# SCALINED JUN 1 4

Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 07/01 20 16 2015, and ending C Name of organization JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD IN D Employer identification number Check if applicable 06-1372107 Doing business as Address change Number and street (or P O, box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change 333 Bloomfield Avenue Suite D 860-523-7460 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 22,170,669 G Gross receipts \$ Amended return West Hartford, CT, 06117 F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No MICHAEL JOHNSTON Application pending H(b) Are all subordinates included? Yes No 333 BLOOMFIELD AVENUE, SUITE D, WEST HARTFORD, CT 06117 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list, (see instructions) Tax-exempt status 501(c)(3) H(c) Group exemption number ▶ Website: ▶ icfhartford.org Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile CT Part I Briefly describe the organization's mission or most significant activities: The Jewish Community Foundation promotes philanthropy, manages the Greater Hartford Jewish community's charitable endowment and makes grants to support key Activities & Governance community needs and innovations Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 13 6 Total number of volunteers (estimate if necessary) . . . . 6 75 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990=Taline 34/ 7b 0 Current Year Prior Year Contributions and grants (Part VIII, line 1h) 8 4,799,348 3,828,055 Program service revenue (Part VIII, line 2g) . MAY 3 % 2017 . 9 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 7,072,654 3,033,449 Other revenue (Part VIII, column (A), lines 5,6d, 8c; 9c; 10c; and 11e); 11 152,188 143,843 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 12 12,024,190 7,005,347 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 3,568,666 3,328,066 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,204,266 1,347,227 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 O Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 500,587 587,541 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,273,519 5,262,834 19 Revenue less expenses. Subtract line 18 from line 12 6,750,671 1,742,513 **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) 108,939,901 103,210,908 21 Total liabilities (Part X, line 26) . 15,755,544 13,297,504 22 Net assets or fund balances. Subtract line 21 from line 20 93,184,357 89,913,404 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 Signature of officer Here MICHAEL JOHNSTON, PRESIDENT & CHIEF EXECUTIVE OFFICER Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check | if self-employed Preparer 11 4 Firm's name Use Only

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☐ Yes ☐ No

Phone no

Cat. No. 11282Y

2	Did the organization undertake any significant program services during the year which were not listed on the
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	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 \$1,443,622 including grants of \$1,443,622 ) (Revenue \$0 )
	Community Building (Expenses \$1,443,622 including grants of \$1,443,622) The Foundation awarded grants, mostly in the Greater
	Hartford area, to support general operations of agencies and programs, meet critical needs for basic human services and support core functions in furtherance of the key strategic objectives designed to strengthen the Jewish community. The largest grantee is
	About Sendels Francisco of Constructional
	The Jewish Federation of Greater Hartford
	•
4b	(Code: ) (Expenses \$ 924,623 including grants of \$ 924,623 ) (Revenue \$ 0 )
40	(Code: ) (Expenses \$ 924,623 including grants of \$ 924,623 ) (Revenue \$ 0 )  Education (Expenses: \$924,623 including grants of \$924,623) The Foundation supports numerous institutions whose focus is on
	Jewish education The largest proportion goes to area Jewish day schools for general operating support, scholarships and
	curriculum enhancement. Other grants include literacy for at-risk youth, supplemental religious school education, college
	scholarships and general support of secular secondary and college institutions. Grantees include Solomon Schechter Day School,
	Bess and Paul Sigel Hebrew Academy, Hebrew High School of New England, Jewish Teen Learning Connection, the Hartford
	Jewish Coalition for Literacy and the Commission on Jewish Education and Leadership.
	······
4c	(Code:) (Expenses \$ 667,257 including grants of \$ 667,257 ) (Revenue \$ 0 )
. •	Human Services and Health (Expenses. \$667,257 including grants of \$667,257) Grants In this program area cover a wide array of
	services Programs include services for the disabled, food and hunger alleviation, medical research, case management and
	counseling, therapy, sports and recreation. Grantees include Jewish Family Services of Greater Hartford, the Joyce D and
	Andrew J Mandell Jewish Community Center and the Jewish Association for Community Living
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	<u>*</u> ,
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 2
	(Expenses \$ 1,159,874 including grants of \$ 292,564 ) (Revenue \$ 0 )
4e	Total program service expenses ► 4,195,376
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Part	Checklist of Required Schedules			age S
rait	Checklist of hequired schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	•	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	<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? <i>If "Yes," complete Schedule C, Part II</i>	4		V
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	~	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	>	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	V	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	,	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	<b>3</b> , , , , ,	14a	<u> </u>	~
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	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	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	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		<u> —:-</u>	<u></u>	

