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DLN: 93493192001373

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A For	the 2	011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-20	12		
C he	ck if ap	plicable C Name of organization United Jewish Federation of Greater		D Employer i	dentification number
- Add	ress cha	ange Stamford New Canaan and Darien Inc		06-0923	
— Nan	ne chan	Doing Business As ge		E Telephone	number
– Initi	al retur	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	(203) 32:	1-1373
– Terr	nınated	1035 Newfield Ave	suite	G Gross receip	ots \$ 1,779,042
_	ended r				
_		Stamford, CT 06905			
Арр	lication		_		
		F Name and address of principal officer Robert Zwang	H(a) Is th	is a group reti	urn for ┌ Yes
		1035 Newfield Ave	aiiiiia	ites) 1es • No
		Stamford, CT 06905	H(b) Are al	l affiliates incl	uded?
Tax	, avam	et etetus F 504()(2) F 504() () d ()) F 4047()(4) F 507			st (see instructions)
	-exem	pt status	H(c) Grou	ip exemption	number 🟲
We	ebsit e	: ▶ www ujf org			
C Form	n of org	anization Corporation Trust Association Other	L Year of fo	rmation 1973	M State of legal domicile CT
	rt I	Summary			
	1 B	riefly describe the organization's mission or most significant activities			
		rganization was organized to conduct federated campaigning in the greater S	tamford area fo	r Jewish orga	nızatıons and programs
aovemance	_				
=	-				
[]	2 0	heck this box 🔭 if the organization discontinued its operations or disposed	of more than 2	5% of its net	assets
3		umber of voting members of the governing body (Part VI, line 1a)		з	1
wormines &		lumber of independent voting members of the governing body (Part VI, line 1		. 4	
<u> </u>		otal number of individuals employed in calendar year 2011 (Part V , line 2a)	•	. 5	
		otal number of volunteers (estimate if necessary)		6	
ŧ		otal unrelated business revenue from Part VIII, column (C), line 12		72	-
		let unrelated business taxable income from Form 990-T, line 34		71	
		The state of the s	Prio	r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	- 110	1,930,419	
9	9	Program service revenue (Part VIII, line 2g)		59,655	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,848	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	-72,579	-49,662
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), li	ne	, 2,0,,	.,,,,,,,,
		12)		1,922,343	1,727,569
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		995,187	794,450
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5 –	851,168	707,366
Expenses	16-	10)		0 0 0	
<u>क</u> ∣	16a	Professional fundraising fees (Part IX, column (A), line 11e)		- 0	0
മ്	ь	Total fundraising expenses (Part IX, column (D), line 25) 455,381			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	308,835	•
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,155,190	
02	19	Revenue less expenses Subtract line 18 from line 12	 	-232,847	-232,810
Net Assets of Fund Balances				g of Current 'ear	End of Year
7.00	20	Total assets (Part X, line 16)		1,731,575	1,295,428
38	21	Total liabilities (Part X, line 26)		1,005,193	
	22	Net assets or fund balances Subtract line 21 from line 20		726,382	
Par		Signature Block		,	
Inder nowl	penali edge a edge.	ties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than office) ****** Signature of officer	er) is based on		
-		James A Cohen CEO Type or print name and title			
		Data	Check If	Prenarer's tay	payer identification number
Paid		Preparer's signature Scott M Brenner Date 2013-07-09	self-	(see instruction	
	arer's	r .	employed 🕨 🦳	P01247233	
Jse (Firm's name (or yours Dylewsky Goldberg & Brenner LLC if self-employed),		EIN ▶ 06-132	25235
, o c (Jilly	address, and ZIP + 4 30 Oak Street		·	(202) 075 025
		Stamford, CT 06905		Phone no	(203) 975-8830
lay t	he IRS	discuss this return with the preparer shown above? (see instructions) .			▼Yes 「No

