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As Filed Data -

DLN: 93492215003226

OMB No 1545-1150

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Short Form

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

		the Treasury ue Service					Inspection
			year, or tax year beginning 10-01-2014 , and ending 09-3	0-2015			
			C Name of organization	0-2015	D Employ	er ide	entification number
\Box'	Address	change	Jewish Federation Association of Connecticut Inc		06-6002	641	
	Name ch	hange	Number and street (or P O box, if mail is not delivered to street address) Room,	/suite	E Telephon		nber
_	initial re	turn	40 Woodland Street			860)	727-5701
l F	Fınal rn∕termı	ınated	City or town, state or province, country, and ZIP or foreign postal code		· ·		
		ed return	Hartford, CT 06105		F Group Ex Number		ion
_		on pending					
_				1			
GΑ	ccoun	ting Method [Cash		✓ If the to attach S		nization is not dule B
		_			0,990-E2		
		www.jfact.org					
			lly one) - 501(c)(3)				
		=	Corporation Trust Association Other				
			b to line 9 to determine gross receipts If gross receipts are \$200,0 or more, file Form 990 instead of Form 990-EZ	000 or more, or i	f total asse 16 ⊁	-	•
	art I		Expenses, and Changes in Net Assets or Fund Balan	CAS (see the in	<u>'</u>		
		Check if the	organization used Schedule O to respond to any question in this Pa	rt I			· · · ·
	1		gifts, grants, and similar amounts received		1	1	<u> </u>
	2		ce revenue including government fees and contracts			2	79,282
	3	-	ues and assessments		· · ·	3	87,940
		·				4	841
	4	Investment in			• •	4	841
_	5a		from sale of assets other than inventory	. 5a	_		
Revenue	b		other basis and sales expenses	. 5b	0		
Š	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5	5a)		5c	
ď	6	Gaming and fu	ndraising events				
	a	Gross income	from gaming (attach Schedule G if greater than \$15,000)	· 6a			
	Ь	Gross income	from fundraising events (not including \$of contributi	ons			
			ng events reported on line 1) (attach Schedule G if the				
		sum of such g	ross income and contributions exceeds \$15,000)	6b	0		
	c	Less directe	xpenses from gaming and fundraising events	. 6c	0		
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and $$	subtract line 6 c)	6d	
	7a	Gross sales of	finventory, less returns and allowances	. 7a			
	b	Less cost of	goods sold	. 7b	0		
	c	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a) .			7c	
	8	O ther revenue	e (describe in Schedule O)		[8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ [9	168,063
	10	Grants and sir	milar amounts paid (list in Schedule O)			10	48,267
	11	Benefits paid t	co or for members			11	·
	12	Salaries, othe	r compensation, and employee benefits			12	99,284
Š	13	Professional fe	ees and other payments to independent contractors		[13	5,632
Expenses	14	Occupancy, re	ent, utilities, and maintenance		[14	
÷	15	Printing, public	cations, postage, and shipping		[15	
	16	O ther expense	es (describe in Schedule O)		[16	19,541
_	17	Total expense	s. Add lines 10 through 16	<u></u>	▶	17	172,724
B	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			18	-4,661
etAssets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must	agree with			
ٽ حر		end-of-year fig	gure reported on prior year's return)			19	161,499
Ž	20	O ther changes	s in net assets or fund balances (explain in Schedule O)		[20	
	21	Net assets or	fund balances at end of year Combine lines 18 through 20		▶	21	156,838

