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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2012****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

<b>A</b> For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 20 13	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD IN</b>
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
	<b>333 Bloomfield Avenue Suite D</b>
	City, town or post office, state, and ZIP code
<b>West Hartford, CT 06117</b>	
<b>D</b> Employer identification number <b>06-1372107</b>	
<b>E</b> Telephone number <b>860-523-7460</b>	
<b>G</b> Gross receipts \$ <b>17,891,841</b>	
<b>F</b> Name and address of principal officer: <b>Michael L Johnston</b> <b>333 Bloomfield Avenue, Suite D, West Hartford, CT 06117</b>	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>jcfhartford.org</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation <b>1993</b> <b>M</b> State of legal domicile <b>CT</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The Jewish Community Foundation promotes philanthropy, manages the Greater Hartford Jewish community's charitable endowment to support grant making today and in the future, and distributes funds based on community needs and donor input</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>66</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,664,081</b>	<b>3,658,470</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,104,770</b>	<b>5,035,309</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,072</b>	<b>114,267</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>4,770,923</b>	<b>8,808,046</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,819,777</b>	<b>2,622,966</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>936,456</b>	<b>969,016</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>788,141</b>	<b>0</b>	<b>343,000</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>230,616</b>	<b>301,612</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>3,986,849</b>	<b>4,236,594</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>784,074</b>	<b>4,571,452</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>81,591,909</b>	<b>88,819,486</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>13,363,096</b>	<b>13,140,059</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>
	<b>MICHAEL L JOHNSTON, PRESIDENT AND CEO</b>	<b>5/13/14</b>
<b>Type or print name and title</b>		

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	<b>Firm's name ▶</b>	<b>Firm's EIN ▶</b>			
	<b>Firm's address ▶</b>	<b>Phone no.</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2012)

SCANNED JUN 18 2014

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

As a center for Jewish philanthropy in Greater Hartford, the Jewish Community Foundation works with individuals and families to create meaningful personal legacies; empowers donors to convert generous ideas into deliberate action; addresses community needs through strategic and high impact grantmaking; and partners with donors and community organizations to sustain a vibrant and secure community

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 123,708 including grants of \$ 123,708 ) (Revenue \$ 0 )  
Community Agencies, Programs and Services (Expenses: \$123,708 including grants of \$123,708) The Foundation awarded a grant to the Jewish Federation of Greater Hartford to support 22 local agencies and programs, meet critical needs for basic human services in the Greater Hartford Jewish community and support core functions in furtherance of the key objectives identified in the community's recently completed long range community plan. The Federation was tasked with funding strategic projects to help shape the community's future and fulfill its central mission.

**4b** (Code: ) (Expenses \$ 42,000 including grants of \$ 42,000 ) (Revenue \$ 0 )  
Director of Recruitment (Expenses: \$42,000 including grants of \$42,000) The Bess and Paul Sigel Hebrew Academy has experienced a declining enrollment for the past several years. This has directly impacted the school's long-term sustainability. As a result of a recommendation from a task force designed to create a strategic plan for all of the Greater Hartford Day Schools, the Hebrew Academy sought support from the Foundation to hire a Director of Recruitment. This individual, along with the Head of School, is charged with designing and implementing a plan to attract more students and increase the school's enrollment along with tuition income. Both an increase in total size of the student population along with additional revenue will help the school to insure its future.

**4c** (Code: ) (Expenses \$ 38,824 including grants of \$ 38,824 ) (Revenue \$ 0 )  
Big Tent Judaism (Expenses: \$38,824 including grants of \$38,824). This program addresses the critical issues of engagement, affiliation, education, belonging, and knowledge in the Greater Hartford Jewish community. The program's centerpiece is to create a community based on the example of Abraham and Sarah's "Big Tent": a community that is accessible, welcoming, and engaging. Institutions will reach and serve Jewish households, including non-participants in Jewish community life. Agencies and synagogues worked with Jewish Outreach Institute (JOI) on individual assessments, training and program development. In addition, a Community Council was formed in order to provide a forum for all participating organizations to gather, share best practices and find ways to work together to instill the tenants of Big Tent Judaism on a community-wide basis.

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 2,977,284 including grants of \$ 2,418,434 ) (Revenue \$ 0 )

**4e** Total program service expenses ► 3,181,816

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 17	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> <input checked="" type="checkbox"/>	
<b>2a</b> 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>2a</b> 13	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b> <input checked="" type="checkbox"/>	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> <input checked="" type="checkbox"/>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b> <input checked="" type="checkbox"/>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</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.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> 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? . . . . .	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? . . . . .	<b>7a</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 16		
<b>2</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7a</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Michael Johnston- President & Chief Executive Officer, Jewish Community Foundation of Grtr Hartf , (860)523-7460

