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DLN: 93493045008384

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

	Revenue S	,	► The organization may have to us	e a copy of this return to satisfy s	state reportin	g requirem	ents	Inspection	
A Fo	r the 2	012 cal	endar year, or tax year beginning 07-0	01-2012 , 2012, and ending 06-3	30-2013				
	eck if ap		C Name of organization JEWISH FEDERATION OF GREATER HARTF	ORD		D Emplo	yer ident	ification number	
_	Iress cha me chan	-	Doing Business As			06-06	555482		
_	ıal returr	-	Number and street (or P O box if mail is r	not delivered to street address) Poom/s	ute				
┌ Ter	mınated		333 BLOOMFIELD AVENUE	ot delivered to street address) Room, si	aite		one numbe		
┌ Am	ended re	eturn	City or town, state or country, and ZIP + 4 WEST HARTFORD, CT 06117	<u> </u>		(860)	232-44	83	
☐ App	lication	pending	WEST HARTFORD, CT 00117			G Gross r	eceıpts \$ 4	1,659,250	
			F Name and address of principal CATHRINE F SCHWARTZ	officer	H(a) Is th	ns a group ates?	return f	or ┌ Yes 🗸 No	
			333 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117						
			WEST HARTFORD, CT 06117					ed? \(\text{Yes} \(\text{No} \) see instructions)	
I Ta	x-exemp	pt status	▼ 501(c)(3)	no)				·	
J W	ebsite:	:► WW	W JEWISHHARTFORD ORG		H(c) Gro	up exempt	ion num	ber ►	
K Form	n of orga	anızatıon	Corporation Trust Association C	other -	L Year of fo	ormation 19	45 M S	tate of legal domicile CT	
Pa	rt I	Sum	mary				•		
Governance	Т	HE MIS	escribe the organization's mission or in the SSION OF THE FEDERATION IS TO AND AROUND THE WORLD THE FE	ENHANCE, BUILD AND PERPE					
o Se	2 C	heck th	nis box 🚩 if the organization discont	inued its operations or disposed	of more than ?	25% of its	net ass	ets	
]]a, N	lumher	of voting members of the governing bo	ndy (Part VI line 1a)			3	2.5	
Activities &			of independent voting members of the				4	24	
Ħ	5 T	otal nu	mber of individuals employed in calen	dar year 2012 (Part V, line 2a)			5	34	
æ			mber of volunteers (estimate if neces				6	420	
	l		related business revenue from Part V lated business taxable income from F				7a		
	D IV	ret unite	rated business taxable income nomi	onn 990-1, inte 54		or Year	7 b 	Current Year	
	8	Contri	butions and grants (Part VIII, line 1h)		4,925,	522	4,565,321	
пще	9	Progra	m service revenue (Part VIII, line 2g)		135,	016	92,460	
Revenue	10		ment income (Part VIII, column (A),	, , ,		1,877		1,469	
_	11 12		revenue (Part VIII, column (A), lines evenue—add lines 8 through 11 (mus		e		0	0	
	12	12) .	<u> </u>	<u> </u>		5,062,		4,659,250	
	13		and similar amounts paid (Part IX, c			2,761,	0	2,694,497	
	14 15		ts paid to or for members (Part IX, co es, other compensation, employee bei		•			0	
\$		5-10)				1,570,		1,503,618	
Expenses	16a		sional fundraising fees (Part IX, colur		•		0	0	
五	17		ndraising expenses (Part IX, column (D), line expenses (Part IX, column (A), lines		_	913,	369	815,297	
	18		expenses Add lines 13–17 (must equ		` 	5,245,		5,013,412	
	19	Reven	ue less expenses Subtract line 18 fro	om line 12		-182,	787	-354,162	
Not Assets or Fund Balances					_	g of Curre Year	nt	End of Year	
SSet Bafa	١	Total	assets (Part X, line 16)					9,349,033	
4 E	20					9,949,	/6/	9,349,033	
	21	Total	iabilities (Part X, line 26)			3,274,	254	2,983,023	
_	21 22	Total I Net as	sets or fund balances Subtract line 2				254	2,983,023 6,366,010	
Par Unde my kr	21 22 TIII r penal	Total I Net as Sign Ities of ge and		1 from line 20		3,274, 6,675, es and sta	254 513 tements	2,983,023 6,366,010 , and to the best of	
Par Unde my kr	21 22 TIII r penal	Total I Net as Sign Ities of ge and	sets or fund balances Subtract line 2 ature Block perjury, I declare that I have examine pelief, it is true, correct, and complete nowledge	1 from line 20	han officer) is	3,274, 6,675, es and sta	254 513 tements	2,983,023 6,366,010 , and to the best of	
Par Unde my kr prepa	21 22 TIII r penal nowledgrer has	Total I Net as Sign Ities of ge and s any ki	sets or fund balances Subtract line 2 ature Block perjury, I declare that I have examine pelief, it is true, correct, and complete nowledge	1 from line 20	han officer) is	3,274, 6,675, es and sta based on	254 513 tements	2,983,023 6,366,010 , and to the best of	
Par Unde my kr prepa	21 22 TIII r penal nowledgrer has	Net as Sign Ities of ge and s any ki ***** Signa CATH	sets or fund balances Subtract line 2 ature Block perjury, I declare that I have examine pelief, it is true, correct, and complete nowledge ** sture of officer IRINE F SCHWARTZ PRESIDENT & CEO	1 from line 20	han officer) is	3,274, 6,675, es and sta based on 014-02-12	254 513 tements	2,983,023 6,366,010 , and to the best of	
Par Unde my kr prepa	21 22 TIII r penal nowledgrer has	Net as Sign Ities of ge and s any ki Signa CATH Type	sets or fund balances Subtract line 2 ature Block perjury, I declare that I have examine pelief, it is true, correct, and complete nowledge ** ture of officer RINE F SCHWARTZ PRESIDENT & CEO or print name and title	d this return, including accompanded Declaration of preparer (other t	han officer) is	3,274, 6,675, es and sta based on 014-02-12	254 513 tements	2,983,023 6,366,010 a, and to the best of mation of which	