Form 990-	EZ (2014)					Page 2
Part II	Balance Sheets (see the Check if the organization used		any question in t	hıs Part II		_ স
				(A) Beginning of year	T	(B) End of year
22 Cash.	savings, and investments .			175,25	7 22	158,538
•	ind buildings			210,20	23	200,000
	assets (describe in Schedule O)		66	+	12,004
25 Total				175,91	9 25	170,542
	liabilities (describe in Schedule	0)		14,42	+	13,704
	sets or fund balances (line 27 o	•	th line 21)	161,49	_	156,838
Part III	Statement of Program				Τ	Expenses
	Check if the organization used		any question in	this Part III .		equired for section 501)(3) and 501(c)(4)
To lobby fo	e organization's primary exempt in the protection and promotion of seople. To provide training and li sit	of the civil, economic, politi			or	ganizations, optional for hers)
measured l	ne organization's program servic by expenses In a clear and con and other relevant information fo	cise manner, describe the s			-	
28 Provision workshops	n of training, living and resettle , elderly assistance programs, e	ment assistance to Russia				
(Grants \$ 5	nizations in Connecticut 53,963)	is amount includes foreign	grants, check he	re 🕨 🦵	286	48,266
	ote the protection and promotion			<u> </u>		10,200
and other p (Grants \$ 8	people and direct expenses for to 30.002) If the	raining and resettlement pr is amount includes foreign		re ▶ □	29	
30			<u> </u>		250	
(Grants \$) If the	ıs amount ıncludes foreign	grants, check he	re ► ┌	30	
31 Other p (Grants \$	rogram services (describe in Sc) If thi	hedule O) is amount includes foreign	grants, check he	re >	316	
32 Total pr	ogram service expenses (add lin	es 28a through 31a) .			32	133,965
Part IV	List of Officers, Directors, Tru Check if the organization used					
	(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportab compensati (Forms W-2/10 MISC) (if not enter -0-)	on contributions 099- employee benefit paid, and deferred	to plans 1	(e) Estimated amount of other compensation
See Additio	onal Data Table					
<u></u>						

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		<u>l</u>			
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a						
b	Did the organization file Form 1120-POL for this year?	37b		No			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were						
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9						
b	Gross receipts, included on line 9, for public use of club facilities 39b 0						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						
	section 4911 ▶, section 4912 ▶, section 4955 ▶						
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization						
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No			
41	List the states with which a copy of this return is filed						
42a	The organization's books are in care of Page Robert J Fishman Telephone no	(86	0)727	-5701			
	Located at ▶ 40 Woodland Street Hartford, CT ZIP + 4	<u> </u>	510523	27			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			I			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No			
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No			
	If "Yes," enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year			<u> </u>			
			Yes	No			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44a		No			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No			
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		No			
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No			
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)						

orm 990-EZ ((2014)						Page 4
						Yes	No
	organization engage, directly es for public office? If "Yes,"			pehalf of or in opposition to			No
	Section 501(c)(3) orga All section 501(c)(3) orga		questions 47-49b a	nd 52, and complete th	e tables	s for lu	nes 50
	ind 51 Theck if the organization use	d Schedule O to respond t	o any question in this l	Part VI			Γ
						Yes	No
	organization engage in lobbyi complete Schedule C, Part I		tion 501(h) election ir		? . 47		
18 Is the or	ganızatıon a school as descr	ibed in section 170(b)(1)((A)(II)? If "Yes," compl	ete Schedule E .	. 48		
19a Did the o	organization make any transf	ers to an exempt non-char	ritable related organiza	tion?	. 49a		
b If"Yes,"	was the related organization	a section 527 organization	on?		. 49b		
	e this table for the organizati						
	es) who each received more nd title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Es	timated r compo	
ONE				Compensation			
51 Completo	umber of other employees pa e this table for the organizati ensation from the organizatio	on's five highest compens n If there is none, enter "I	None "	1	more th	an \$10	0,000
((a) Name and business addre	ess of each independent co	ontractor	(b) Type of service	(c) C	ompen	sation
ONE							
52 Did the	umber of other independent of e organization complete Sche eted Schedule A	_		•	. ▶	☐ Ye:	 s
	of perjury, I declare that I hav belief, it is true, correct, and c						
<u> </u>	*****			2016-08-02			
ign lere	Signature of officer			Date			
···	Robert J Fishman Executive Direct Type or print name and title	or					
	Print/Type preparer's name Adam P Cohen	Preparer's signature	e Da	I CHECK I II I)46319		
Paid Preparer	Firm's name ► Adam P Coh	en CPA LLC	l	Firm's EIN 🕨			
Jse Only	Firm's address > 81 South Mai			Phone no (860) 521-	-6400		
lav the IRS di	West Hartford	d, CT 061072405 enarer shown above? See	instructions		-	<u>_</u> Г	No