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID R MILLER CHAIR	6.00 0	✓		✓				0	0	0
JOYCE D MANDELL VICE CHAIR	2 0	✓		✓				0	0	0
ANDREW M SCHATZ VICE CHAIR	3 0	✓		✓				0	0	0
STEVEN C KLEINMAN TREASURER	3 0	✓		✓				0	0	0
MICHELE G KOSTIN SECRETARY	3 0	✓		✓				0	0	0
STEVEN F PIAKER TRUSTEE	1 0	✓		✓				0	0	0
LISA FISHMAN TRUSTEE	2.5 0	✓						0	0	0
THEODORE N KAPLAN TRUSTEE	1.5 0	✓						0	0	0
LEIGH A NEWMAN TRUSTEE	2 0	✓						0	0	0
JESSICA P ZACHS TRUSTEE	1.5 0	✓						0	0	0
BRIAN S FIERSTON TRUSTEE	3.0 0	✓						0	0	0
JILL J HUTENSKY TRUSTEE	1.5 0	✓						0	0	0
MELVIN A SIMON TRUSTEE	1.5 0	✓						0	0	0
ELLIOTT D TERTES TRUSTEE	2.50 0	✓						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL L JOHNSTON CHAIRMAN AND CHIEF EXECUTIVE OFFICER	50.0			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		177,476	0	12,588
RHONA H MORGAN VICE PRESIDENT FINANCE	48				<input checked="" type="checkbox"/>			120,735	0	27,133
DEBORAH M ROTHSTEIN VICE PRESIDENT DEVELOPMENT	45.0				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	82,920	0	17,125
<b>1b Sub-total</b>								381,131	0	56,846
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								381,131	0	56,846

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

<b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

<b>5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Community Counseling Service, 461 Fifth Avenue, New York, NY 10017	Consultant Fees	346,000

**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 VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3,658,470				
	<b>g</b>	Noncash contributions included in lines 1a-1f. \$	610,597				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		3,658,470			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,348,786	1,348,786	0	0
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
			12,145,814	624,504			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		9,083,795	0		
	<b>c</b>	Gain or (loss) . . . . .		3,062,019	624,504		
	<b>d</b>	Net gain or (loss) . . . . . ▶		3,686,523	3,686,523	0	0
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 0				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 0				
	<b>c</b>	Net income or (loss) from fundraising events . ▶		0		0	0
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . ▶						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	Custodial Agency Funds - Administra	561000	111,673	111,673	0	0	
<b>b</b>	Increased Life Insurance Cash Value	524298	2,594	2,594	0	0	
<b>c</b>							
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		114,267				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		8,808,046	5,149,576	0	0	

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,539,616	2,539,616		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	83,350	83,350		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	480,387	208,468	94,004	177,915
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	385,483	167,987	85,169	132,327
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,958	3,412	1,876	4,670
<b>9</b> Other employee benefits	30,978	12,632	6,200	12,146
<b>10</b> Payroll taxes	62,210	26,927	12,846	22,437
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0	0	0	0
<b>b</b> Legal	50	34	16	0
<b>c</b> Accounting	20,325	12,186	5,814	2,325
<b>d</b> Lobbying	1,190	515	246	429
<b>e</b> Professional fundraising services. See Part IV, line 17	343,000			343,000
<b>f</b> Investment management fees	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
<b>12</b> Advertising and promotion	24,537	10,620	5,067	8,850
<b>13</b> Office expenses	29,781	12,890	6,150	10,741
<b>14</b> Information technology	38,065	16,476	7,860	13,729
<b>15</b> Royalties	0	0	0	0
<b>16</b> Occupancy	41,045	17,766	8,475	14,804
<b>17</b> Travel	749	324	155	270
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b> Conferences, conventions, and meetings	9,519	4,120	1,966	3,433
<b>20</b> Interest	0	0	0	0
<b>21</b> Payments to affiliates	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization	7,018	3,038	1,449	2,531
<b>23</b> Insurance	6,565	2,841	1,356	2,368
<b>24</b> 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.)				
<b>a</b> Professional Membership Fees	4,565	1,961	958	1,646
<b>b</b> Marketing and Outreach	66,484	28,776	13,729	23,979
<b>c</b> Endowment Campaign Fundraising Expenses	10,541	0	0	10,541
<b>d</b>				
<b>e</b> All other expenses	41,178	27,877	13,301	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,236,594	3,181,816	266,637	788,141
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	1,380,904	<b>2</b>	1,305,760
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	8,212	<b>4</b>	9,012
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 54,193		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 48,334	<b>10c</b> 12,877	5,859
	<b>11</b> Investments—publicly traded securities . . . . .	71,482,043	<b>11</b>	79,334,842
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	8,171,580	<b>12</b>	7,626,426
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	536,293	<b>15</b>	537,587
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	81,591,909	<b>16</b>	88,819,486	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,325	<b>17</b>	3,205
	<b>18</b> Grants payable . . . . .	1,265,930	<b>18</b>	721,366
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	11,384,097	<b>21</b>	11,672,288
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	698,744	<b>25</b>	743,200
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	13,363,096	<b>26</b>	13,140,059
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	68,215,936	<b>30</b>	75,673,568
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	12,877	<b>31</b>	5,859
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	68,228,813	<b>33</b>	75,679,427
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	81,591,909	<b>34</b>	88,819,486	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	8,808,046
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	4,236,594
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	4,571,452
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	68,228,813
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	2,905,527
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-26,365
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	75,679,427

