

Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2012

Open to Public
Inspection

1309

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

B Check if applicable:	C Name of organization JEWISH COMMUNITY FOUNDATION, INC. Doing Business As		D Employer identification number 20-1260545
<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	Number and street (or P.O. box if mail is not delivered to street address) 1301 SPRINGDALE ROAD	Room/suite 200	E Telephone number 856-673-2521
	City, town, or post office, state, and ZIP code CHERRY HILL, NJ 08003		G Gross receipts \$ 3,464,072.
	F Name and address of principal officer: JEFF KLEIN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I 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	J Website: WWW.JCFSNJ.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
Part I Summary		L Year of formation: 2004	M State of legal domicile: NJ

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES GRANTS AND SCHOLARSHIPS FOR A VARIETY OF ACADEMIC AND EDUCATIONAL NEEDS ON		
	2 Check this box ► <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3		
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) 4		
Net Assets or Fund Balances	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5		
	6 Total number of volunteers (estimate if necessary) 6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a		
	b Net unrelated business taxable income from Form 990-T, line 24 7b		
	RECEIVED		
	8 Contributions and grants (Part VIII, line 1h) 4,671,407.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 0.	4,671,407.	2,490,435.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 857,934.	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e) 19,090.	857,934.	934,176.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,548,431.	19,090.	16,583.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,305,882.	5,548,431.	3,441,194.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	4,305,882.	2,283,509.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 350,989.	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	350,989.	391,977.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 16-25) 436,044.	436,044.	416,471.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,092,915.	436,044.	3,091,957.
	19 Revenue less expenses. Subtract line 18 from line 12 455,516.	5,092,915.	349,237.
	RECEIVED	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) AUG 01 2017	28,841,372.	30,571,999.
	21 Total liabilities (Part X, line 26) 887,910.	887,910.	891,121.
	22 Net assets or fund balances. Subtract line 21 from line 20 27,953,462.	27,953,462.	29,680,878.

Part II Signature Block

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

Sign Here	Signature of officer JEFF KLEIN, EXECUTIVE DIRECTOR	Date 8-5-14
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GLEN J. WALTON	Preparer's signature <i>[Signature]</i>
	Firm's name BOWMAN & COMPANY LLP	Date JUL 23 2014
	Firm's address 601 WHITE HORSE ROAD VOORHEES, NJ 08043-2493	Check <input type="checkbox"/> PTIN P01081348
		self-employed
		Firm's EIN 21-0658561
		Phone no. (856) 435-6200

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

282001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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