Additional Data

Software ID: 14000265

Software Version: 2014v6.0

EIN: 06-6002641

Name: Jewish Federation Association

of Connecticut Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Robert J Fishman Executive Direc	40 00	63,369	12,009	4,785
Robert Lesser Chairman	5 0 0	0		
Allan Hillman President	5 00	0		
Cary Lakenbach Treasurer	2 00	0		
Lindy Lee Gold Vice President	2 00	0		
Edward Rosenblatt Secretary	2 00	0		
Robert K Yass Past Chairman	1 00	0		
Howard Sovronsky Director	1 00	0		
Rabbi Jon Haddon to 1214 Director	1 00	0		
Pam Ehrenkranz Director	1 00	0		
Sydney Perry Director	1 00	0		
Michael Price Director	1 00	0		
Jerry Fischer Director	1 00	0		
Milton Wallack Director	1 00	0		
Bert Boyson Past President	1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Eric Albert President	1 00	0		
Steven Friedlander Director	1 00	0		
Lisa Miller Director	1 00	0		
Gary Jones Director	1 00	0		
Martin C Shapiro Director	1 00	0		
James Cohen Director	1 00	0		
Rabbi Josh Ratner Director	1 00	0		
Laura Zimmerman Director	1 00	0		
Leigh Newman Director	1 00	0		
David Brandwein Director	1 00	0		
Rabbi Eric Polokoff Director	1 00	0		
Romana Strochlitz Primus Director	1 00	0		
Shoshana Dweck Director	1 00	0		
Mel Sımon Dırector	1 00	0		
David Baram Director	1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
l	ısa Fıshman Dırector	1 00	0		

DLN: 93492215003226

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ame of the organization wish Federation Association			Employer id	lentification number
	Connecticut Inc			06-600264	
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 5	27 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Pa	rt-I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1		e tax incurred by the organization und			· \$
2	·	e tax incurred by organization manag			· \$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the or	ganization is exempt under	section 501(c), except section	501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			⊤ Yes
5	organization made payments l amount of political contribution	nd employer identification number (E: For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization to a separate political o	's funds Also enter the rganization, such as a mation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds If none, enter -	contributions received
		ee the instructions for Form 990 or 990			

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

Pa	rt II-B Complete if the organization is e filed Form 5768 (election under	exempt under section 501(c)(3) and has I section 501(h)).	ТОИ				
For e	each "Yes" response to lines 1a through 1i below, provide		(a	1)	(b)	
activ		m rune iv a decaned description of the lobbying	Yes	No	Am	ount	
1 a	During the year, did the filing organization attempt to legislation, including any attempt to influence public through the use of Volunteers?		ĺ				
b c	Paid staff or management (include compensation in Media advertisements?	expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?						_
е	Publications, or published or broadcast statements?	,					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, governm	to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? , demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? ," enter the amount of any tax incurred under section 4912 ," enter the amount of any tax incurred by organization managers under section 4912 illing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
h i	Rallies, demonstrations, seminars, conventions, spe Other activities?	eches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i		_				
2a b		<u> </u>					
c	If "Yes," enter the amount of any tax incurred by org	janization managers under section 4912					_
d	If the filing organization incurred a section 4912 tax	, did it file Form 4720 for this year?					
Par		exempt under section 501(c)(4), section 5	501(c))(5), c	r sec	tion	
					Y	es N	ю
1				L	1 Y	es	
2	Did the organization make only in-house lobbying ex				2		Ιo
3	Did the organization agree to carry over lobbying an				3		Ю
Par		exempt under section 501(c)(4), section 5 Part III-A, lines 1 and 2, are answered "					,
1	Dues, assessments and similar amounts from memb	pers	1				
2	Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid						
a	,		2a				_
D	Carryover from last year		2b				
c	Total) nations of nandadisability analysis 162(a) disa	2c				_
3	Aggregate amount reported in section 6033(e)(1)(A		3				_
4	If notices were sent and the amount on line 2c exce does the organization agree to carryover to the reas political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditure	es (see instructions)	5				_
Pa	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line 1, Pai (see instructions), and Part II-B, line 1 Also, complete		ıp lıst),	Part II	-A , line	s 1 an	d
	Return Reference	Explanation					

Part IV Supplemental Inf	ormation (continued)
Return Reference	Explanation
·	_

Schedule C (Form 990 or 990EZ) 2014

DLN: 93492215003226

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Jewish	of the organization Federation Association necticut Inc			Employer identification 06-6002641	on numbe	er
Part	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b					
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description	on of transaction	(d) Cor	rected?
		person and organization			Yes	No

2	Enterthe	: am	our	it of	tax	ınc	urre	ed b	y or	gan	ızat	ion	maı	nag	ers	ord	lısq	ualit	ıed	per	son:	s du	ırıng	, the	e ye	arι	ınd	ers	ec	tion	
	4958 -	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	\$	 _
3	Enter the	am	our	nt of	tax	, if a	any,	, on	lıne	2,8	abo	ve,	reın	ıbuı	sec	d by	the	org	anı	zatio	on .									\$	