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other Modified Cash  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a ☐ ☒2b ☒ ☐2c ☒ ☐3a ☐ ☒3b ☐ ☐

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

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.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Employer identification number

06-1372107

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

**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 in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,741,158	3,524,583	4,374,110	1,664,081	3,770,143	16,074,075
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	2,741,158	3,524,583	4,374,110	1,664,081	3,770,143	16,074,075
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						4,770,739
6 <b>Public support.</b> Subtract line 5 from line 4.						11,303,336

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	2,741,158	3,524,583	4,374,110	1,664,081	3,770,143	16,074,075
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	946,054	1,400,761	1,667,705	1,088,505	1,348,786	6,451,811
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						22,525,886
12 Gross receipts from related activities, etc. (see instructions) . . . . .						12
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	50 18 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	72 22 %
16a <b>33<sup>1</sup>/<sub>3</sub>% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>33<sup>1</sup>/<sub>3</sub>% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III 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 in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Employer identification number

06-1372107

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	116	687
2 Aggregate contributions to (during year) . . . . .	1,851,634	1,806,836
3 Aggregate grants from (during year) . . . . .	1,344,702	1,278,264
4 Aggregate value at end of year . . . . .	25,269,319	50,410,108
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
- a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$
- b Assets included in Form 990, Part X . . . . . ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount          |
|--|-----------------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> _____ |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> _____ |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> _____ |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> _____ |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	45,872,607	48,092,537	37,628,268	32,182,070	38,277,747
<b>b</b> Contributions . . . . .	1,918,509	1,250,712	3,874,951	2,997,539	1,604,080
<b>c</b> Net investment earnings, gains, and losses . . . . .	5,274,815	-1,022,367	8,752,996	4,330,781	-6,175,801
<b>d</b> Grants or scholarships . . . . .	1,278,264	1,588,582	1,453,569	1,358,127	1,365,654
<b>e</b> Other expenditures for facilities and programs . . . . .	49,938	-101,959	40,997	-102,715	-499,009
<b>f</b> Administrative expenses . . . . .	1,327,621	961,472	669,112	626,710	657,311
<b>g</b> End of year balance . . . . .	50,410,108	45,872,787	48,092,537	37,628,268	32,182,070

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 100 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	54,193	48,334	5,859
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				5,859

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	End-of-Year Market Value
(2) Closely-held equity interests . . . . .	0	End-of-Year Market Value
(3) Other Absolute Return Strategy	3,563,737	End-of-Year Market Value
(A) Private Domestic Equity	1,891,793	End-of-Year Market Value
(B) Private International Equity	429,006	End-of-Year Market Value
(C) Venture Capital	1,741,890	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	7,626,426	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Charitable Remainder Trusts	469,637
(3) Gift Annuities Payable	273,563
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	743,200

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . . ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	11,687,208
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	2,905,527
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-26,365
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,879,162
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,808,046
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	8,808,046

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,236,594
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	0
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0
<b>c</b>	Other losses . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,236,594
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	4,236,594

**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.

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

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

### Part XIII - Supplemental Information (Continued)

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~~Schedule D, Part X, Line 2 - The Foundation did not recognize any interest and penalties associated with the Tax matters for the years ended June 30, 2013 and 2012. Federal and State Tax years 2010 through 2012 remain open or audit under the various statutes and limitations~~

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Schedule D, Part XI, Line 2d - Change in FASB Liability for Charitable Remainder Trust Funds

Schedule D, Part XII, Line 2d - Depreciation Expense

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Employer identification number

06-1372107

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶				18,528	343,000	-324,472

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities:

- a** Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No  
**b** If "No," explain:

- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No  
**b** If "Yes," explain:



- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

**16** Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
Community Counselling Service Co LLC P O Box 824885 Philadelphia, PA 19182-4885	Prepared the Initial Study of the viability of a Community wide endowment campaign and an extensive analysis of the potential donor base. Participated in exploratory discussions with major donors agency partners and their Board Members. Participated in the development of campaign strategy,messaging, case statements and campaign collateral. .	No	18,528	343,000	-324,472
<b>Total:</b>			<b>18,528</b>	<b>343,000</b>	<b>-324,472</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Employer identification number

06-1372107

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 231

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

Cat No 50055P

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 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships - Education	28	78,300		Cash	
2 Scholarships - Israel Experience	10	5,050		Cash	
3					
4					
5					
6					
7					

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

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

Schedule I, Part II, Line 1 - See Attached Schedule I for comprehensive list

**Part IV - Supplemental Information (Continued)**

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

		Amt. of cash grant	Amt. of non-cash asst.
Name and address	See Schedule I Part II Table Attached	2,454,623	0
EIN	00-0000000		
IRC code section	501(c)(3)		
Method of valuation	Cash		
Desc. of Non-Cash Asst.			
Purpose of grant	See Schedule I Part II Table Attached		