Firm's address ► 180 GLASTONBURY BOULEVARD

GLASTONBURY, CT 06033

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

Paid

Preparer

Use Only

Firm's EIN 🕨 22-1478099

Phone no (860) 633-3000

✓ Yes No

	1330 (2012)				raye Z
Par		nt of Program Service .	Accomplishments to any question in this Part III		Г
1		e organization's mission	to any question in this i are iii		,
TO E	BE THE CENTRAL JE DCATING, COORDI	WISH COMMUNITY ORGA	NIZATION IN THE GREATER HAF NG FUNDS RECEIVED FROM ITS 1UNITY		
2			rogram services during the year w		└ Yes ▽ No
	•	hese new services on Sched) 1es • NO
3	Did the organizatio	n cease conducting, or make	significant changes in how it cond	ucts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedule C			
4	expenses Section		complishments for each of its three anizations are required to report the program service reported		
4a) (Expenses \$ NATIONAL AND OVERSEAS JEWISH I L, AND AROUND THE WORLD	4,078,041 including grants of \$ PHILANTHROPIC AGENCIES, AND TO ENHA	2,694,497) (Revenue \$ NCE, BUILD AND PERPETUATE JEWIS	92,460) GH LIFE IN GREATER
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program se	rvices (Describe in Schedule	0)		
	(Expenses \$		g grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ► 4	,078,041		

art IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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? <i>If</i> "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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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, line 10? 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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{\bullet}	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 and XII	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	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		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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Fai	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 16			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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			
b	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 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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, securities account, or other financial account)?	4 a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		5D		
С	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 as charitable contributions?	6a		No
b	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 services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	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?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
l 1	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)			
	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			
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. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

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.

			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
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? .	3		No					
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		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					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue									
	ection B. Policies (This Section B requests information about policies not required by the Internal R	event	<u>ie coa</u>	e.)					
	ection B. Policies (This Section B requests information about policies not required by the Internal R	event	Yes	e.) No					
	Did the organization have local chapters, branches, or affiliates?	10a							
10a				No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CT
- 18 Section 6104 requires an organization to make its 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 Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CHERYL WOLMER 333 BLOOMFIELD AVENUE WEST HARTFORD, CT (860) 232-4483

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) CATHRINE F SCHWARTZ	40 00	х		х				209,614	0	18,138	
PRESIDENT AND CEO											
(2) LEIGH A NEWMAN CHAIR EMERITUS	1 00	х		х				0	0	0	
(3) JUDITH SCHLOSSBERG	5 00										
CHAIR OF THE BOARD		X		х				0	0	0	
(4) ROBERT YASS	5 00										
FIRST VICE CHAIR		Х		Х				0	0	0	
(5) BRAD MONDSCHEIN	50										
VICE CHAIR		х		Х				0	0	0	
(6) ANN PAVA	50										
	30	x		х				0	0	0	
VICE CHAIR (7) ERIC M ZACHS	50				_						
•	30	x		х				0	0	0	
VICE CHAIR (8) RAYMOND S WEINSTEIN		-									
(8) RATMOND S WEINSTEIN	50	x						0	0	0	
DIRECTOR											
(9) JUDITH K RESNICK	50	×		х				0	0	0	
SECRETARY											
(10) TED FICHTENHOLTZ	50	l x						0	0	0	
DIRECTOR									_	_	
(11) ETHAN GOLDMAN	50	x		×				0	0	0	
TREASURER				Ĺ				<u> </u>			
(12) LAURIE MANDELL	50	×						0	0	0	
DIRECTOR		_ ^						Ů	0	0	
(13) JULIE SPIVAK	50										
DIRECTOR		X						0	0	0	
(14) RANDI PIAKER	50	,							ā	_	
DIRECTOR		X						0	0	0	
(15) JODI SCHWARTZ	50	Ţ.,.								_	
DIRECTOR		X						0	0	0	
(16) CYRAL SHELDON	50										
DIRECTOR		X						0	0	0	
(17) DR SIDNEY ULREICH	50	 									
		х						0	0	0	
DIRECTOR											