Par		of Program Servi			III	
1	Briefly describe the	organization's mission				
Тос	onduct federated camp	paigning in the greater:	Stamford area	ı for Jewish organiza	tions and programs	
2		undertake any significa r 990-EZ?			ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization services?	• .	nake sıgnıfıca	nt changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	expenses Section 5	01(c)(3) and 501(c)(4)) organization	s and section 4947	three largest program services, (a)(1) trusts are required to repo each program service reported	
4a	(Code) (Expenses \$	318,268	ıncludıng grants of \$	14,000) (Revenue \$)
	Community Building - ir world	mportant community wide pi	ojects and activi	ties that enhance streng	then the Jewish community in greater §	Stamford, Israel and around the
4b	(Code) (Expenses \$	750,000	including grants of \$	750,000) (Revenue \$)
	Agency allocations		·			ŕ
	(Code) (Expenses \$	129,078	ıncludıng grants of \$	28,450) (Revenue \$	46,025)
	Kulanu - a comprehens	, , , , , ,	nental teen educ		l and organized for the benefit of all cor	, ,
	(Code) (Expenses \$	171,902	including grants of \$	2,000) (Revenue \$)
	Amounts raised on beha	, , , ,		3 g +	,, (+	,
	Other program serv	vices (Describe in Sch	edule O)			
	(Expenses \$	•	uding grants	of\$	2,000) (Revenue \$)
4e	Total program servi	ice expenses►\$	1,369,24	18		

			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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
Ь	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	
c	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	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		

Form	990 (2011)			Page 4
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	Yes	
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		No
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		
С	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		Νο
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		N o
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	200		110
	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? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νο
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	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?	38	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		. [고	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	10			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1 and 2 are greater than 250 year may be required to a file (and instructions)	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		Νο
L	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
		30		
4a	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		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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			NI -
	contract?	7e		No_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			NI -
_		8		N o
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No No
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> No</u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
-	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u		
U	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	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 13c			
14>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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						
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	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
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		Νo			
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		Νo			
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		Νo			
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							
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)		34				
40-	Ded the consequence have been been been been shown in the consequence of the consequence	10-	Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
D	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	Yes				
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		Νο			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		Νο			
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14		Νο			
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		Νο			
	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		Νo			
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					
	ection C. Disclosure						
	List the States with which a copy of this Form 990 is required to be filed ►CT						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						

18 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

☐ O wn website ☐ A nother's website ☐ Upon 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Fig. 1. The Organization

1035 Newfield Ave Stamford, CT 06905 (203) 321-1373

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

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

(A) Name and Title	(B) Average hours per week (describe hours	(B) (C) Average Position (do not check more than one box, unless person is both week an officer and a director/trustee)							(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee			,	organizations
See Additional Data Table										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe	unless person is both an officer and a organization (Worganizations) (W-2/1099-MISC)								Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check compensation compensation from the organization (Worganizations 2/1099-MISC) Reportable compensation compensation from related organization (Worganizations 2/1099-MISC)							Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check Reportable compensation compensation from the organization (Worganizations 2/1099-MISC) Reportable compensation compensation from related organization (Worganizations 2/1099-MISC)							Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check Reportable comp comp from the from the organization (W- 2/1099-MISC)							Position (do not check more than one box, unless person is both an officer and a			Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC)							ated fother sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relati organiza																														
See A	ddıtıonal Data Table																																									
											+																															
							-																																			
							+																																			
							-			+																																
											_																															
1b	Sub-Total	.		<u></u>	٠.	٠.		<u> </u>		1	╁																															
С	Total from continuation sheets							P																																		
d								F	91,702		0		0																													
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	received more tha	an	•																															
												Yes	No																													
3	Did the organization list any for								or highest compens	ated employee																																
	on line 1a? If "Yes," complete Sci										3		No																													
4	For any individual listed on line organization and related organiz																																									
	ındıvıdual			•				•			4		Νo																													
5	Did any person listed on line 1a	receive or accru	ie comp	ensa	ition	fror	nany	unre	lated organization	or individual for																																
	services rendered to the organization? If "Yes," complete Schedule I for such person								5		No																															
_																																										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organization																																								
		(A)							1	(B)		(C																														
	Nar	ne and business add	Iress						Desc	ription of services		Compen																														
											_																															