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Employer identification number

06-1372107

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> | <input checked="" type="checkbox"/> |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                                    |           |                                     |
|------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization?         | <b>5a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>5b</b> | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                                    |           |                                     |
|------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization?         | <b>6a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>6b</b> | <input checked="" type="checkbox"/> |
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL L JOHNSTON, CHAIRMAN AND CHIEF EXECUTIVE OFFICER	(i) 177,242 (ii) 0	0 0	234 0	0 0	12,588 0	190,064 0	0 0
2 RHONA H MORGAN, VICE PRESIDENT FINANCE	(i) 120,501 (ii) 0	0 0	234 0	4,872 0	22,261 0	147,868 0	0 0
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						



## Part III

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.

**Schedule J, Part I, Line 1a - Annual Membership in a Social Club**

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Noncash Contributions**

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

OMB No 1545-0047

**2012**

**Open To Public  
Inspection**

**JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC**

**Employer identification number**

**06-1372107**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	27	610,597	Avg Mkt Value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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.

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**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC**

Employer identification number

**06-1372107**

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

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

Form 990, Part VI, Section B, Line 15 - The Foundation has adopted a policy for setting the compensation for its chief executive, officers, and "key employees." The policy is designed to ensure that the Foundation's executive compensation arrangements are reasonable. It includes three key components: (1) review and approval of compensation by a committee designated by the Board of Trustees, provided that persons with conflicts of interest are not involved in this review or approval; (2) use of data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations; and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions. The Budget and Finance Committee followed this process in the setting of compensation for all employees in the spring of 2012 at the time the fiscal 2013 budget was being prepared.

Form 990, Part VI, Section C, Line 19 - The Foundation publishes its audited statements on its website. The Foundation's Certificate of Incorporation is available through the office of the Secretary of the State of Connecticut. Its code of ethics and conflict of interest policy and bylaws are available upon request.

Form 990, Part XI, Line 9 - Life Insurance Cash Surrender Market Value Change and Change in Split Interest Agreements

**Reasonable Cause Explanations**

**Explanation**

The IRS approved the Foundations application for an automatic extension 12/15/13 and for an added extension on 3/24/14.

## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other Programs and Services (Expenses \$2,963,832 including grants of \$2,418,434) These include the balance of grants awarded through community grantmaking programs, donor advised program and college and Israel experience scholarship programs as well as grants administration, management of the charitable funds for local agencies and synagogues, Jewish Philanthropy Resources Center, which provides education and resources for effective and meaningful charitable giving, community workshops, women's giving circle, Israel giving circle and philanthropic advisory services	2,977,284	2,418,434	0
<b>Total:</b>		<b>2,977,284</b>	<b>2,418,434</b>	<b>0</b>



JEWISH COMMUNITY FOUNDATION  
Your Community Your Legacy Your Way



Schedule I  
IRS Form 990  
Tax Year 2012

Jewish Community Foundation of Greater Hartford, Inc.

EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
10,000 Degrees 781 Lincoln Avenue, Suite 140 San Rafael, CA 94901	95-3667812	501(C)(3)	\$25,000.00	Beatrice Fox Auerbach Scholarship Fund
Aaron Davis Hall, Inc. West 135 Street & Convent Ave. New York, NY 10031	13-3166308	501(C)(3)	\$8,000.00	the Harlem Stage
Achievement First 403 James Street New Haven, CT 06513	65-1203744	501(C)(3)	\$10,000.00	Achievement First Hartford schools
Allied Jewish Federation of Colorado 300 S. Dahlia Street, Suite 300 Denver, CO 80246	84-0402662	501(C)(3)	\$16,000.00	PJ Library
Beth El Temple of West Hartford 2626 Albany Avenue West Hartford, CT 06117	06-0699241	501(c)(3)	\$8,243.00	general operating support
Beth El Temple of West Hartford 2626 Albany Avenue West Hartford, CT 06117	06-0699241	501(c)(3)	\$2,520.00	Torah project
Beth Hillel Synagogue of Bloomfield 160 Wintonbury Avenue Bloomfield, CT 06002	06-6011354	501(c)(3)	\$15,426.00	general operating support
Birthright Israel Foundation 33 E. 33rd Street New York, NY 10016	13-4092050	501(C)(3)	\$5,500.00	general operating support



JEWISH COMMUNITY FOUNDATION  
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Schedule I  
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Jewish Community Foundation of Greater Hartford, Inc.

EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Bloomfield Volunteer Ambulance 61 Maple Avenue Bloomfield, CT 06002	06-0957252	501(C)(3)	\$14,000.00	purchase of a new ambulance
Chai Mitzvah 73 Mohawk Drive West Hartford, CT 06117	37-1575563	501(C)(3)	\$5,000.00	general operating support
Charter Oak Cultural Center 21 Charter Oak Avenue Hartford, CT 06106	06-1026597	501(C)(3)	\$5,500.00	Celebration of Jewish Arts and Culture
Charter Oak Cultural Center 21 Charter Oak Avenue Hartford, CT 06106	06-1026597	501(C)(3)	\$888.43	general operating support
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$500.00	education technology intern
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$1,000.00	Grinspoon Steinhardt Award
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$500.00	Hava Nashira
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$118.42	professional development of Jewish educators





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Jewish Community Foundation of Greater Hartford, Inc.

EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$5,000.00	Synagogue Camp Ambassador Program
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$500.00	teacher subsidies for Hebrew College courses
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$209.96	the Scribner Library
Commission on Jewish Education and Leadership 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$37,200.00	WOW!
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$3,500.00	adult Jewish education
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$459.56	books and materials for CBI Tots Program
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$4,848.62	cantorial and music programs
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$1,242.00	Caring Corp



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

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$7,953.40	general operating support
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$300.00	gift cards for families in need
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$500.00	Legacy for our Future program
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$10,000.00	need based overnight Jewish camp scholarships
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$613.22	programs within the synagogue that are outside of its regular budget
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$1,000.00	Rabbi's Discretionary Fund
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$3,316.53	salary and health and welfare benefits for the Senior Rabbi
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$428.88	Sunday school prizes and the SAGE program



JEWISH COMMUNITY FOUNDATION  
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**Jewish Community Foundation of Greater Hartford, Inc.**

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$171.61	the Deborah Library
Congregation Beth Israel 701 Farmington Avenue West Hartford, CT 06119	06-0692758	501(C)(3)	\$352.60	the Legacy for Our Future program
Congregation Beth Shalom Rodfe Zedek 55 East Kings Highway, P.O. Box 438 Chester, CT 06412	06-1556241	501(c)(3)	\$19,718.18	general operating support
Congregation Kol Haverim 1079 Hebron Avenue Glastonbury, CT 06033-0473	22-2586288	501(C)(3)	\$5,000.00	mortgage program
Connecticut Public Broadcasting, Inc. 1049 Asylum Avenue Hartford, CT 06105-2411	06-0758938	501(C)(3)	\$5,000.00	general operating support
Connecticut Public Broadcasting, Inc. 1049 Asylum Avenue Hartford, CT 06105-2411	06-0758938	501(C)(3)	\$4,189.13	programming that highlights and explores the Jewish faith, culture and history and contemporary issues concerning the Jewish people
Dana-Farber Cancer Institute P.O. Box 849168 Boston, MA 02284	04-2263040	501(C)(3)	\$8,000.00	Cancer Center for Sarcoma
Dana-Farber Cancer Institute P.O. Box 849168 Boston, MA 02284	04-2263040	501(C)(3)	\$250.00	Jimmy Fund



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

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Emanuel Synagogue 160 Mohegan Drive West Hartford, CT 06117	06-60675032	501(c)(3)	\$10,000.00	capital campaign
Emanuel Synagogue 160 Mohegan Drive West Hartford, CT 06117	06-60675032	501(c)(3)	\$4,502.58	general operating support
Farmington Valley Jewish Congregation 55 Bushy Hill Road Simsbury, CT 06070	06-6080265	501(C)(3)	\$1,749.42	Adrienne K. Cohen Religious school
Farmington Valley Jewish Congregation 55 Bushy Hill Road Simsbury, CT 06070	06-6080265	501(C)(3)	\$900.00	college scholarships
Farmington Valley Jewish Congregation 55 Bushy Hill Road Simsbury, CT 06070	06-6080265	501(C)(3)	\$21,500.00	general operating support
Farmington Valley Jewish Congregation 55 Bushy Hill Road Simsbury, CT 06070	06-6080265	501(C)(3)	\$9,700.00	Israel Experience scholarships
Federation Homes, Inc., 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$3,500.00	audio/visual equipment
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$3,000.00	craft supplies



JEWISH COMMUNITY FOUNDATION  
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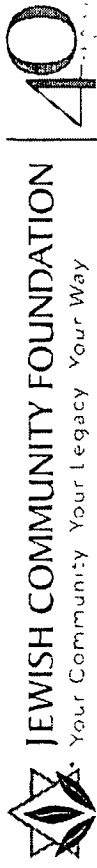
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Schedule I  
IRS Form 990  
Tax Year 2012

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

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$5,500.00	exercise and men's programs
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$100.00	Green Gardens project
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$5,950.00	kosher meals for residents
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$5,500.00	large print books
Federation Homes, Inc. 156 Wintonbury Avenue Bloomfield, CT 06002	06-1019012	501(C)(3)	\$2,707.44	special programming for elderly and disabled residents
Fenwick Improvement Fund 219 Chestnut Hill Road Litchfield, CT 06759	26-1626320	501(C)(3)	\$10,000.00	general operating support
Foodshare, Inc. 450 Woodland Avenue Bloomfield, CT 06002	22-2474771	501(C)(3)	\$12,500.00	general operating support
Fred Hutchinson Cancer Research Center P. O. Box 19024 Seattle, WA 98109-1024	23-7156071	501(C)(3)	\$13,000.00	general operating support