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Part l	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Ven " complete Schodule II	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4% or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	~	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		٧
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	~	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	V	~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		~
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<u> </u>	
		For	m <b>990</b>	(2015

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art				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 100	
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		,	
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Ì.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
_	and services provided to the payor?	7a 7b	├	ļ <u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B	├	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\vdash$	+
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del>                                     </del>	<del> </del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	t	┼
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		$oldsymbol{ol}}}}}}}}}}}}}}}}}$
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		الكب	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u> </u>	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	for a	ions.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. <u>v</u>
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 14		103	No
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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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?			
3	any other officer, director, trustee, or key employee?	2		<i>y</i>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6		V
b	one or more members of the governing body?	7a		~
8	stockholders, or persons other than the governing body?	7b	1	
а	the year by the following:	8a	V	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	<b>&gt;</b>	
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	V
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			, -
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	<i>v</i>	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14	V	
a	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official (f.,	15a	V	
16a	Other officers or key employees of the organization	15b	<b>V</b>	!
	with a taxable entity during the year?	16a		<b>V</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?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	c)(3)s	only)
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re 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	i, and
	Independent Contractors		•					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 organizat	ion nor any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below datted		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DAVID R MILLER	6			,						
CHAIR	2	-	$\vdash$	-	-		├	0	0	0
STEVEN C KLEINMAN	4	1	l	1	ļ		l		اه	_
TREASURER	1 5	<u> </u>	-	<u> </u>	-		├	0		0
LEIGH A NEWMAN SECRETARY	1.50	1	1	1	Ì	ľ	ĺ	0	o	0
THEODORE N KAPLAN	3	<del>                                     </del>	$\vdash$	<del>  -</del>			-	<del> </del>		
VICE CHAIR	1	1		1			ļ		0	0
RANDALL H WEINSTOCK	3	<del>                                     </del>	┼┈	$\vdash$	1		1	<del> </del>	<del>                                     </del>	
TREASURER	0	1		-				0	o	o
GERALD B GOLDBERG	2	1			T		T			
TRUSTEE		1					ļ	0	0	o
JILL J HUTENSKY	2			_						
TRUSTEE	2.00	1						0	0	0
MERRILL KATE MANDELL	2									
TRUSTEE		1	_	L			$oxed{oxed}$	0	0	0
STEVEN PIAKER	15									
TRUSTEE	·	~	<u> </u>	L_	<u> </u>		<u> </u>	0	0	0
LEE D POLLOCK	, 2 <sub>A</sub>			j		,		1	}	
TRUSTEE	19,13		ļ	<u> </u>	<u> </u>	ļ	_	0	0	0
DAVID M ROTH	25,		ł			}	1			
TRUSTEE		-	<u> </u>	<u> </u>	<u> </u>	-	ļ.,	0	0	0
MELVIN A SIMON	2	1	1		1		1	1	1	
TRUSTEE		-	$\vdash$	<b>├</b>	┼	├—	├-	o	0	0
GAYLE TEMKIN	2	٠,		Ì			1	_		_
TRUSTEE		~	-	├-	$\vdash$	├—	<del> </del> —	ļo	0	0
JESSICA P ZACHS	2 5	,			1					_
TRUSTEE	2				Ц.	Ь—	Ц.	<u> </u>	0	Form <b>990</b> (2015

Part VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (conti	nued)
(A) Name and title	(B) Average hours per week (list any	verage box, unle urs per officer an				ıs both	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MICHAEL L JOHNSTON	50						Г			
CHAIRMAN AND CHIEF EXECUTIVE OFFICER	3	ļ		~	~	~	<u> </u>	202,004	0	14,536
RHONA H MORGAN	45				,			404.044		00.000
VICE PRESIDENT FINANCE RISE B ROTH	37.5	ļ	-	<del> </del>	ř	<u> </u>	17	134,041	<u> </u>	23,220
VICE PRESIDENT DEVELOPMENT	37.5				7		• 1	123,684	ا ا	8,862
HOLLIS G DORMAN	36					149	7.1			
SENIOR DEVELOPMENT OFFICER		<u> </u>		<u> </u>	~	1107	, ,	104,411		14,679
							ı			
						<u> </u>				
	<del> </del>	ĺ								
1b Sub-total	· · · ·	•	<u>.                                    </u>	<u>.                                    </u>	·		<b></b>	564,140		61,297
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							<b>•</b>	564,140		61,297
Total number of individuals (including but reportable compensation from the organi	t not limited	d to th	ose	e list	ed	above	e) w			
3 Did the organization list any former of	ficer, direc	tor, c					émr	bloyee, or high	est compensat	Yes No
<ul> <li>employee on line 1a? If "Yes," complete 8</li> <li>For any individual listed on line 1a, is the organization and related organizations</li> </ul>	sum of re	porta	ble	con	rpe:	nsatio	n a s,"		oensation from the dule J for su	ich
<ul> <li>individual</li></ul>									zation or individ	
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compensation from the organization. Rep year.</li> </ol>										
(A) Name and business add	Iress							(B) Description of s	services	(C) Compensation
THE MELIOR GROUP INC, 1528 WALNUT STREET	SUITE 1414	, PHII	_AD	ELP	HIA	, PA 1	Cc	ommunity Indica	tors Resear	126,036
					_					
Total number of independent contractor received more than \$100,000 of compens	•	-					L o tl	nose listed ab	ove) who	