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	/	Statement 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 campaigns 1a				
등등	ь	Membership dues 1b				
ಕ್ಟ	_	Fundraising events 1c 31,894				
जें दे	C					
Contributions, gifts, grants and other similar amounts	d	Related organizations 1d				
ωĒ	e	Government grants (contributions) 1e 500				
등까	f f	All other contributions, gifts, grants, and 1f 1,697,548	İ			
更更	-	similar amounts not included above				
운동	g	Noncash contributions included in				
독교		lines 1a-1f \$				
ပြို≅	h	Total. Add lines 1a-1f	1,729,942			
n)		Business Code				
Ž	2a	Tuition 900099	24,970	24,970		
. Ke	Ь			·		
<u>æ</u>		Program Fees 900099	21,055	21,055		
- S	С					
e e	d					
တ	e					
Program Service Revenue	f	All other program service revenue				
Š	•	All other program service revenue				
Ξ	g	Total. Add lines 2a-2f	46,025			
	3	Investment income (including dividends, interest				
		and other similar amounts)	3,075			3,075
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	-			
	ь	Less rental				
	"	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	-			
		(i) Securities (ii) O ther				
	7a	Gross amount	1			
	-	from sales of				
		assets other than inventory				
	ь	Less cost or 1,811				
		other basis and sales expenses				
	c	Gain or (loss) -1,811				
	d	Net gain or (loss)	-1,811			-1,811
	8a	Gross income from fundraising				
<u>Φ</u>		events (not including				
泵		\$ 31,894				
×		of contributions reported on line 1c) See Part IV, line 18				
č						
<u> </u>			- I			
Other Revenue	Ь .	Less direct expenses b 49,662	-49,662			-49,662
~	C C	I	45,002			73,002
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b	1			
	c	Net income or (loss) from gaming activities	-			
		1				
	10a	Gross sales of inventory, less returns and allowances .				
	Ь	Less cost of goods sold b	1			
		Net income or (loss) from sales of inventory	1			
	-	Miscellaneous Revenue Business Code				
	11a	Business code	1			
	Ь					
	c					<u> </u>
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		•				
	12	Total revenue. See Instructions	1 707 560	46.035		40.300
	1		1,727,569	46,025	0	-48,398

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

(B)

	ot include amounts reported on lines 6b, o, 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	750,000	750,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	44,450	44,450		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	623,785	337,338	62,889	223,558
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,169	1,855	1,128	4,186
9	Other employee benefits	25,747	9,366	716	15,665
10	Payroll taxes	50,665	27,384	5,097	18,184
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
С	Accounting	26,583		26,583	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,806	8,806		
12	Advertising and promotion				
13	Office expenses	37,260	20,341	3,378	13,541
14	Information technology	19,814	1,338	2,756	15,720
15	Royalties				
16	Occupancy	48,849	20,761	7,327	20,761
17	Travel	811	452		359
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,619	2,980	793	1,846
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,477	121	5,356	
23	Insurance	14,368	5,171	2,927	6,270
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	Bad debt expense	134,098	20,000		114,098
b	Program Costs	74,564	61,490		13,074
c	Printing and Marketing	41,066	38,398	204	2,464
d	Dues & Subscriptions	18,912	12,990	5,732	190
e					
f	All other expenses	22,336	6,007	10,864	5,465
25	Total functional expenses. Add lines 1 through 24f	1,960,379	1,369,248	135,750	455,381
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				ırm 990 (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 333 333 1 1 2 276,376 216.945 Savings and temporary cash investments 2 926,766 588,257 3 3 4 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 Schedule L . . . 6 7 8 9 13.863 10.743 9 Prepaid expenses and deferred charges 50,943 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b 40,028 Less accumulated depreciation 13,071 10,915 b 10c 11 11 491,371 12 455,563 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 9,795 15 15 12,672 1,731,575 16 16 1,295,428 Total assets. Add lines 1 through 15 (must equal line 34) . . . 9,276 22,649 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Tax-exempt bond liabilities 21 21 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 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 995,917 25 752,657 D 26 1,005,193 26 775,306 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 35,023 27 Unrestricted net assets 27 10,128 571,579 400,887 28 Temporarily restricted net assets 28 Fund 119,780 29 109,107 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 726.382 33 520.122 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.731.575 1.295.428 34