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(d) Loan or from th organization	ne	(e)O riginal principal amount	(f) Balance due	(g) defau	ılt?	(h) Approv by boar commit	d or	(i)Writi agreeme	
		То	From			Yes	No	Yes	No	Yes	No

Total	▶ \$							
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.								
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type	of assistance	e (e) Purpos	e of assistance		
(1) Jewish Federation Gr Hartford	Member federation	7,750	Subgrantee	state grants	Citizenship	tra		
(2) Jewish Federation Gr New Haven	Member federation	13,056	Subgrantee		Elderly svcs	3		
(3) Jewish Fam Svcs Greenwich	Member affiliate	5,938	Subgrantee	S	Citizenship	tra		
(4) Jewish Federation Gr NH	Member federation	4,898	Subgrantee		Citizenship	tra		

Part IV Business Transactions Involving Interested Persons.								
Complete if the organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
(a) Name of interested person	(b) Relationship	(c) A mount of	(d) Description of transaction	(e) Sh	arıng			
	between interested	transaction		of	:			
	person and the			organiz	atıon's			
	organization			revenu	ıes?			
				Yes	No			

Part V Supplemental Information							
Provide additional informa	ition for responses to questions on Schedule L (see instructions)						
Return Reference	Explanation						
	The nine member Jewish federations appoint directors to the JFACT Board of Directors The						
Information	Federations are participating subgrantees of state and federal grants						

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93492215003226

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Jewish Federation Association of Connecticut Inc

Employer identification number

06-6002641

990 Schedule O, Supplemental Inform	nation					
Return Reference	Explanation					
Grants and Similar Amounts Paid In Excess of \$5,000 4						
Grants and Similar Amounts Paid In Excess of \$5,000 5	Class of Activity Social services Donee's Name Jewish Fed Gr New Haven Donee's Addres s 360 Amity Road Woodbridge, CT 06525 Relationship of Donee Member federation Cash A mount Given \$17953					
Grants and Similar Amounts Paid In Excess of \$5,000 7	Class of Activity Social services Donee's Name CT Coalition Mutual Asst Assocs Donee 's Address 143 Madison Avenue Hartford, CT 06106 Relationship of Donee None Cash Amo unt Given \$5938					
Grants and Similar Amounts Paid In Excess of \$5,000 9	Class of Activity Social services Donee's Name Center for Urban Research Education Donee's Address PO Box 320536 Hartford, CT 06132 Relationship of Donee None Cash Amount Given \$5938					
Grants and Similar Amounts Paid In Excess of \$5,000 10	Class of Activity Social services Donee's Name Jewish Family Svcs Greenwich Donee's Address One Holly Hill Lane Greenwich, CT 06830 Relationship of Donee Affiliate of member Cash Amount Given \$5938					
Other Expenses 1002	Office Expenses \$7593					
Other Expenses 1007	Conferences, Conventions, and Meetings \$7020					
Other Expenses 1012	Insurance \$2158					
Other Expenses 1	Dues and subscriptions \$1333					
Other Expenses 2	Publicity and lobbying \$1154					
Other Expenses 3	Intern \$283					
Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$11250					
Other Assets 1	Due from JFACT Fund - Beginning \$662 Due from JFACT Fund - Ending \$514					
Other Assets 2	Exchange - officer - Beginning \$0 Exchange - officer - Ending \$240					
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$2001 Accounts Payable and Accrued Expenses - Ending \$2634					
Total Liabilities 1002	Grants Payable - Beginning \$0 Grants Payable - Ending \$11070					
Total Liabilities 1	- Beginning \$0 - Ending \$0					
Part IX, Lines 16 - Occupancy and 14 - Information Technology	JFACT receives an in-kind contribution of substantially all of its occupancy costs, includ ing rent, utilities, computer and telephone services. The estimated value of these service s, \$21,000, is excluded from Occupancy Expenses on Line 16 and Contributions, in accordance with the instructions for Form 990. The same amount is included in income and expenses in the organization's financial statements, in accordance with generally accepted accounting principles.					
Part I, Line 5, Part V, 2a - Employees	JFACT pays its employees through a common paymaster arrangement. The related organization issues all W-2s for JFACT's three employees. JFACT and it supporting organization allocate payroll and related benefits.					