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	note boo	chec c, unle n offic rustee	ess er	(D) Reportable compensatio from the organizatio (W- 2/1099	on n	(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount o compen from organiz	ated of other sation the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	,-	MISC)	MISC)		lated ations		
(18) CARY LAKENBACH	50	X							0		0		0		
DIRECTOR									\longrightarrow						
(19) ALAN ROSENBERG	50	x							О		0		0		
DIRECTOR (20) LAURI MILLER	50	1					\vdash								
DIRECTOR		x							0		0		0		
(21) HENRY M ZACHS	5 00														
DIRECTOR		X							0		0		0		
(22) ALAN NATHAN	50	,,		,,									0		
ASSISTANT TREASURER		Х		Х					0		0		0		
(23) ANNE MARTHA PITEGOFF	1 00	x		×					٥		0		0		
ASSISTANT TREASURER															
(24) DAVID MILLER	50	×						o		О		О			0
DIRECTOR (25) ALLISON SHELL	50				-				_						
DIRECTOR		×							0	0 0		0			0
(26) CHERYL WOLMER	40 00														
VP AND CFO				×				76	,112		0		24,830		
(27) ELIZABETH APPLEMAN	40 00			x				100	,503		0		24,449		
VP OF DEVELOPMENT				L				109	,303		0		24,449		
(28) STEPHEN BAYER	20 00			×				22	,730		0		21,625		
SR VP & CHIEF PROGRAM OFFI															
							\Box								
1b Sub-Total	1					<u> </u>									
c Total from continuation sheets to Par	· · · · · · · · · · · · · · · · · · ·		•			▶ ⊢					+				
d Total (add lines 1b and 1c)				٠.		⊢ ⊢		417,959			0		89,042		
2 Total number of individuals (including l	out not limited to	those	liste	ed al	bove	e) who	rece	eıved more th	an						
\$100,000 of reportable compensation	from the organiz	zatıonÞ	- 2												
												Yes	No		
3 Did the organization list any former off on line 1a? If "Yes," complete Schedule.			e, key	y em	nplo	yee, o	r hıg	hest compens	ateo	i employee	3		No		
4 For any individual listed on line 1a, is to organization and related organizations individual										m the		Vas			
5 Did any person listed on line 1a receiv	or accrue com	nencat	on f	rom	- anv	unrel	·	organization	or in	dividual for	-4	4 Yes			
services rendered to the organization?									•		5	No			
Section B. Independent Contract	ore														
1 Complete this table for your five highes		ındepe	nden	nt co	ntra	ctors	that	received moi	re th	an \$100.000	of				
compensation from the organization R	eport compensa								:hın t	he organizati					
	(A) ousiness address			_				Desc		(B) n of services		(C Comper			
UNITED STATES CEMETERY SERVICE LLC 309 PANE ROAD NEWINGTON CT 06111 CEMETERY MAINTENANCE									101,760						

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNITED STATES CEMETERY SERVICE LLC 309 PANE ROAD NEWINGTON CT 06111	CEMETERY MAINTENANCE	101,760
Total number of independent contractors (including but not limited to these listed above)	who recoved more than	

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 ►1

Part V	Ш	Statement of Revenue				
		Check if Schedule O contains a response to any questio	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
(4)	1a	Federated campaigns 1a				921
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	-			
Gra not	С	Fundraising events 1c	-			
ts, I	_		-			
Gif	d	Related organizations 1d	-			
ns,	е	Government grants (contributions) 1e	-			
ıtio er (f	All other contributions, gifts, grants, and similar amounts not included above	_			
tributi Other	g	Noncash contributions included in lines 488,107	i i	İ		İ
Conti and (h	1a-1f \$	4,565,321			
ع ت			+ 1,303,321			
en	2-	Business Code				
ven	2a L	LITERACY AND EDUCATION 61171	<u> </u>	67,778		
22	b	COMMISSION ON JEWISH E 61171	0 24,682	24,682		
МС	c d		-			
33	e					
ran	f	All other program service revenue				
Program Serwoe Revenue	•					
	g	Total. Add lines 2a-2f	92,460			
	3	Investment income (including dividends, interest, and other similar amounts)	1,469			1,469
	4	Income from investment of tax-exempt bond proceeds \blacktriangleright				
	5	Royalties				
		(ı) Real (ıı) Personal	_			
	6a	Gross rents	4			
	b	Less rental expenses	_			
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	_	(i) Securities (ii) Other	-			
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and	1			
		sales expenses	_			
	C	Gain or (loss)	4			
	d 8a	Net gain or (loss)				
₩ue	oa	events (not including \$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a				
ihe	b	Less direct expenses b]			
ō	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	Ь	Less direct expenses b	⊣			
	С	Net income or (loss) from gaming activities	╡			
	10a	Gross sales of inventory, less returns and allowances .				
		a	_			
	b	Less cost of goods sold b	⊣			
	С	Net income or (loss) from sales of inventory				
	11a	Miscellaneous Revenue Business Code	-			
	11a b		+			
			+			
	c d	All other revenue	+			
	a e	Total. Add lines 11a-11d	+			
		Tabal manager Con Institute house				
	12	Total revenue. See Instructions	4,659,250	92,460	C	1,469

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,624,497 2,624,497 Grants and other assistance to individuals in the United States See Part IV, line 22 70,000 70,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 523,612 311,302 65,701 146,609 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 802,659 447,263 130,757 224,639 Pension plan accruals and contributions (include section 401(k) 25,192 14,977 3,161 7,054 and 403(b) employer contributions) 57,706 Other employee benefits 19,510 24,361 13,835 10 94,449 56,153 11,851 26,445 11 Fees for services (non-employees) Management Legal Accounting 22,700 22,700 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion . . 12 43,283 32,462 10,821 13 Office expenses 32,543 13,953 1,396 17,194 14 Information technology . . . 15 Royalties . 84,596 54,141 6,768 16 Occupancy 23,687 **17** 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 19,979 7,353 136 12,490 20 4,771 4,771 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 258,810 165,639 20,704 72,467 23 7,549 4,831 604 2,114 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM EXPENSES 170,482 170,482 DIRECT CAMPAIGN EXPENSE 96,526 43,437 53,089 DATA PROCESSING 25,723 8,489 1,286 15,948 d CREDIT CARD FEES 21,900 10,950 10,950 26,435 17,831 e All other expenses 33 8,571 Total functional expenses. Add lines 1 through 24e 25 5,013,412 4,078,041 289,458 645,913 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► 🔽 if following SOP 98-2 (ASC 958-720) 868.082 0 868.082