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Form **990** (2015)

Part	VIII							_
		Check if Schedule C	contains a res	sponse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	3 1a	0				
ts, Grants Amounts	ь	Membership dues .	1b	· · · 0				
s, G Am	С	Fundraising events .	1c	0				
Gifts, ilar An	d	Related organizations	s 1d	0				
ons, Gif Similar	е	Government grants (cor		0				
tior sr S	f	All other contributions, g						
ē ¥		and similar amounts not inc	luded above 1f	3,828,055				
Contributions, and Other Sim	g	Noncash contributions include		556,159				
<u>v</u> <u>a</u>	h	Total. Add lines 1a-1	<u>f</u>		3,828,055			
nge :	_			Business Code				
eve	2a							
9	b			<del>                                     </del>				
Ž.	C .			<del></del>			<del></del>	
ဖွဲ့	d			<del></del>	<del>+</del>			
퍨	e f	All other program ser	vice revenue	<del></del>	0			0
Program Service Revenue	g	Total. Add lines 2a-2			0			
	3	Investment income	(including divid	dends, interest.				
		and other similar amo		•	1,076,479	1,076,479	0	o
	4	Income from investmen	•	ond proceeds ▶	0	0	0	0
	5		•	· .	0	0	0	0
	]	•	(i) Real	(II) Personal		·		
	6a	Gross rents		0				
	b	Less: rental expenses		0				
	С	Rental income or (loss)		0				
	d	Net rental income or				0	0	0
	7a	Gross amount from sales of	(i) Securities	_ (II) Other				•
		assets other than inventory	17,122,29	2 0				
	b	Less: cost or other basis						
		and sales expenses .	15,160,04					
	C.	Gain or (loss)	1,962,24					
	d	Net gain or (loss) .	• • • • • • • • • • • • • • • • • • • •	· · · •	1,956,970	1,956,970	0	0
enne	8a	Gross income from fu	0					
Other Re				a <u>0</u>				
ਠੋ		Less: direct expenses		0				
	9a	Net income or (loss) for Gross income from gasee Part IV, line 19	aming activities.		0		0	0
	ь	Less: direct expenses		5				
	С	Net income or (loss) t						
	10a	Gross sales of in returns and allowance	oventory, less					
	ь	Less: cost of goods s	-	0				
	С	Net income or (loss) 1			0	0	0	0
		Miscellaneous F		Business Code				
	11a	Administrative Fees II	ncome charged	- = 900099	143,843	143,843	0	0
	b			11				
	С			'				
	d	All other revenue .		<u> </u>	0	0	0	0
	e	Total. Add lines 11a-		🟲	143,843			
	12	Total revenue. See in	nstructions		7 005 347	3 177 202		1

