)(3) organizations? | | partners section t 501(c)(3) organizations? | | partners section to 501(c)(3) organizations? | | partners section to 501(c)(3) organizations? | | partners section t 501(c)(3) organizations? | | Share of end-of-year total income assets 20 | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|-----------------------------|--|--|-----|---|--|---|----|--|--|---|--|---|---------------------|--|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | | | | | | | | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 22-1714130

Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | | | | | |
|--|---|---|-------------------------------|---|--------------------------------------|-----------------------------------|-----------------------|--|--|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c) (3)) | (f) Direct Controlling Entity | Sectio (b)(contr organi | n 512 13) olled | | | | | |
| UNITED JEWISH COMMUNITIES OF METROWEST | COMMUNITY SE | NJ | 501(c) | 7 | na | | No | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 | 001110111111111111111111111111111111111 | NS | (3) | , | | | | | | | | |
| BERSON FAMILY SUPPORTING FOUNDATION INC 901 ROUTE 10 WHIPPANY, NJ 07981 | CHARITY | ΙN | 501(c (3) | 11 - type 1 | JCF | Yes | | | | | | |
| 22-2872256 JEROME & PAULA GOTTESMAN FAMILY SUPPORTI | | | | | | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 22-3056144 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| POLANER FAMILY SUPPORTING FOUNDATION IN | | | F01(a) | | 105 | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 52-1793845 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| BETTY & SHELDON FEINBERG SUPPORTING FOUN | | | 504() | | 105 | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 52-1823808 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| BETH EL MEMORIAL PARK FOUNDATION INC | | | F01(-) | | 105 | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 52-1860878 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JC+ | Yes | | | | | | |
| TURTLETAUB ENDOWMENT INC | | | 501(c) | | JCF | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 52-1931976 ROCKER FAMILY FOUNDATION INC | CHARITY | NJ | (3) | 11 - type 1 | 1 | Yes | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07891 22-3699940 | CHARITY | ĽИ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| JCF JEWISH HERITAGE CONCERT SUPP FDN IN 901 ROUTE 10 WHIPPANY, NJ 07981 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| 52-1958332 SOBEL FAMILY SUPPORTING | | | | | | | | | | | | |
| FOUNDATION INC 901 ROUTE 10 WHIPPANY, NJ 07981 22-3699941 | CHARITY | ΝJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| NET2PHONE CHARITABLE FOUNDATION INC | | | | | | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 22-3829233 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| WILLIAM & BETTY LESTER FOUNDATION INC | | | | | | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 22-3063176 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| Cooperman FAMILY FUND FOR JEWISH FUTURE | | | Fox | | 105 | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 22-3892931 | CHARITY | ĽΝ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| METROWEST COMMUNITY SUPPORTING FON INC | | | | | | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07891 22-3829229 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| METROWEST COMMUNITY SUPPORTING FDN INC | | | | | | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07981 22-3829234 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| METROWEST COMMUNITY SUPPORTING FDN INC | | | | | | | | | | | | |
| 901 ROUTE 10 WHIPPANY, NJ 07891 22-3829225 | CHARITY | NJ | 501(c) (3) | 11 - type 1 | JCF | Yes | | | | | | |
| | | | | | | | | | | | | |

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Name: JEWISH COMMUNITY FOUNDATION OF METROWEST INC

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|--|--|--|
| (A) Name and Title | (B) Average hours per | | (tion that a | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | | | |
| GARY AIDEKMAN TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MARTIN BARBER PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| GARY BEINHAKER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| ELISA BILDNER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| CANDY BLAU TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| JEFFREY BRAEMER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| LESLIE DANNIN ROSENTHAL TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| DANIEL DRENCH PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| ANNA FISCH TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MARTIN FOX TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| NEIL GOLDSTEIN PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MICHAEL GOOEN TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| LAWRENCE GOTFRIED TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| PAULA GOTTESMAN PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| KENNETH HEYMAN PRESIDENT | 6 0 | Х | | х | | | | 0 | 0 | 0 | | | |
| ALLAN JANOFF TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| STEPHEN KEPRISS TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| AVA KLEINMAN TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MAX KLEINMAN SECRETARY | 8 0 | Х | | х | | | | 64,595 | 258,381 | 120,209 | | | |
| LORI KLINGHOFFER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| ELEANOR KRAMER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| SCOTT KRIEGER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| PETER LANGEMAN TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| SIMON LEVIN PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| STEVEN LEVY VICE-PRESIDENT | 1 0 | Х | | Х | | | | 0 | 0 | 0 | | | |

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

| Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) | | | | | | | | | | | | | |
|---|--------------------------------|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|--|---|--|--|--|--|
| (A) Name and Title | (B) Average hours per | | tion that | (che | /) | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
| | week | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | | | |
| JEROME LOWENGRUB PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| JEAN MANDELL TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 | | | |
| MAXINE MURNICK TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| SUSANNE NEWMARK TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| HARRIS NYDICK TREASURER | 1 0 | Х | | Х | | | | 0 | 0 | 0 | | | |
| SAMUEL PEPPER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| RICHARD PERL TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| HOWARD RABNER CFO/COO/ASSISTANT TREASURER | 100 | Х | | х | | | | 51,777 | 155,332 | 17,511 | | | |
| JOSHUA REDNIK EXEC DIRECTOR & ASSIST SEC | 40 0 | Х | | Х | | | | 162,771 | 0 | 6,477 | | | |
| HARRIET ROSENTHAL TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| DAVID SAGINAW VICE-PRESIDENT | 1 0 | Х | | х | | | | 0 | 0 | 0 | | | |
| PAULA SAGINAW TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MICHAEL SCHECHNER TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| FLOYD SHAPIRO PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| SANDRA SHERMAN Vice President | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| STEPHANIE SHERMAN TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| ANDREW STAMELMAN PAST PRESIDENT & TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MICHAEL WEINSTOCK TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| MARK YADGAROFF TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| EUGENIA YUDANIN TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| EDWARD ZINBARG TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | | | |
| SUSAN MATTISINKO GENERAL COUNSEL | 40 0 | | | х | | | | 35,512 | 0 | 160 | | | |
| HILARIA GOOTBLATT CORPORATE CONTROLLER | 2 0 | | | | | Х | | 5,736 | 108,992 | 385 | | | |
| BARRY MILCHMAN CONTROLLER | 40 0 | | | | | х | | 106,410 | 0 | 376 | | | |