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

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Friends of Israel Defense Forces 1430 Broadway, Room 1301 New York, NY 10018-3383	13-3156445	501(C)(3)	\$5,000.00	general operating support
Friends of Jerusalem College of Technology 358 Fifth Avenue, Suite 1406 New York, NY 10001	51-0165015	501(C)(3)	\$10,000.00	Ethiopians for Engineers
God's Love We Deliver, Inc. 166 Avenue of the Americas New York, NY 10013	13-3366846	501(C)(3)	\$20,000.00	general operating support
Hebrew High School of New England 300 Bloomfield Avenue West Hartford, CT 06117	06-1455973	501(C)(3)	\$8,000.00	capital campaign
Hebrew High School of New England 300 Bloomfield Avenue West Hartford, CT 06117	06-1455973	501(C)(3)	\$19,729.68	general operating support
Hebrew High School of New England 300 Bloomfield Avenue West Hartford, CT 06117	06-1455973	501(C)(3)	\$209.96	the Scribner Library
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$500.00	art gallery supplies
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$33,427.38	capital needs and repairs



JEWISH COMMUNITY FOUNDATION  
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**Jewish Community Foundation of Greater Hartford, Inc.**

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$500.00	dining scarves
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$28,600.00	Fresh Canvas
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$66,511.04	general operating support
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$489.27	Hebrew Community Services outreach program
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$183.60	Jewish religious functions
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$450.00	Memorial Day event for residents
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$2,500.00	oven for dementia care unit
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$1,800.00	Rabbi Gary Lavit Chaplain Endowment Fund



JEWISH COMMUNITY FOUNDATION  
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**Jewish Community Foundation of Greater Hartford, Inc.**

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$1,000.00	radio companion program
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$30,000.00	services that contribute to the well being of low income seniors
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$3,499.96	slide-sheets and slings
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$486.20	social and recreational activities
Hebrew Home and Hospital, Inc. One Abrahms Boulevard West Hartford, CT 06117-1525	06-0646672	501(C)(3)	\$2,000.00	visiting homebound elderly or services for low income residents
The Katherine Hepburn Cultural Arts Center, Inc. 302 Main Street Old Saybrook, CT 06475	51-0646562	501(C)(3)	\$5,000.00	general operating support
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(C)(3)	\$22,400.34	general operating support
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(C)(3)	\$500.00	purchase of essentials for clients





JEWISH COMMUNITY FOUNDATION  
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Jewish Community Foundation of Greater Hartford, Inc.

EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(C)(3)	\$210.00	Shabbat kiddush luncheons
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(C)(3)	\$3,000.00	technology hardware
Jewish Association for Community Living 900 Asylum Avenue Hartford, CT 06105	06-1068312	501(C)(3)	\$10,000.00	vehicle replacement
Jewish Community Foundation of Greater Hartford 333 Bloomfield Avenue, Suite D West Hartford, CT 06117	06-1372107	501(C)(3)	\$846.50	50 copies of "The Wealth of your Life"
Jewish Community Foundation of Greater Hartford 333 Bloomfield Avenue, Suite D West Hartford, CT 06117	06-1372107	501(C)(3)	\$12,604.83	general operating support
Jewish Community Foundation of Greater Hartford 333 Bloomfield Avenue, Suite D West Hartford, CT 06117	06-1372107	501(C)(3)	\$3,787.52	staff professional development
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$500.00	basic needs case manager
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$11,071.61	child clinic services



JEWISH COMMUNITY FOUNDATION  
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Schedule I  
IRS Form 990  
Tax Year 2012

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

**EIN: 06-1372107**

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$5,000.00	client transportation
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$5,000.00	counseling services for Holocaust survivors and New Americans
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$23,935.31	general operating support
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$2,500.00	iPads and Apps for Autism
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$1,500.00	Jessie's garden
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$5,000.00	Jewish Employment Transitions program
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$3,709.00	Kosher Food Pantry
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$6,000.00	Outreach to Interfaith families and couples



JEWISH COMMUNITY FOUNDATION  
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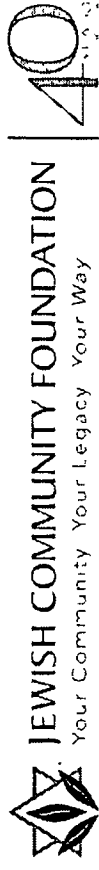


Schedule I  
IRS Form 990  
Tax Year 2012

Jewish Community Foundation of Greater Hartford, Inc.