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com-	plete all columns. A	All other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se or note to any lir	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	3,249,316	3,249,316		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	78,750	78,750		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	· •	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0	_	
3	trustees, and key employees	638,991	i	106,424	289,390
6	Compensation not included above, to disqualified	038,991	243,177	100,424	209,390
J	persons (as defined under section 4958(f)(1)) and	,	$\theta_{-I_{1}}$		
	persons described in section 4958(c)(3)(B)	٥	o	0	0
7	Other salaries and wages	570,941	258,018	141,964	170,959
8	Pension plan accruals and contributions (include	070,741	200,010	- (1,7,9,1	
	section 401(k) and 403(b) employer contributions)	14,432	6,542	3,611	4,279
9	Other employee benefits	38,988	17,507	9,565	11,916
10	Payroll taxes	83,875	34,829	17,847	31,199
11	Fees for services (non-employees)				
а	Management	50	25	25	0
b	Legal	100	42	21	37
C	Accounting	31,970	14,387	14,387	3,196
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	135,537	56,261	28,790	50,486
g	Other. (If line 11g amount exceeds 10% of line 25, column				
4.0	(A) amount, list line 11g expenses on Schedule O.)	1,166	929	85	
12	Advertising and promotion	26,026	11,712	5,205	9,109
13 14	Office expenses	32,678	14,705	6,536	11,437
15	Royalties	46,040 0	20,718	9,208	16,114
16	Occupancy	48,455	20,121	18,372	9,962
17	Travel	800	332	170	298
18	Payments of travel or entertainment expenses	,	· · · · · · · · · · · · · · · · · · ·		
	for any federal, state, or local public officials	o	'" 0	o	0
19	Conferences, conventions, and meetings .	20,391	8,467	4,339	7,585
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	1,632	0	1,632	0
23	Insurance	14,424	5,990	3,069	5,365
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Professional Membership Fees	6,520		1,403	2,425
b	Marketing and Outreach	63,431		12,686	22,201
c d	Community Endowment Campaign - Aim Chai CIP JMAP and Outcomes Measurement Projects	35,166		0	35,166
u e	All other expenses	121,858 1,297	121,858 454	843	0
25	Total functional expenses. Add lines 1 through 24e	5,262,834		386,182	681,276
26	Joint costs. Complete this line only if the	5,202,034	7,173,370	300,102	361,270
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Par		<u>.                                     </u>	<u>·_</u>
			(A) Beginning of year		(B) End of year
-	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	1,618,397	2	2,529,453
ĺ	3	Pledges and grants receivable, net	4,026,681	3	2,986,492
-	4	Accounts receivable, net	8,168	4	58,761
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
-		Complete Part II of Schedule L	0	5	0
	6	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		6	
e l	7		<u>0</u>	7	0
Assets	7	Notes and loans receivable, net		8	0
•	8	Inventories for sale or use	0	9	0
	9 10a	Prepaid expenses and deferred charges	U	9	0
1	·oa	other basis. Complete Part VI of Schedule D 10a 54,303			
	ь	Less: accumulated depreciation 10b 54,303	1,632	10c	0
	11	Investments—publicly traded securities	92,171,662		87,654,025
.	12	Investments—other securities. See Part IV, line 11	9,948,535		9,701,936
.	13	Investments – program-related. See Part IV, line 11	0	13	O
.	14	Intangible assets	0	14	(
- [ -	15	Other assets. See Part IV, line 11	1,164,826	15	280,241
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	108,939,901	16	103,210,908
Τ.	17	Accounts payable and accrued expenses	1,899	17	6,521
1	18	Grants payable	753,396	18	844,584
	19	Deferred revenue	0	19	(
	20	Tax-exempt bond liabilities	0	20	
- 1:	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1 <u>4,771,</u> 327	21	12,221,250
es	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
Labilities		disqualified persons Complete Part II of Schedule L	0		
_ 1 .	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	228,922	25	225,149
- [.	26	Total liabilities. Add lines 17 through 25	15,755,544		13,297,504
1		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	10,100,011		
ဋ	27	complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	92,430,042	27	89,794,75
<u> </u>	28	Temporarily restricted net assets	754,315		118,653
	29	Permanently restricted net assets	754,515		110,035
Net Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	<u>·</u>		
တ္ဆုံ	30	Capital stock or trust principal, or current funds		30	
Se l	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds.		32	<del></del>
ĕ	33	Total net assets or fund balances	93,184,357	33	89,913,404
- 1	34	Total liabilities and net assets/fund balances	108,939,901	34	103,210,908

The state of the s

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.                                    </u>			V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,00	5,347
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,26	2,834
3	Revenue less expenses. Subtract line 2 from line 1	3		1,74	2,513
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		93,18	4,357
5	Net unrealized gains (losses) on investments	5		-4,97	1,284
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4	2,182
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	) ]			
	33, column (B))	10		89,91	3,404
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<del></del>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		
_	Schedule O.				
<b>2a</b>	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 compressioned on a constraint basis consolidated basis or both.	oilea c	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?			V	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ea on	а		
	·				
_	Separate basis Consolidated basis Both consolidated and separate basis	.a.aiak		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			1	
	·				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain i	(1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n 🗍		\
	the Single Audit Act and OMB Circular A-133?				1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•			]
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u> </u>	<u></u>

Form **990** (2015)