Pa	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		1 7	727,56
2	Total expenses (must equal Part IX, column (A), line 25)	2			960,379
3	Revenue less expenses Subtract line 2 from line 1	3			232,81
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	726,38
5	Other changes in net assets or fund balances (explain in Schedule O)	5			26,55
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		5	520,12
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
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 is 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 in on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3a	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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Employer identification number

OMB No 1545-0047

OMB No 1545-004

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990F7)

h

990EZ)

Name of the organization

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.

United Jewish Federation of Greater Stamford New Canaan and Darien Inc 06-0923384 Part I 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) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 d Type III - Other 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) No Yes 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)

(i) Name of supported organization	(ii) EIN	I creation in I organization in I		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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.)

S	ection A. Public Support	e organización	ialis to quality u	ilder tile tests i	isted below, pie	ase cor	ilpiete i	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,481,25			1,939,536		697,548	10,490,020
2	grants ") Tax revenues levied for the organization's benefit and either						\dashv	
3	paid to or expended on its behalf The value of services or facilities						\dashv	
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	2,481,25	4 2,223,562	2,148,120	1,939,536	1,	697,548	10,490,020
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							483,867
6	(f) Public Support. Subtract line 5 from line 4							10,006,153
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	2,481,254	2,223,562	2,148,120	1,939,536	1,	697,548	10,490,020
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	59,922	4,564	3,514	4,848		3,075	75,923
9	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							
11	Total support (Add lines 7 through 10)					, ,		10,565,943
12	Gross receipts from related activiti					12		142,504
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, third, fourth, or fi	ifth tax year as a !	501(c)(3) organız	zation, ►
	ection C. Computation of Pub							
14	Public Support Percentage for 2013			11 column (f))		14		94 700 %
15	Public Support Percentage for 2010	•	•		4.4	15		92 640 %
	33 1/3% support test—2011. If the and stop here. The organization qua	ilifies as a public	ly supported orga	nızatıon				► ▼
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — 2011. If the org tion meets the "	ublicly supported ganization did not o facts and circums	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st	and line	14 Explain	▶ □
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	-						▶
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "	facts and circums	ances" test The	organization qual	ıfıes as a	publicly	▶ □
-	instructions		- · · · · · · · · · · · · · · · · · · ·	,, 01	,			▶ □

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 **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 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 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, 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 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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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.

Name of the organization United Jewish Federation of Greater Stamford New Canaan and Darien Inc

Employer identification number 06-0923384

Pa	rt I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990		Other Similar I	Funds or A	Accounts. Complete if the
	organization answered Tes to Form 550		dvised funds	(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o			onor advised	┌ Yes
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit	fit of the donor or d	onor advisor, or for	any other pur	Yes No
Pa	t II Conservation Easements. Complete i	f the organization	answered "Yes"	to Form 99	0, Part IV, line 7.
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation of protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualif	on or pleasure) 「	Preservation of a	certified his	toric structure
	easement on the last day of the tax year				
	Total more home of a company to a company to				leld at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified hist	orie etrijetura inclu	dod in (a)	2b 2c	
c d	Number of conservation easements included in (c) ac		, ,	2d	
3	Number of conservation easements modified, transfer the taxable year -	rea, reieasea, extin	guisnea, or termina	tea by the org	ganization during
4	Number of states where property subject to conservat	tion easement is lo	cated -		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monito	ring, inspection, ha	ndling of viola	ations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting and enforcing	conservation ease	ments during	the year ►
7	A mount of expenses incurred in monitoring, inspectin \$\blue\$	g, and enforcing coi	nservation easemen	ts during the	year
8	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy th	e requirements of se	ection	┌ Yes
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	ne footnote to the o			
Par	Complete if the organization answered "			, or Other	Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIV, the text of the footnote to its final	or public exhibition	, education or resea	rch ın further	
b	If the organization elected, as permitted under SFAS: historical treasures, or other similar assets held for p provide the following amounts relating to these items				·
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
	(ii) Assets included in Form 990, Part X				► \$
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS			for financial (
а	Revenues included in Form 990, Part VIII, line 1				▶ \$
ь	Assets included in Form 990, Part X				▶ \$
					· · ·