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	S F dit X		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments		Ē	1,223,727	2	1,039,562
	3	Pledges and grants receivable, net			2,397,527	3	2,218,757
	4	Accounts receivable, net				4	
(S	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	irectors, art II of	trustees, key		5	
	6	Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary elorganizations (see instructions) Complete Part II of Schedule	contribut mployees	ing employers		6	
gssets	7	Notes and loans receivable, net			7		
₫	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			83,697	9	122,039
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		7,912,640	,		, , , , , , , , , , , , , , , , , , ,
	ь	Less accumulated depreciation	10b	2,442,156	5,683,210	10c	5,470,484
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11	4,200	12	5,200		
	13	Investments—program-related See Part IV, line 11			,	13	<u> </u>
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			557,406		492,991
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			9,949,767	-	9,349,033
	17	Accounts payable and accrued expenses			157,083		146,002
	18	Grants payable	• •	•	2,863,839		2,674,826
	19	Deferred revenue		•	2,000,000	19	2,014,020
	20			•		20	
		Tax-exempt bond liabilities		•		H	
ŝ	21	Escrow or custodial account liability Complete Part IV of Sche				21	
ojiitie 1	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	tees,			
Liabil		persons Complete Part II of Schedule L		• •		22	
	23	Secured mortgages and notes payable to unrelated third partie			140,425		32,079
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	rt X of So	hedule	112,907	25	130,116
	26	Total liabilities. Add lines 17 through 25			3,274,254		2,983,023
		Organizations that follow SFAS 117 (ASC 958), check here ►			3,211,201		
φ O		lines 27 through 29, and lines 33 and 34.	y and co	nipiece			
2	27	Unrestricted net assets			5,640,337	27	5,757,713
<u></u>	28	Temporarily restricted net assets			1,035,176	28	608,297
=	29	Permanently restricted net assets				29	<u> </u>
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌	and			
	30	Capital stock or trust principal, or current funds				30	
Sets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Z Z	32	Retained earnings, endowment, accumulated income, or other f				32	
ž	33	Total net assets or fund balances			6,675,513	-	6,366,010
Ž	34	Total liabilities and net assets/fund balances			9,949,767	\vdash	9,349,033
				-	0,0-0,707	, –	0,0,000

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,6	559,250
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0	13,412
3	Revenue less expenses Subtract line 2 from line 1	3		- 3	354,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,6	575,513
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			44,659
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,3	366,010
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate to basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	require	3b		

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As Filed Data -

DLN: 93493045008384

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

JEWISH FEDERATION OF GREATER HARTFORD

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

									06-065				
Part I Reason for Public Charity Status (All organizations must comple									instruction	S.			
The o	rganı:			e foundation becaus									
1								(b)(1)(A)(i)	-				
2	<u>_</u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4													
5	hospital's name, city, and state										cribed in		
5 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)											cribed iii		
6	Г			local government or	•	tal unit des	cribed in sec	tion 170(h)	(1)(A)(v)				
7	<u> </u>			at normally receives						from the ae	neral nublic		
8	, [describ	oed in sectio	on 170(b)(1)(A)(vi). described in sectior	(Complete F	art II)		_	nental unit of	nom the ge	neral public		
9	Г			at normally receives			-	-	ıbutıons, mei	mbership fee	es, and gross		
				ities related to its ex									
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	ess taxable	income (les	s section 51	1 tax) from b	ousinesses		
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section	509(a)(2).(Complete P	art III)				
10	Γ	Anorg	anızatıon or	ganızed and operated	dexclusively	to test for	public safet	y See secti	on 509(a)(4)				
11	Γ	Anorg	anızatıon or	ganized and operated	dexclusively	for the be	nefit of, to pe	rform the fu	nctions of, or	to carry ou	t the purposes of		
				ly supported organiz						See section	509(a)(3). Check		
				bes the type of supp b Type II c						lan function	ally intograted		
_	_			ox, I certify that the			, -		• •		, -		
е	1			on managers and ot									
			n 509(a)(2)	J			,	J			()()		
f				received a written de	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppoi	ting organization,		
			this box	2006, has the organi	ization accei	ated any di	ft or contribu	tion from an	v of the		I		
g			ng persons?		ization acce	oted ally gr	ic or continu	cion nom an	iy of the				
				rectly or indirectly o	ontrols, eith	ier alone or	together wit	h persons d	escribed in (i	u)	Yes No		
		and (111) below, the	governing body of th	e supported	organizatio	on?			11	.g(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)) above?			11	g(iii)		
h		Provide	e the followi	ng information about	the support	ed organıza	ition(s)						
			T				T		1		1		
_) Nam uppor		(ii) EIN	(iii) Type of organization	(iv) Is		(v) Did yo	•	(vi) Is		(vii) A mount of		
	ganiza			(described on	organization in col (i) listed in		in col (i)		col (i) or		monetary support		
				lines 1- 9 above	yourgove		suppo		ın the				
				or IRC section	docume	nt?							
(see instructions)						_							
				macractions)	Yes	No	Yes	No	Yes	No			
Total							ĺ						

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 5,925,753 5,318,136 6,231,123 4,925,522 4,657,781 27,058,315 include any "unusual grants ") 7 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 5,925,753 5,318,136 6,231,123 4,925,522 4,657,781 27,058,315 Total. Add lines 1 through 3 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 Public support. Subtract line 5 27,058,315 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 5,925,753 5,318,136 6,231,123 4,925,522 4,657,781 27,058,315 Amounts from line 4 Gross income from interest, dividends, payments received on 16,350 5,628 3,302 1,877 1,469 securities loans, rents, royalties 28,626 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 27,086,941 through 10) Gross receipts from related activities, etc (see instructions) 12 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 890 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 99 790 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493045008384

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

mai r	Revenue Service P- Attach to Fori	m 990. F See separate instructions.			Tushecu	<u> </u>
	e of the organization SH FEDERATION OF GREATER HARTFORD			oloyer identificat 0655482	ion number	
ar	Organizations Maintaining Donor Adv				Complete	e if the
		(a) Donor advised funds		(b) Funds and o	ther accour	nts
•	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the or	5	nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
П	Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV,	, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation in Protection of natural habitat in Preservation of open space. Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certifie	d historic struct	ure	
	easement on the last day of the tax year			1		
				Held at the I	End of the \	ear_
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	• •	2c			
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or termin						
	the tax year -	ed, released, extiliguished, or terminat	ed by ti	ie organizacion d	uring	
	Number of states where property subject to conservati	on easement is located ►				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	ıdlıng of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year		
	▶ \$,		<i>y</i>		
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
rt	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar A	ssets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherar		c
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance		C
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histori following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			b ¢		
	meraded in rolling your die A			· · ·		