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

# **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

lame of the organization				-	Employer identification	number				
JEWISH COMMUNITY FOUNDATION OF C	REATER HARTF	ORD INC			06-137	72107				
Part I Reason for Public Char	rity Status (All	organizations must	complet	e this pa	art.) See instructio	ns				
The organization is not a private founda	tion because it i	s: (For lines 1 through	11, chec	k only on	e box.)					
1 A church, convention of church										
2 A school described in section										
3 A hospital or a cooperative hos										
4 A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desci	ribed in s	ection 170(b)(1)(A)(	iii). Enter the				
	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 govern	nment or govern	mental unit described	l in <b>sectio</b>	n 170(b)	(1)(A)(v).					
7 An organization that normally described in section 170(b)(1)			port from	a govern	nmental unit or from	the general public				
8 A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)							
9  An organization that normally	receives: (1) mo	re than 331/3% of its	support f	rom cont	ributions, members	hip fees, and gross				
receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain ( taxable ir	exceptior ncome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its				
10 An organization organized and										
11 An organization organized and one or more publicly supported	operated exclusi	vely for the benefit of,	to perform	n the fun	ctions of, or to carry					
the box in lines 11a through 11c										
a Type I. A supporting organiz	ation operated, :	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving				
the supported organization(s organization. You must com	. ,		ct a majo	rity or trie	directors or trustee	is of the supporting				
b Type II A supporting organize control or management of the organization(s). You must control to the control organization organizat	e supporting org	ganization vested in th		•	•					
c Type III functionally integra	i <b>ted</b> . A supportir	ng organization operat				y integrated with,				
d Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbuti	on requirement and					
e Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III				
f Enter the number of supported of	•	briany integrated dapp	Jordania Ori	garnzano						
g Provide the following information		orted organization(s)			· · · · · · ·	· L				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(rv) is the o	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
	.,;		Yes	No						
	(1)		103							
(A) 	, , , (17)	<b>4.1</b>	-	<u> </u>						
(B)	स्तृ हो	) i								
(C)										
(D)										
(E)										

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2011 Calendar year (or fiscal year beginning in) (b) 2012 (c) 2013 (e) 2015 (d) 2014 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1,664,081 3,828,055 3,972,094 9,204,923 4,568,006 23,237,159 revenues levied for organization's benefit and either paid to or expended on its behalf 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . 1,664,081 3,972,094 9,204,923 4,568,006 3,828,055 23,237,159 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 3,737,307 Public support. Subtract line 5 from line 4. 19,499,852 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (d) 2014 (c) 2013 (e) 2015 (f) Total Amounts from line 4 . . . . . 1,664,081 3,972,094 9,204,923 4,568,006 3,828,055 23,237,159 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1,088,505 1,348,78 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) . . . First five years. If the Form 990 is for the organization's first, seco 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 15 Public support percentage from 2014 Schedule A, Part II, line 14 331/3% support test-2015. If the organization did not check the bo box and stop here. The organization qualifies as a publicly supporte 331/3% support test-2014. If the organization did not check a be check this box and stop here. The organization qualifies as a public 17a 10%-facts-and-circumstances test—2015. If the organization did

rents, royalties and income from similar		ĺ					
sources	1,088,505	1,348,786	1,205,502	896,860	940,942	5,480,5	<b>59</b> 5
Net income from unrelated business							
activities, whether or not the business				1			
is regularly carried on	0	0	0	0	0		0
Other income. Do not include gain or							
loss from the sale of capital assets							
(Explain in Part VI.)	0	0	0	0	0		0
Total support. Add lines 7 through 10						28,717,7	<u> 154</u>
Gross receipts from related activities, etc					12	663,6	
First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)	
organization, check this box and stop he		, .	.,	<u></u>	<u> </u>	🕨	
on C. Computation of Public Suppor	rt Percentag	e ,					
Public support percentage for 2015 (line			1, column (f))		14	67.9	%
Public support percentage from 2014 Scl		•			15	59 21	%
331/3% support test-2015. If the organi				d line 14 ıs 33¹	/3% or more, c	heck this	
box and stop here. The organization qua			•			▶	
331/3% support test-2014. If the organ	nization did no	ot check a box	on line 13 or	r 16a, and line	15 is 331/3%	or more,	
check this box and stop here. The organ	ızatıon qualifie	s as a publicly	supported org	ganization .		. , ▶	~
10%-facts-and-circumstances test-2	<b>015.</b> If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is	
10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. I	Explain in	
Part VI how the organization meets the "I	acts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	upported	
organization						, , <b>▶</b>	
10%-facts-and-circumstances test-26	014. If the orga	anization did n	ot check a box	c on line 13, 16	Sa, 16b, or 17a	, and line	
15 is 10% or more, and if the organiza	tion meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	top here.	
Explain in Part VI how the organization m	neets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies as	a publicly	
supported organization						▶	
Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	
instructions						. ▶	
				Scl	nedule A (Form 99	0 or 990-EZ)	2015
						•	