Par	t IIII	Organizations Maintaining Co	llections of Art	t, His	torica	<u>l Tr</u>	easur	es, or O	<u>the</u>	r Similar As	sset	S (co	ntınued)
3		the organization's accession and othe (check all that apply)	r records, check an	y of th	ie follow	ıng tl	hat are	a sıgnıfıca	nt u	se of its collec	tıon		
а	ΓP	ublic exhibition		d	_ L.	oan o	rexcha	ange progr	ams				
b	Scholarly research e Other												
c	Preservation for future generations												
4	Provid Part X	de a description of the organization's co IIV	ollections and expla	ıın hov	v they fu	urthei	r the or	ganızatıon	's ex	empt purpose	ın		
5		g the year, did the organization solicit o s to be sold to raise funds rather than t								ılar	⊢ γ	es	┌ No
Pai	rt IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	990,		
1a		organization an agent, trustee, custod ed on Form 990, Part X?	lan or other interme	ediary	for conf	trıbut	ions or	other ass	ets r	not	⊢ γ	es	┌ No
b	If"Ye	s," explain the arrangement in Part XIV	/ and complete the	follow	ıng tabl	е		_					
										Aı	nount	:	
С	Begin	ning balance							1c				
d	A ddıt	ions during the year							1d				
e	Dıstrı	butions during the year							1e				
f	Endın	g balance							1f				
2a	Did th	e organization include an amount on Fo	orm 990, Part X, lın	e 21?							┌ Y	es	┌ No
b	If "Ye	s," explain the arrangement in Part XI $oldsymbol{N}$											
Pa	rt V	Endowment Funds. Complete									T		
1_	Pagin	ning of wear halance	(a) Current Year 575,565	(b)	Prior Yea	r 1,566	(c)Iwo	Years Back 915,947	+	Three Years Back 297,493		our Ye	ears Back
1a -		ning of year balance	373,303			0,000		35,548	+	618,454	-		
b		ibutions	20,063			0,749		-162,400	+	010,434	-		
c d		tment earnings or losses s or scholarships	20,003			3,7 13		102,100					
e		expenditures for facilities	108,145		16	5,750		267,529			 		
_		rograms	,					,					
f	A dmı	nistrative expenses											
g	End o	fyear balance	487,483		575	5,565		521,566	5	915,947	<u>'</u>		
2	Provid	de the estimated percentage of the yea	r end balance held	as									
а	Board	designated or quasi-endowment 🕨	6 000 %										
ь	Perma	anent endowment 🕨 22 000 %											
c	Term	endowment 🕨 72 000 %											
3а		ere endowment funds not in the posses	ssion of the organiz	atıon t	that are	held	and ad	mınıstered	l for	the	_		
	-	ization by										res	No
		related organizations				•			•	3a	• •	/es	N o
ь		lated organizations s s" to 3a(ii), are the related organizatio			 Chedule	 . D2	• •		•		ь		
4		tibe in Part XIV the intended uses of th	•						•	3			
Par	rt VI	Land, Buildings, and Equipme					0.						
		Description of property			(a) (Cost o	r other stment)	(b)Cost or basis (oth		(c) Accumulate depreciation	ed	(d) Bo	ok value
1a	Land										\top		
b	Buildin	gs						- 2	2,600	2,	600		(
c	Leaseh	old improvements											
d	Equipm	nent						48	3,343	37,	428		10,915
e	Other												