Part :	Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal T</u>	reasu	res, or C)the	r Similar	<u>Asse</u>	ts (co	ntınued)
	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the foll	owing that	are a	significant	use of	ıts	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams	5			
ЬΓ	☐ Scholarly research e ☐ Other											
c 「	Preservation for future generations											
	Provide a description of the organization's co Part XIII	ollections and expla	in ho	w the	y furth	er the o	organızatıoı	n's ex	xempt purpo	se in		
	During the year, did the organization solicit o								nılar	_		_
	assets to be sold to raise funds rather than t		<u> </u>								Yes	☐ No
Part	IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	ea "Y	es" to Forr	n 990),	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontrıb	utions	or other as:	sets	not	Г	Yes	┌ No
b 1	f "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		г		1			
_							-			Amou	ınt	
_	Beginning balance						}	1c				
	Additions during the year						}	1d				
_	Distributions during the year						}	1e				
	Ending balance						L	1f	1			
2a [Old the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>						ı	Yes	┌ No
	f "Yes," explain the arrangement in Part XII											ı
Part	Endowment Funds. Complete	f the organizatio (a)Current year)Prior					rt IV, line 1 Three years ba		Neour w	ears back
1a	Beginning of year balance	(a)Curient year	(D	PHOL	уеаг	D (C)	wo years bac	K (u)	Tillee years ba	ck (e	Jroui ye	ears back
	Contributions							+				
	Net investment earnings, gains, and losses					+		+				
								+				
	Grants or scholarships					-		+		_		
	Other expenditures for facilities and programs											
f ,	Administrative expenses											
g	End of year balance											
2 F	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colur	nn (a))	held as					
a [Board designated or quasi-endowment ►											
Ь	Permanent endowment ►											
c T	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are he	ld and a	dmınıstere	d for	the			
	organization by								г	- (:)	Yes	No
	(i) unrelated organizations					• •		•	<u> </u>	3a(i) 3a(ii)		
	(ii) related organizations f "Yes" to 3a(ii), are the related organization				· . Iule Rā			•	· · · [3b	<u> </u>	
	Describe in Part XIII the intended uses of th	•						•				
Part						10.						
	Description of property		·			or other stment)	(b)Cost or obasis (oth		(c) Accumul depreciation		(d) Bo	ok value
1a La	and											
b Bu	ulldings						7,20	2,867	1,81	3,576		5,389,291
c Le	easehold improvements		•									
	quipment		•	_			709	9,773	62	8,580		81,193
		/ 5 000 0			<u> </u>	- 10() :	<u> </u>		<u> </u>	\rightarrow		F 470 :-
iotal.	Add lines 1a through 1e <i>(Column (d) must e</i>	quai Form 990, Part .	x, colu	umn (B), line	= 10(c).)	<u>,</u>		<u> ▶</u>			5,470,484

Part VIII Investments—Other Securities. Se	<u>ee Form 990, Part X, line 12</u>	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related. S			
(a) Description of investment type	(b) Book value		d of valuation · year market value
		Cost of elia-of-	year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc	ription		(b) Book value
(1) OTHER RECEIVABLES			204,217
(2) ASSETS HELD IN CHARITABLE REMAINDER TRUS	STS		187,302
(3) DEFERRED COMPENSATION TRUST			101,472
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)		492,991
			492,991
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	t X, line 25. (b) Book value		
1 (a) Description of Hability	(b) Book value		
Federal income taxes			
OTHER LIABILITIES	127,606		
LIABILITY UNDER CRT	2,510		
Total (Column (h) must agual form 000, 0-4 V 1(0) 1 25 1			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	130,116		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	text of the foothote to the organ	nızatıon's financıal statem	ents that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	4,703,909
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	44,659
3	Subtract line 2e from line 1	3	4,659,250
4	Amounts 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 XIII)		
c	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,659,250
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn
1	Total expenses and losses per audited financial statements	1	5,013,412
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	5,013,412
4	Amounts 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		
b	Other (Describe in Part XIII)	1	
C	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,013,412

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FEDERATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 THE FEDERATION'S FEDERAL INFORMATION AND STATE RETURNS PRIOR TO FISCAL YEAR 2010 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAWS AND NEW AUTHORITATIVE RULINGS
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 44,659

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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.

OMB No 1545-0047

DLN: 93493045008384

Schedule I

(Form 990)

nternal Revenue Service			Attach to Form 990				Inspection
lame of the organization						Employer identification	n number
EWISH FEDERATION OF GREATER	RHARTFORD					06-0655482	
Part I General Information	on on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organiz 	ward the grants or as	sıstance?					▽ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Addıtıonal Data Table							
	21 ()(2)	1					
Enter total number of section 5Enter total number of other orga							
or Paperwork Reduction Act Notice, see	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2012

Schedule I	(Form 990) 2012
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(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
(1) HEXAGRAM SCHOLARSHIPS	7	53,125	_		

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
GRANTS TO ORGANIZATIONS		THE FEDERATION MONITORS THE ALLOCATIONS GIVEN TO THE AGENCIES AND PROGRAMS BY DOING A MID- YEAR AND END OF YEAR EVALUATION FOR BOTH QUALITATIVE AND QUANTITATIVE FACTORS TO MONITOR THAT FUNDS ARE USED FOR SPECIFIED PURPOSES
GRANTS TO INDIVIDUALS		THE FEDERATION AWARDED SCHOLARSHIPS TO INDIVIDUALS WHO MET CERTAIN CRITERIA PROGRESS IS MONITORED AND THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE INSTITUTION