Schedu	le A (Form 990 or 990-EZ) 2015						Page <b>3</b>
Part	III Support Schedule for Organiza	tions Descri	bed in Secti	ion 509(a)(2)			
	(Complete only if you checked th						ler Part II.
	If the organization fails to qualify	under the tes	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support				·		
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
0	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ĺ		Í	1		
	furnished in any activity that is related to the	l		}	1		
	organization's tax-exempt purpose			ļ ————			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	j		]	)		
					<b></b>		
4	Tax revenues levied for the	ĺ		1	[		
	organization's benefit and either paid to or expended on its behalf	{		1	<b>{</b>		
_	` <u> </u>			<u> </u>	<u> </u>	<del></del>	
5	The value of services or facilities furnished by a governmental unit to the			ļ		1	ı
	organization without charge	$-iH_{t_{i}}$					ı
c	_	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	<u> </u>	<del> </del>	<b></b>		
6	Total. Add lines 1 through 5		<del></del>	<del> </del>	<del> </del>		
14	Amounts included on lines 1, 2, and 3 received from disqualified persons .	. ,	}	}			
	h in the second	<del></del>	<del></del>	<del> </del>	<del> </del>		<del> </del>
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified persons that exceed the greater of \$5,000			[			
	or 1% of the amount on line 13 for the year			ł		1	
_	· · · · · }	<del></del>		<del> </del>			
С 8	Add lines 7a and 7b		_				
J	line 6.)						
Secti	on B. Total Support		· <u>-</u>	<del></del>		<u> </u>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	( <u></u> / <u></u>	(2)	(0, 20.0	(5) =5	(0) = 0.10	(7)
10a	_			<del> </del>	<del> </del>		
	payments received on securities loans, rents,				İ		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less				<del> </del>		<del></del>
	section 511 taxes) from businesses	'		1	ł		
	acquired after June 30, 1975				}		
C	Add lines 10a and 10b	<del></del>			1		
11	Net income from unrelated business	<del></del>					
	activities not included in line 10b, whether			<u> </u>	{		
	or not the business is regularly carried on	J. 1860		1		ł	
12	Other income. Do not include gain or	1 1 1 1 1 1 1					
	loss from the sale of capital assets	7 71	<b>]</b> ,	]	]	ļ	
	(Explain in Part VI.)	r's				ĺ	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u></u>		<u> </u>	}	
14	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>	<u> </u>	🕨 🗀
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (		* *			17	%
18	Investment income percentage from 2014					18	<u>%</u>
19a	331/3% support tests—2015. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box 33 <sup>1</sup> / <sub>3</sub> % support tests—2014. If the organiz						
	- aarrem suudoni iesis-2014 li ine ofdaniz	AUOD DIO DOLO	песка похоп	IIII I 4 OT RME	usa, and line 10	ous more inan :	3.3 /3.70 ADO

line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	<b>Organizations</b>

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI, what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		Yes	No	
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Part	Supporting Organizations (continued)		Vaa	—
44	the the appropriate an appropriate or appropriate from any of the following paragraps		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<del></del>	the supported organization(s).	1	_	<u> </u>
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			$\vdash$
Cook	ion E. Type III Functionally-Integrated Supporting Organizations	3	J	
			••••	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	CUON	S):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		ota iot	one)
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see iii	Siruci	iorisj.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2-		
L	·	2a	<u></u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		,	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	[	

Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain	tru	st on Nov. 20, 1970 See	instructions. All
Section A - Adjusted Net Income	при	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , ,
2 Recoveries of prior-year distributions	2		· · · · · · · · · · · · · · · · · · ·
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		·
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	exempt purposes		····-				
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
	Qualified set-aside amounts (prior IRS approval required)	<u></u>						
6	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive					
9	(provide details in <b>Part VI</b> ). See instructions.  Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Line o amount divided by Line 9 amount	<u> </u>	(ii)	(iii)				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015				
_1_	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
_3_	Excess distributions carryover, if any, to 2015:							
<u>a</u>								
<u>b</u>								
<u>C</u>	From 2013							
<u>d</u> e	5 0011							
f	Total of lines 3a through e							
<u>'</u>	Applied to underdistributions of prior years							
<del>9</del>	Applied to 2015 distributable amount							
<del>-</del>	Carryover from 2010 not applied (see instructions)							
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section							
•	D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3 <sub>j</sub> and 4c.							
8	Breakdown of line 7							
а								
b								
c	Excess from 2013							
d_								
е	Excess from 2015							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sections 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	2a, 2b,
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# **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Name o	the organization		Employer identification number
	H COMMUNITY FOUNDATION OF GREATER HARTFOR	RD INC	06-1372107
Par			nds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	162	858
2	Aggregate value of contributions to (during year)	2,670,983	1,157,072
3	Aggregate value of grants from (during year) .	1,850,534	1,477,532
4	Aggregate value at end of year	29,727,359	60,186,045
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		<del></del>
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	i	
_		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Part		"\\-" F 000 Don't \\ line 7	
	Complete if the organization answered '		•
1	Purpose(s) of conservation easements held by the		£ - bt
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
0	Preservation of open space Complete lines 2a through 2d if the organization he	old a gualified conseniation contribute	on in the form of a conservation
2	easement on the last day of the tax year.	eld a qualified conservation contributi	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easement		
b	Number of conservation easements on a certified h		
c d	Number of conservation easements included in	, ,	
u			I I
3	Number of conservation easements modified, trans		
•	tax year ▶	<b>3</b>	, , ,
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy re-		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶\$</b>	1, 1	
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	_	nancial statements that describes the
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		education, or research in furtherance of
	public service, provide the following amounts relat	-	<b>.</b> ^
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art		
_	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🖊 💲