(a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)O ther (A) Beneficial interest in assets held by JCEF	455,563	С
(17) Sellendar interest in assets field by 3021	133,333	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	▶ 455,563	
Part VIII Investments—Program Related. S	· · · · · · · · · · · · · · · · · · ·	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	lung 15	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(2)		(2)
Total. (Column (b) should equal Form 990, Part X, col.(B) lir	ne 15.)	
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Allocations payable to agencies	740,000	
Agency liabilities	12,657	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 752,657	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,727,569
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,960,379
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-232,810
4	Net unrealized gains (losses) on investments	4	18,075
5	Donated services and use of facilities	5	8,475
6	Investment expenses	6	-
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	26,550
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-206,260
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	1,754,119
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	26,550
3	Subtract line 2e from line 1	3	1,727,569
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,727,569
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	1,960,379
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	1,960,379
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	С
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,960,379
Pai	rt XIV Supplemental Information		
_	10.00		41 101

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The donors of the endowment funds have either restricted the income of the endowment funds for specific purposes or for the operations of the federation
Description of Uncertain Tax Positions Under FIN 48		The Federation evaluates all significant tax positions as required by accounting principles generally accepted in the United States of America. As of August 31, 2012, the Federation does not believe that it has taken any positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next year. The Federation is no longer subject to audits by the applicable taxing authorities for the period prior to 2009.

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As Filed Data -

DLN: 93493192001373

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

U

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Open to Public Inspection

Name of the organization United Jewish Federation of Grea	ter				Employer ide	entification number
Stamford New Canaan and Darie	n Inc				06-092338	4
Part I Fundraising Act	ivities. Complet	e if the o	organiza	tion answered "Yes"	to Form 990, Part I	V, line 17.
 Indicate whether the organ Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least 	icitations i written or oral agre Form 990, Part VII t paid individuals oi	eement wi) or entity r entities	e f g th any ind y in conne (fundraise	Solicitation of noi Solicitation of gov Special fundraisir dividual (including office action with professional ers) pursuant to agreem	n-government grants vernment grants ig events rs, directors, trustees fundraising services? ents under which the fi	T Yes T No undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Total			>			
3 List all states in which the licensing	organization is regis	stered or	licensed t	o solicit funds or has be	een notified it is exem	ot from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 Campaign (event type)	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	31,894	1		31,894
Revenue	2	Less Charitable contributions	31,894			31,894
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	6,125	5		6,125
	7	Food and beverages	24,193	3		24,193
<u>Direct</u>	8	Entertainment	9,248	3		9,248
Δ	9	Other direct expenses .	10,096	5		10,096
	10	Direct expense summary Add lin	es 4 through 9 ın columr	(d)	•	(49,662)
	11	Net income summary Combine III				-49,662
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
<u> </u>	1	Gross revenue				
	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Dream	5	Other direct expenses				
	6	Volunteer labor	∀es No	┌ Yes ┌ No	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in col	ımn (d)	🛌	
9 a b	Is t	er the state(s) in which the organization licensed to operate	gaming activities in eac	h of these states?		· · Fyes Fno
10a b		re any of the organization's gaming Yes," Explain				· · Fyes FNo

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Schedule I (Form 990)

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: 93493192001373

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

lame of the organization						Employer identif	ication number
Jnited Jewish Federation of Grea Stamford New Canaan and Darier	n Inc					06-0923384	
Part I General Inform	ation on Grant	ts and Assistance					
	to award the grant panization's proced er Assistance	s or assistance? ures for monitoring the i to Governments ar		United States the United States		ganızatıon answered	
(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
(1) Jewish Home for the Elderly175 Jefferson Street Fairfield, CT 06432	06-0846991	501(c)(3)	5,000				To support other organizations
(2) Center for Judaic Studies One University Place Stamford, CT 06901	06-0772160	501(c)(3)	5,000				To support other organizations
(3) Jewish Federation of North America25 Broadway Suite 1700 New York, NY 100041010	13-1624240	501(c)(3)	283,000				To support other organizations
(4) Jewish Family Services 733 Summer Street Stamford, CT 06901	06-1130830	501(c)(3)	201,500				To Support other organizations
(5) Jewish Historical Society 800 Summer Street Stamford, CT 06901	22-2573763	501(c)(3)	500				To Support other organizations
(6) Bicultural Day School 2186 High Ridge Road Stamford, CT 06903	06-0731793	501(c)(3)	107,500				To support other organizations
(7) Carmel A cademy 270 Lake A ve Greenwich, CT 06830	13-4013334	501(c)(3)	15,000				To support other organizations
(8) B'naı B'rıth Youth Org360 Amıty Road Woodbrıdge, CT 06525	31-1794932	501(c)(3)	4,000				To support other organizations
(9) Friendship Circle770 High Ridge Road Stamford, CT 06905	26-1093886	501(c)(3)	5,000				To support other organizations
(10) Hillel UCONN Storrs54 N Eagleville Road Storrs,CT 06268	06-6071635	501(c)(3)	8,500				To support other organizations
(11) Jewish High School of CT2710 Park Avenue Bridgeport, CT 06604	20-5952939	501(c)(3)	5,000				To support other organizations
(12) Jewish Community Center Inc1035 Newfield A venue Stamford, CT 06905	06-0646918	501(c)(3)	110,000				To support other organizations