EIN: 06-1372107

(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$50,231.35	senior adult programs
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$9,000.00	telephone system replacement
Jewish Family Services of Greater Hartford 333 Bloomfield Avenue, Suite A West Hartford, CT 06117	06-0653062	501(C)(3)	\$3,965.34	chronic needs program
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$10,000.00	American Jewish Joint Distribution Committee
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$3,000.00	2013 AIPAC policy conference subsidies
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$46,449.49	cemetery maintenance
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$3,852.30	Ending the Culture of Violence
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$810,918.16	general operating support



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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$17,700.00	generator for the Community Services Building
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$20,000.00	Israel@65
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$4,537.18	Jewish senior adult needs in Greater Hartford, especially of those in New Britain
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$1,450.00	JFNA Rabbinic Cabinet Conference subsidies
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$29,000.00	local programs focused on social commitment
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$1,340.74	medical funds for Israel
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$26,700.00	network server upgrade
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$900.00	PJ Library



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Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$23,136.03	the Hartford Jewish Coalition for Literacy
Jewish Federation of Greater Hartford 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-0655482	501(C)(3)	\$7,750.00	Young Leadership Awards and staff development
Jewish Federation of Greater Washington 6101 Montrose Road Rockville, MD 20852	53-0212445	501(C)(3)	\$5,000.00	general operating support
Jewish Federation of the Berkshires 196 South Street Pittsfield, MA 01201	04-2131409	501(C)(3)	\$5,000.00	PJ Library
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(C)(3)	\$2,000.00	Downtown Hartford Experience
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(C)(3)	\$16,935.00	general operating support
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(C)(3)	\$900.00	Jewish Women in American Sports
Jewish Historical Society of Greater Hartford 333 Bloomfield Avenue, Suite B West Hartford, CT 06117	06-1217339	501(C)(3)	\$10,000.00	North End Book Project II



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Jewish Social Service Agency 200 Wood Hill Road Rockville, MD 20850	53-0196598	501(C)(3)	\$20,000.00	ADHD Special Needs Program
Jewish Teen Learning Connection 333 Bloomfield Avenue, Suite C West Hartford, CT 06117	06-1329245	501(C)(3)	\$7,548.19	general operating support
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$3,496.00	Combat Boycott, Divestment and Sanctions against Israel
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$4,000.00	computers and software
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$9,155.04	educational programs and activities
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$5,098.00	Holocaust studies curriculum review
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$750.00	New England Social Studies Teachers Israeli/Arab Conflict Workshop
JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$500.00	Night at the Theater



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JFACT Fund, Inc. 40 Woodland Street Hartford, CT 06105	06-1491945	501(C)(3)	\$1,280.79	Prospero's Island
Juvenile Diabetes Research Foundation 560 Sylvan Avenue Englewood Cliffs, NJ 07632	23-1907729	501(C)(3)	\$7,000.00	general operating support
Loomis Institute 4 Batchelder Road Windsor, CT 06095	06-0653119	501(C)(3)	\$40,000.00	Lt. Mitchell J. Savin '51 Scholarship
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$2,500.00	2013 Annual Parenting Conference
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$18,810.71	2013 Hartford Jewish Film Festival
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$2,548.00	2013 Jewish Book Festival
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$38,824.00	Big Tent Judaism
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$676.83	Camp Shalom scholarship fund

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

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(a) Name, Address and Zip	(b) EIN	(c) IRC Section	(d) Cash Grant	(e) Purpose of Grant or Assistance
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$245.12	capital needs
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$2,208.01	cultural arts programs
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$16,278.24	general operating support
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$3,912.00	Hartford Stage Program 2013-2014
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$8,600.00	Holocaust memorial restoration
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$5,161.33	Jonathan's Dream playground
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$2,670.00	Mama Doni Purim Concert
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$3,000.00	membership subsidies for low income seniors





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Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$3,000.00	Mother's Circle
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$3,242.00	piano for youth theater
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$26,953.08	PJ Library
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$265.77	programs and projects for children
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$20,551.73	senior adult programs
Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(C)(3)	\$230.45	special needs programs
Marsha Rivkin Center for Ovarian Research 801 Broadway, Suite 701 Seattle, WA 98122	91-2054035	501(C)(3)	\$5,000.00	general operating support
Memorial Sloan-Kettering Cancer Center 633 Third Avenue, 28th Floor New York, NY 10017	13-1624082	501(C)(3)	\$250.00	general operating support



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Memorial Sloan-Kettering Cancer Center 633 Third Avenue, 28th Floor New York, NY 10017	13-1624082	501(C)(3)	\$6,000.00	Program for Women Faculty Affairs--career development activities
Memorial Sloan-Kettering Cancer Center 633 Third Avenue, 28th Floor New York, NY 10017	13-1624082	501(C)(3)	\$38,000.00	sarcoma research
Memorial Sloan-Kettering Cancer Center 633 Third Avenue, 28th Floor New York, NY 10017	13-1624082	501(C)(3)	\$15,000.00	support of unmet needs of cancer patients (food, clothing, medication, transportation)
Mental Health Association of Monmouth County 119 Avenue at the Common, Suite 5 Shrewsbury, NJ 07702	21-0665639	501(C)(3)	\$10,000.00	post-Hurricane Sandy support services for members of the Jewish community
Mikveh Bess Israel of West Hartford Inc. 61 North Main Street West Hartford, CT 06117	91-2154619	501(c)(3)	\$6,000.00	repairs to mikveh and adjoining apartment
Moishe House 1330 Broadway, Suite 801 Oakland, CA 94612	26-2599786	501(C)(3)	\$18,350.00	Moishe House Hartford
Operation Smile 6435 Tidewater Drive Norfolk, VA 23509	54-1460147	501(c)(3)	\$5,000.00	general operating support
P.E.F. Israel Endowment Funds, Inc. 317 Madison Avenue, Suite 607 New York, NY 10017	13-6104086	501(C)(3)	\$1,500.00	ITWorks programs in the Afula/Gilboa region