Software ID:

Software Version:

EIN: 06-0655482

Name: JEWISH FEDERATION OF GREATER HARTFORD

(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
ASSOCIATION OF JEWISH CEMETERIES	06-0655482	501C(3)	80,375				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
BETH ISRAEL	06-0692758	501C(3)	2,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
BIRTHRIGHT ISRAEL	13-4092050	501C(3)	20,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
CAMPERSHIP PROGRAM ONE HAPPY CAMPER	06-0655482	501C(3)	21,600				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 - FARMINGTON VALLEY	06-0662142	501C(3)	20,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
CRT NUTRITION SITES	06-0795640	501C(3)	5,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 ACADEMY OF GREATER HARTFORD - EARLY CHILDHOOD	06-0665199	501C(3)	13,500				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
HEBREW ACADEMY OF GREATER HARTFORD - K THROUGH 8	06-0665199	501C(3)	112,500				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 HIGH SCHOOL OF NEW ENGLAND - LANGUAGE AND ISRAEL	06-1455973	501C(3)	12,500				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
HEBREW HIGH SCHOOL OF NEW ENGLAND - JUDAICS	06-1455973	501C(3)	25,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 HIGH SCHOOL OF NEW ENGLAND - MECHINA	06-1455973	501C(3)	20,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
HEBREW HIGH SCHOOL OF NEW ENGLAND - RECRUITMENT AND MARKETING	06-1455973	501C(3)	20,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 HOME AND HOSPITAL - JEWISH VALUES	06-0646672	501C(3)	86,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
HEBREW HOME AND HOSPITAL - PASTORAL CARE	06-0646672	501C(3)	40,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 PRO GRAMMING	06-0655482	501C(3)	25,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
JEWISH ASSOCIATION FOR COMMUNITY LIVING	06-1068312	501C(3)	16,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 SERVICES OF GREATER HARTFORD - RENT SUBSIDY	06-0653062	501C(3)	25,169				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
JEWISH FAMILY SERVICES OF GREATER HARTFORD - HOLOCAUST PROGRAM	06-0653062	501C(3)	20,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 SERVICES OF GREATER HARTFORD - JETS	06-0653062	501C(3)	8,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
JEWISH FAMILY SERVICES OF GREATER HARTFORD - VOLUNTEER PROGRAM	06-0653062	501C(3)	14,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 SERVICES OF GREATER HARTFORD - KOSHER FOOD PANTRY	06-0653062	501C(3)	16,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
JEWISH FAMILY SERVICES OF GREATER HARTFORD - OLDER ADULT SERVICES	06-0653062	501C(3)	140,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 SERVICES OF GREATER HARTFORD - SPECIAL NEEDS PROGRAMMING	06-0653062	501C(3)	27,300				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
JEWISH FEDERATION OF GREATER HARTFORD - STAVIS LEADERSHIP	06-0653062	501C(3)	24,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 ASSOCIATION OF CONNECTICUT	06-6002641	501C(3)	31,275				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
JEWISH HISTORICAL SOCIETY OF GREATER HARTFORD	06-1217339	501C(3)	9,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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 GREATER HARTFORD - RENT SUBSIDY	06-1217339	501C(3)	8,517				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
KOL HAVERIM - 92ND ST Y SIMULCAST	22-2586288	501C(3)	2,500				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
MANCHESTER ADVISORY	06-0797859	501C(3)	17,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
MANDELL JEWISH COMMUNITY CENTER - CAMP & YOUTH	06-0662142	501C(3)	65,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
MANDELL JEWISH COMMUNITY CENTER - EARLY CHILDHOOD	06-0662142	501C(3)	45,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
MANDELL JEWISH COMMUNITY CENTER - ISRAEL PROGRAMMING	06-0662142	501C(3)	25,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
MANDELL JEWISH COMMUNITY CENTER - JEWISH ARTS & CULTURE	06-0662142	501C(3)	55,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
MANDELL JEWISH COMMUNITY CENTER - PJ LIBRARY	06-0662142	501C(3)	55,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
MANDELL JEWISH COMMUNITY CENTER - SENIORS	06-0662142	501C(3)	23,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
MANDELL JEWISH COMMUNITY CENTER - SPECIAL NEEDS	06-0662142	501C(3)	6,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
MIKVEH BESS ISRAEL	41-1416330	501C(3)	1,500				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
MOISHE HOUSE	26-2599786	501C(3)	18,700				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
SOLOMON SCHECHTER DAY SCHOOL - JEWISH DAY SCHOOL SCHOLARSHIPS	06-0873657	501C(3)	135,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
SOLOMON SCHECHTER DAY SCHOOL - JEWISH EARLY CHILDHOOD EDUCATION	06-0873657	501C(3)	37,125				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
TRAVEL TO ISRAEL	06-0655482	501C(3)	11,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
TRINITY COLLEGE HILLEL - SHABBAT & JEWISH HOLIDAYS	06-0646927	501C(3)	3,150				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
UNIVERSITY OF CONNECTICUT HILLEL - SHABBAT & JEWISH HOLIDAYS	06-6071635	501C(3)	15,750				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
UNIVERSITY OF CONNECTICUT HILLEL - JUDIAC STUDIES	06-6071635	501C(3)	5,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
UNIVERSITY OF HARTFORD HILLEL - STUDENT LEADERSHIP DEVELOPMENT	06-6068500	501C(3)	15,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
UNIVERSITY OF HARTFORD HILLEL - HOLIDAY CELEBRATIONS	06-6068500	501C(3)	15,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
YACHAD GREATER HARTFORD COMMUNITY HIGH SCHOOL - RISHON	06-1329245	501C(3)	10,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
YACHAD GREATER HARTFORD COMMUNITY HIGH SCHOOL - SCHOLARS	06-1329245	501C(3)	3,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
YACHAD GREATER HARTFORD COMMUNITY HIGH SCHOOL - CENTRAL	06-1329245	501C(3)	27,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY
YACHAD GREATER HARTFORD COMMUNITY HIGH SCHOOL - WITHOUT WALLS	06-1329245	501C(3)	10,000				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