Ident if ier

(a)Type of grant or assistance

Return Reference

(b) Number of

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes" to Form 990	, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	-		

(d)A mount of

(e)Method of valuation (book,

(c)A mount of

Explanation

(a) Type of grant of assistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1) Description of non-easin assistance
(1) Scholarships, Awards, Grants and distributions to subgrantees	28	44,450			
Part IV Supplemental Information	tion. Complete this pa	art to provide the info	ormation required in F	Part I, line 2, and any othe	r addıtıonal ınformatıon.

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 06-0923384

Name: United Jewish Federation of Greater

Stamford New Canaan and Darien Inc

(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 Home for the Elderly175 Jefferson Street Fairfield, CT 06432	06- 0846991	501(c)(3)	5,000				To support other organizations
Center for Judaic Studies One University Place Stamford, CT 06901	06- 0772160	501(c)(3)	5,000				To support other organizations

(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 North America25 Broadway Suite 1700 New York, NY 100041010	13- 1624240	501(c)(3)	283,000		othery		To support other organizations
Jewish Family Services733 Summer Street Stamford, CT 06901	06- 1130830	501(c)(3)	201,500				To Support other organizations

(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 Society800 Summer Street Stamford, CT 06901	22- 2573763	I 501(c)(3)	500				To Support other organizations
Bicultural Day School2186 High Ridge Road Stamford, CT 06903	06- 0731793	501(c)(3)	107,500				To support other organizations

(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
Carmel Academy 270 Lake Ave Greenwich, CT 06830	13- 4013334	501(c)(3)	15,000				To support other organizations
B'naı B'rıth Youth Org360 Amıty Road Woodbrıdge, CT 06525	31- 1794932	501(c)(3)	4,000				To support other organizations

(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
Friendship Circle 770 High Ridge Road Stamford, CT 06905	26- 1093886	501(c)(3)	5,000				To support other organizations
Hillel UCONN Storrs54 N Eagleville Road Storrs,CT 06268	06- 6071635	501(c)(3)	8,500				To support other organizations

(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 High School of CT2710 Park Avenue Bridgeport, CT 06604	20- 5952939	501(c)(3)	5,000				To support other organizations
Jewish Community Center Inc 1035 Newfield Avenue Stamford, CT 06905	06- 0646918	501(c)(3)	110,000				To support other organizations

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Part I Questions Regarding Compensation

DLN: 93493192001373

OMB No 1545-0047

Open to Public Inspection

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization United Jewish Federation of Greater Stamford New Canaan and Darien Inc **Employer identification number** 06-0923384

				Yes	Νo
1a	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
	990, Part VII, Section A, line 1a Complete Part III to provide				
	<u> </u>	ousing allowance or residence for personal use			
	<u> </u>	ayments for business use of personal residence			
		ealth or social club dues or initiation fees			
	Discretionary spending account P	ersonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abov		1b		
2	Did the organization require substantiation prior to reimbursing	g or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director,	regarding the items checked in line 1a?	2		
_					
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	establish the compensation of the			
		√rıtten employment contract			
		compensation survey or study			
		pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S or a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqu	alified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete	te lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, di				
_	compensation contingent on the revenues of	a the organization pay or accorde any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the net earnings of	d the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc		-		
-	subject to the initial contract exception described in Regs.	·			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttabl	le presumption procedure described in Regulations			
	section 53 4958-6(c)?		9		