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P.E.F. Israel Endowment Funds, Inc. 317 Madison Avenue, Suite 607 New York, NY 10017	13-6104086	501(C)(3)	\$6,600.00	Maslan: Young Ambassadors Against Violence
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$1,826.00	8th grade Israel trip
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$672.14	capital needs
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$42,000.00	Director of Recruitment
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$19,076.39	general operating support
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$268.76	girls athletic activities or art, music and Jewish cultural programs
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$2,000.00	laminating machine
Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$3,756.15	scholarships



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Bess and Paul Sigel Hebrew Academy 53 Gabb Road Bloomfield, CT 06002	06-0665199	501(C)(3)	\$15,000.00	strategic consultant
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$1,127.21	8th grade Israel trip
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$1,898.00	Chanukah concert
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$23,345.12	general operating support
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$417.81	honoring milestones in students' Jewish education
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$233.57	literature awards
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$383.00	maintenance of Temple B'nai Israel memorial plaques and general operating support
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$98.63	music programs



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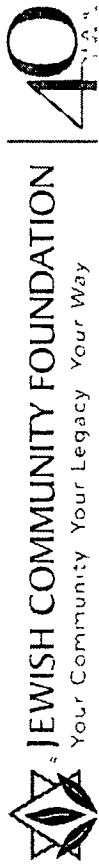


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Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$500.00	new auditorium lighting
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$520.98	programs in mathematics and science
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$15,000.00	repair of hot water/chilled water piping loop
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$200.00	robotics program
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$4,579.17	scholarships
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$389.08	science and technology enrichment
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$6,950.00	sidewalk repairs
Solomon Schechter Day School of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	06-0873657	501(C)(3)	\$212.19	Zelda Cramer Ungar Technology Prize



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Temple B'nai Abraham 127 East Main Street Meriden, CT 06450	06-0719649	501(c)(3)	\$4,852.00	cemetery maintenance
Temple B'nai Abraham 127 East Main Street Meriden, CT 06450	06-0719649	501(c)(3)	\$8,366.00	general operating support
Temple B'nai Abraham 127 East Main Street Meriden, CT 06450	06-0719649	501(c)(3)	\$3,158.31	programs for Jewish youth and elderly
Temple Chai 4645 East Marilyn Road Phoenix, AZ 85032	94-2381671	501(C)(3)	\$10,000.00	Elisa Lanes Caring Community
Universities Allied for Essential Medicines 1611 Telegraph Avenue, Suite 550 Oakland, CA 94612	01-0833168	501(C)(3)	\$10,000.00	general operating support
University of Connecticut Hillel 54 N. Eagleville Road Storrs, CT 06268	05-6071635	501(c)(3)	\$7,148.01	general operating support
University of Connecticut Hillel 54 N. Eagleville Road Storrs, CT 06268	05-6071635	501(c)(3)	\$1,000.00	Passover Seder
University of Hartford Hillel 200 Bloomfield Avenue West Hartford, CT 06117	06-0731360	501(C)(3)	\$9,412.08	general operating support



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University of Hartford Hillel 200 Bloomfield Avenue West Hartford, CT 06117	06-0731360	501(C)(3)	\$1,500.00	Thanksgiving Shabbat
Watkinson School 180 Bloomfield Avenue Hartford, CT 06105-1096	06-0655136	501(C)(3)	\$250.00	general operating support
Watkinson School 180 Bloomfield Avenue Hartford, CT 06105-1096	06-0655136	501(C)(3)	\$5,000.00	the Ribicoff/Head Scholar Award
Yale University School of Medicine Box 7611 New Haven, CT 06519-0611	06-0646973	501(C)(3)	\$50,000.00	Research Center for Spinal Cord Injury and Pain Management
Yeshiva of Nitra, Inc., Nitira Road, Box Y-100 Mount Kisco, NY 10549-9688	23-7228886	501(C)(3)	\$12,000.00	general operating support
The Lenny Zakim Fund 33 Arch Street, 26th Floor Boston, MA 02110	04-3485146	501(C)(3)	\$1,000.00	Dorchester Bay Youth Force Initiative
The Lenny Zakim Fund 33 Arch Street, 26th Floor Boston, MA 02110	04-3485146	501(C)(3)	\$5,000.00	JOIN for Justice
Total			\$2,454,622.66	



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SCHOLARSHIPS - 28			\$78,300.00	
Education				
SCHOLARSHIPS - 10			\$5,050.00	
Israel Experience				
		Total	\$83,350.00	

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