(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
THE JEWISH FEDERATION OF NORTH AMERICA	13-1624240	501C(3)	565,042				TO SUPPORT, BUILD, ENHANCE AND PERPETUATE JEWISH LIFE AND THE JEWISH COMMUNITY

DLN: 93493045008384

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization JEWISH FEDERATION OF GREATER HARTFORD **Employer identification number**

06-0655482

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> - </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors			_		
	directors, trustees, and the CEO/Executive Director	or, regard	and the items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply				
	Compensation committee	ᅜ	Written employment contract			
		굣	Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	oased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
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	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	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,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)CATHRINE F SCHWARTZ PRESIDENT AND CEO	(i) (ii)	202,000	0	7,614 0	18,138 0	0	227,752	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Also complete this part for any additional information							
Identifier	Return Reference	Explanation					
		THE TRAVEL FOR COMPANIONS AND SOCIAL CLUB IS SPELLED OUT IN THE PRESIDENT'S CONTRACT AND STATES FOR THE CLUB, THE PRESIDENT WILL BE COVERED BY MEMBERSHIPS TO TUMBLEBROOK COUNTRY CLUB AND TO THE MANDELL JEWISH COMMUNITY CENTER THESE MEMBERSHIPS WILL BE HELD IN THE NAME OF THE FEDERATION BUT WILL PROVIDE THE PRESIDENT WITH THE PRIVILEGES AT THE CLUB AND CENTER THE PRESIDENT USES THE PRIVILEGES FOR PROFESSIONAL PURPOSES ONLY FOR TRAVEL THE CONTRACT STATES THAT UPON APPROVAL OF THE CHAIRMAN OF THE BOARD, THE FEDERATION WILL REIMBURSE THE PRESIDENT FOR EXPENSES PERTAINING TO THE PRESIDENT'S SPOUSE IN CONNECTION WITH ATTENDANCE WITH THE PRESIDENT AT NO MORE THAN TWO CONFERENCES OR ASSEMBLIES PER YEAR, ATTENDANCE WITH THE PRESIDENT AT LOCAL FEDERATION ACTIVITIES TO WHICH SPOUSES ARE GENERALLY INVITED AND ACCOMPANYING THE PRESIDENT ON AN ANNUAL MISSION TO ISRAEL, PROVIDED THE OTHER PERSONS IN ATTENDANCE ARE GENERALLY TRAVELING WITH THEIR SPOUSES THE PRESIDENT HAS NOT MADE USE OF THESE TRAVEL BENEFITS					
		THE FEDERATION MAINTAINS A PLAN UNDER IRS CODE SECTION 457(D) FOR CATHRINE SCHWARTZ, PRESIDENT THE CONTRIBUTIONS TO THE PLAN FOR THE YEAR ENDED JUNE 30, 2013 WAS \$10,100					

Schedule J (Form 990) 2012

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As Filed Data -

DLN: 93493045008384

Employer identification number

Schedule L Tra

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

JEWISH FEDERATION	N OF GREATE	R HARTFO	ORD						065	T 4 0 0			
Part I Exces	ss Benef	it Tran	sactions (section	501(c)(3) a	ind section 5	501(c)(4) or		-065! ations				
Comple	ete if the oi	rganızatı	on answered	"Yes" on	Form 990, P	art IV, line 2	5a or 25b, or	Form 9	90-E	Z, Part \			
1 (a) Name of disqualified person					between dis		(c) Descri	ption o	ftrans	saction		(d) Corre	
				person ar	nd organizati	on						Yes	No
2 Enter the an	nount of ta	x ıncurre	d by organiza	atıon man	agers or disc	qualified perso	ons during the	yearı	ınder	section			
4958									•	F \$			
3 Enter the an	nount of ta	x, ıf any,	on line 2, ab	ove, reim	bursed by th	e organizatior	1		•	► \$			
Part III Loa	ns to an	d/or F	rom Inter	ested D	Persons								
						-EZ, Part V, I	ine 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	rıfthe	
orga			n amount on			5,6,or22						,	
(a) Name of interested	(b) Relativith orga		(c) Purpose of Ioan	(d) Loa		(e)Original	(f) Balance due) In ault?	(h Appro	-	(i)Wri agreen	
person	With orga	iiiiZatioii	UI IUali	organiza		principal amount	due	ueia	iuitr	by boa		agreen	ilelit,
										committee?			
				То	From			Yes	No	Yes	No	Yes	No
										ļ		_	
				1								_	
												_	
							+			-		_	
							+					_	
otal				<u> </u>			1			1			
	nts or As	eistan	ce Benefit			Persons							
							t IV, line 27						
(a) Name of inte			ationship be			f assistance	(d) Type o		tance	(e)	Purpos	e of assi	stance
person			ted person a	nd the									
		C	organızatıon										
							_						
							- -						

Part IV Business Transactions					
Complete if the organization	<u>on answered "Yes" on I</u>	Form 990, Part IV, lı	ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Cahadula I /Farm 000 ar 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

(8) LAURI MILLER

(9) JODI SCHWARTZ

Software ID: Software Version:

EIN: 06-0655482

Name: JEWISH FEDERATION OF GREATER HARTFORD

BOARD MEMBER OF HILLEL

ALLOCATIONS FROM THE

FEDERATION SPOUSE OF ANOTHER BOARD MEMBER WHO IS THE CHAIR OF THE JEWISH COMMUNITY FOUNDATION

SOLOMON SCHECTER DAY

SCHOOL WHICH RECEIVED

ALLOCATIONS FROM THE

BOARD MEMBER OF

FEDERATION

OF UCONN WHICH RECEIVES

Νo

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (b) Relationship (c) A mount of (e) Sharing of (a) Name of interested person (d) Description of transaction between interested transaction organızatıon's person and the revenues? organization Yes No (1) JUDITH SCHLOSSBERG CHAIR CHAIR OF THE FEDERATION Νo AND BOARD MEMBER OF ALL THE ORGANIZATIONS' WHICH RECEIVE ALLOCATIONS FROM THE FEDERATION (2) ANN PAVA BOARD MEMBER OF BOARD MEMBER OF THE THE FEDERATION FEDERATION, THE SOLOMON AND RELATED SCHECHTER DAY SCHOOL, ORGANIZATIONS BESS & PAUL SIGEL HEBREW ACADEMY AND THE HEBREW HIGH SCHOOL OF NEW ENGLAND ALL OF WHICH RECEIVE ALLOCATIONS FROM THE FEDERATION **BOARD MEMBER OF BOARD MEMBER OF THE** (3) JUDITH RESNICK Νo THE FEDERATION FEDERATION WHOSE RELATED TO SPOUSE IS THE CFO OF THE OFFICER AT RELATED MANDELL JEWISH ORGANIZATION COMMUNITY CENTER WHICH RECEIVES AN ALLOCATION FROM THE FEDERATION (4) ROBERT YASS **BOARD MEMBER OF BOARD MEMBER OF THE** Νo THE FEDERATION FEDERATION AND OF THE AND RELATED JEWISH COMMUNITY ORGANIZATION RELATIONS COUNCIL WHICH RECEIVES AN ALLOCATION FROM THE FEDERATION (5) HENRY ZACHS BOARD MEMBER OF **BOARD MEMBER OF HILLELS** Νo THE FEDERATION OFTRINITY, UCONN AND AND CHAIR OF UNIVERSITY OF HARTFORD RELATED WHICH ALL RECEIVE ORGANIZATION ALLOCATIONS FROM THE **FEDERATION** (6) DAVID MILLER **BOARD MEMBER OF** CHAIR OF THE JEWISH Nο THE FEDERATION COMMUNITY FOUNDATION AND RELATED THE FOUNDATION HOLDS ORGANIZATION AND INVESTS FUNDS ON BEHALF OF THE JEWISH FEDERATION IN ADDITION, THE JEWISH COMMUNITY FOUNDATION WILL AWARD AND DISTRIBUTE GRANTS TO THE JEWISH FEDERATION THE IEWISH FEDERATION WILL ALSO SEND MONEY TO THE FOUNDATION BOARD MEMBER OF THE (7) BRAD MONDSCHEIN **BOARD MEMBER OF** Νo THE FEDERATION FEDERATION AND OF THE AND RELATED JEWISH COMMUNITY ORGANIZATION RELATIONS COUNCIL WHICH RECEIVES AN ALLOCATION FROM THE FEDERATION

BOARD MEMBER OF

THE FEDERATION

AND RELATED

ORGANIZATION

BOARD MEMBER OF

THE FEDERATION

AND RELATED

ORGANIZATION

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DLN: 93493045008384

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization JEWISH FEDERATION OF GREATER HARTFORD

Employer identification number

_					06-0655482			
<u>'a</u>	Types of Property			1	T			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	51	488,107	STOCK PROCEED	s		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ► ()							
	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29			
							Yes	N
a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it		Ţ	
	must hold for at least three year for exempt purposes for the enti				d to be used	30a		No
•	If "Yes," describe the arrangem	ent in Part 1	II					
	Does the organization have a gif			review of any non-standard	contributions?	31		N
a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked,			
	describe in Part II		, , , , , , , ,	,	•			

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

I dentifier	Return Reference	Explanation
THIRD PARTY USE	· · · · · · · · · · · · · · · · · · ·	THE ORGANIZATION MAINTAINS ACCOUNTS WITH VARIOUS FINANCIAL INSTITUTIONS WHICH ARE USED TO LIQUIDATE DONATED SECURITIES

Schedule M (Form 990) (2012)

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DLN: 93493045008384

SCHEDULE O (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.

2012
Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF GREATER HARTFORD

Employer identification number

06-0655482

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE WHO IS CHARGED BY THE BOARD TO REVIEW THE RETURN BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	EVERY DIRECTOR, TRUSTEE, COMMITTEE MEMBER OR SENIOR STAFF EMPLOYEE SHALL ANNUALLY SUBMIT A CONFLICT OF INTEREST FORM TO DISCLOSE ANY DIRECT OR INDIRECT CONFLICT OF INTEREST IF A CONFLICT APPEARS TO EXIST, THE CHAIR WITH THE CONSENT OF THE BOARD MAY WAIVE SUCH CONFLICT OR DETERMINE ITS RESOLUTION THE RESOLUTION SHALL BE RECORDED IN THE MINUTES OF THE DECIDING BODY
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT IS DETERMINED BY THE BOARD BASED ON RESEARCH AND ANALYSIS OF SIMILAR ORGANIZATIONS' AND OTHER REGIONAL NON-PROFITS' COMPENSATION OF COMPARABLE EMPLOYEES ALSO INCLUDED IN THE PROCESS ARE PERFORMANCE EVALUATIONS
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION REGARDING GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS IS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST 44,659
	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES TO THE ORGANIZATIONS OVERSIGNT OR SELECTION PROCESS DURING THE TAX YEAR