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

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

Note. The sum of columns (B)(1)-(111) 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	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
_	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

	Ident if ier	Return Reference	Explanation
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Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493192001373

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

2011

Open to Public Inspection

Name of the organization
United Jewish Federation of Greater
Stamford New Canaan and Darien Inc

Employer identification number

06-0923384

ldentifier	Return Reference	Explanation
Explanation for Not Filing Form 990-T	Form 990, Part V, line 3b	All fees and other reported income by the ortganization were generated by and for the organization's primary exempt purpose and are therefore not subject to unrelated business income tax
	Form 990, Part VI, Section A, line 2	Lorraine Kw eskin and David Kw eskin are husband and wife
	Form 990, Part VI, Section B, line 11	The return is reviewed by the executive director and a board member on behalf of the board before it is filed
	Form 990, Part VI, Section B, line 15a	A meeting was held to review comparable data to determine appropriateness of the executive director's compensation
	Form 990, Part VI, Section C, line 19	The form 990 and other documents are available at the agency's office to any person making a request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 18,075 Donated services and use of facilities 8,475 Total to Form 990, Part XI, Line 5 26,550
		The organization has a committee that is responsible for overseeing the audit of its financial statements as well as the selection of an independent accountant. The process has not changed from the prior year

Additional Data

Software ID:

Software Version:

EIN: 06-0923384

Name: United Jewish Federation of Greater

Stamford New Canaan and Darien Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	ı services									
(Code) (Expenses \$	171,902	ıncludıng grants of \$	2,000) (Revenue \$)					
A mounts raised on behalf of other designations										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustae 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
Jon Cline Board of Directors	1 00	×						0	0	0
Shoshana Dweck Board of Directors	1 00	х						0	0	0
Alix Field Eben Board of Directors	1 00	×						0	0	0
David Fogel Board of Directors	1 00	Х						0	0	0
Meryl Gordon Board of Directors	1 00	Х						0	0	0
Diana Gould Board of Directors	1 00	Х						0	0	0
Wendy Handler Board of Directors	1 00	х						0	0	0
Zeena Hine Board of Directors	1 00	X						0	0	0
Meryl Japha Board of Directors	1 00	Х						0	0	0
Lorraine Kweskin Board of Directors	1 00	Х						0	0	0
Len Mark Board of Directors	1 00	Х						0	0	0
Mike Moskowitz Board of Directors	1 00	Х						0	0	0
Brian Rogol Board of Directors	1 00	х						0	0	0
Gary Schulman Board of Directors	1 00	х						0	0	0
Edward Spilka Board of Directors	1 00	х						0	0	0
Fred Springer Board of Directors	1 00	х						0	0	0
Nancy Mimoun President	1 00			х				0	0	0
Dan Benjamin Vice Pres	1 00			х				0	0	0
Joan Breslow Vice Pres	1 00			х				0	0	0
A miel Goldberg Vice Pres	1 00			х				0	0	0
Cheryl Bader Goldblum Vice Pres	1 00			х				0	0	0
Rıchard Plutzer Vıce Pres	1 00			х				0	0	0
David Stein Vice Pres	1 00			х				0	0	0
Robin Treidel Vice Pres	1 00			х				0	0	0
Ed Smith Secretary	1 00			х				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						Reportable Reportable Est compensation compensation amoun	(F) Estimated amount of other	
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Kayla Hanna Womens Philanthropy Presid	1 00			х				0	0	0
Tara Shapiro Young Leadership President	1 00			х				0	0	0
David Kweskin Immediate Past President	1 00			х				0	0	0
Erica Arbron Board of Directors	1 00			х				0	0	0
Alan Barnett Board of Directors	1 00			х				0	0	0
Robert Zwang Interim Executive Director	40 00			x				91,702	0	0