1 3 3 C T

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a  □ Public exhibition	Part	Organizations Maintaining	Collections of	Art, Histor	rical Tre	easures, or C	ther Similar A	ssets (continued)
b Scholarly research e ☐ Other ☐ Other ☐ Other ☐ ○ 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 XIII ☐ Secrew and Custodial Arrangements.  Complete if the organization answered "Yes" on 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:  c Beginning belance ☐ 1.16,771,327	3		accession, and other	her records	131	· -	wing that are a	significant use of its
b Scholarly research e ☐ Other ☐ Other ☐ Other ☐ ○ 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 XIII ☐ Secrew and Custodial Arrangements.  Complete if the organization answered "Yes" on 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:  c Beginning belance ☐ 1.16,771,327	а	☐ Public exhibition		d□	Loan or	exchange pro	grams	
c	b	☐ Scholarly research						
Still.  So 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?	С	☐ Preservation for future generations			•			
Part IV   Escrow and Custodial Arrangements.   Orangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21,   1a   Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21,   Included on Part XIII   Included an amount on Form 990, Part X, line 21,   Included on Part XIII   Included an amount on Form 990, Part X, line 21,   Included on Part XIII   Included on	4		ion's collections a	ınd explain	how the	y further the o	rganization's exe	mpt purpose in Part
Part IV	5	During the year, did the organization	solicit or receive	donations of	of art, his	storical treasur	es, or other simi	lar
Complete if the organization answered "Yes" on 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?		assets to be sold to raise funds rather	than to be mainta	ined as par	t of the c	organization's o	collection?	☐ Yes ☐ No
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?  □ Ves □ No  b If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance . □ 1d □ 14,771,327  d Additions during the year □ 1d □ 14,771,327  d Ending balance . □ 1d □ 14,771,327  d Ending balance . □ 1d □ 14,771,327  d Ending balance . □ 1d □ 12,020,644  f Ending balance . □ 1d □ 12,221,250  Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Ves □ No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V ■ Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance . □ (a) Current year □ (b) Prov year	Part	IV Escrow and Custodial Arra	ngements.			<del></del>		
Included on Form 990, Part X7		990, Part X, line 21.					·	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   10   14,771,327     d   Additions during the year   10   1.477,433     e   Distributions during the year   1e   2.402,644     f   Ending balance   10   10   1.477,433     Ending balance   10   10   10   11     Ending balance   10   10   10     Endowment Funds.   10   10   10     Endowm	1a							
Amount								Yes  No
C   Beginning balance   1c   14,771,327     C   Additions during the year   1e   2,402,644     E   Ending balance   1f   1,221,250     Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No     If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   12,221,250     Did the organization include an amount on Form 990, Part IV, line 10.   Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.     Beginning of year balance   (a) Current year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo	b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the follo	wing tab	le:		
d Additions during the year    Distributions during the year   Distributions during the year   Ending balance   1f   1,2221,250						L		Amount
Ending balance   1.2402,644   1   1   2.402,644   1   1   2.21   280   220   230	C						С	14,771,327
Ending balance   12,221,250   2a   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   No   If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Part V   Endowment Funds.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						<del>-</del>		
2a   Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?	_	-						
Part V   Endowment Funds.   Endowment Funds.   Endowment Funds.   Endowment Funds.   Endowment Funds.   (a) Current year   (b) Pnor year   (d) (i) Fund years back   (d) Three years back   (e) Four years back   (e) Fou								
Part V								
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   1			art XIII. Check here	e if the expl	anation I	nas been provid	ded on Part XIII .	<u>v</u>
1a   Beginning of year balance   6a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) As pack   (d) Three years back   (e) Four years back   (e) F	Par	Endowment Funds.		1	و في المحمد	d ne n		
Beginning of year balance   63,333,564   63,132,619   50,608,819   45,872,607   48,092,537		Complete if the organization					T/20 70	
Describe the estimated percentage of the current year end balance (line 1g, column (a)) held as:   Board designated or quasi-endowment   99.9 %	4.	Barraria de la companya della companya della companya de la companya de la companya della compan						<del></del>
Net investment earnings, gains, and losses   1,492,885   75,172   8,907,264   5,274,815   1,022,367     Grants or scholarships   1,477,532   1,766,593   1,265,287   1,278,264   1,588,582     Other expenditures for facilities and programs   -25,932   150,982   138,552   49,938   -101,959     Administrative expenses   1,503,949   1,229,937   1,602,678   1,327,621   961,472     End of year balance			· · · · · · · · · · · · · · · · · · ·					<del></del>
losses			1,300,915	3,2	73,285	6,623,05	3 2,117,2	20 1,250,712
d Grants or scholarships 1,477,532 1,766,593 1,265,287 1,278,264 1,588,582 e Other expenditures for facilities and programs 2.25,932 150,982 138,552 49,938 -101,959 f Administrative expenses 1,503,949 1,229,937 1,602,678 1,327,621 961,472 g End of year balance 60,186,045 63,333,564 63,132,619 50,608,819 45,872,787 e Drovide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 99,9 % b Permanent endowment ▶ 0 % Temporarily restricted endowment ▶ 0 1 % The percentages on 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   Safij   ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	С							
Other expenditures for facilities and programs		<b> -</b>					<del> </del>	
Programs   -25,932   150,982   138,552   49,938   -101,959   1,002,678   1,327,621   961,472   1,002,678   1,327,621   1,002,678   1,327,621   961,472   1,002,678   1,327,621   1,002,678   1,327,621   1,002,678   1,327,621   1,002,678   1,327,621   1,002,678   1,327,621   1,002,678   1,327,621   1,002,678   1,002,678   1,327,621   1,002,678   1,		· · · · · · · · · · · · · · · · · · ·	1,477,532	1,7	66,593	1,265,28	1,278,2	64 1,588,582
Administrative expenses	е							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ 99.9 %  Permanent endowment ▶ 0 %  C Temporarily restricted endowment ▶ 0 1 %  The percentages on 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 (iii) related organizations (iii) related organizations (iii) are the related organizations listed as required on Schedule R? 3b □  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describtion of property (a) Cost or other basis (ctiffer) (ctiffer) (ctiffer) (d) Book value depreciation of property (a) Cost or other basis (ctiffer) (ctiffer) (ctiffer) (d) Book value depreciation of property (d) Equipment (d) Book value (d) Book va							<del></del>	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ 99.9 %  Permanent endowment ▶ 0 %  Temporarily restricted endowment ▶ 0.1 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  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 (iii) related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land  0 0 0 0 0  C Leasehold improvements 0 0 0 0 0  Equipment 54,303 0 54,303 0  Equipment 0 Other 0 Other			····				<del>                                     </del>	
Board designated or quasi-endowment ▶ 99.9 % b Permanent endowment ▶ 0 %  Temporarily restricted endowment ▶ 0.1 %  The percentages on 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		· .						19 45,872,787
b Permanent endowment  0 %  c Temporarily restricted endowment  0 1 %  The percentages on 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  3a(ii)			-		line 1g, d	column (a)) held	l as:	
Temporarily restricted endowment ▶ 01 % The percentages on 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	_			<u>?</u> .%				
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С							
Ves   No	20							<b>L</b> -
(i) unrelated organizations . 3a(i) v  (ii) related organizations . 3a(ii) v  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b   Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land	Sa		possession of the	ie organizat	ion that	are neid and a	aministerea for t	
(ii) related organizations		·						
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (cottler) (cottler) (d) Book value depreciation (d) Book value (d) Book								
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (nivestment)  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Accumulated (d) Book value  (d) Book value  (d) Book value  (e) Accumulated (d) Book value  (d) Book value  (e) Accumulated (d) Book value  (e) Accumulated (d) Book value  (f) Book value  (f	<b>h</b>							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (c) Accumulated depreciation								3D
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (c) Accumulated depreciation				on s endowi	nent lun	us.	<del></del>	
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (c) Accumulated depreciation   (d) Book value	Fall			on Form	000 '55	ut IV line 11e	Saa Farm 000	Dort V line 10
Continue								
1a Land       0       0       0       0       0         b Buildings       0       0       0       0       0         c Leasehold improvements       0       0       0       0       0         d Equipment       54,303       0       54,303       0         e Other       0       0       0       0       0		Description of property	1 ' '					(d) Book value
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         54,303         0         54,303         0           e         Other         0         0         0         0	10	Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				
c       Leasehold improvements        0       0       0       0         d       Equipment        54,303       0       54,303       0         e       Other        0       0       0       0			·		, 1,			
d     Equipment			·				<del></del>	
e Other 0 0 0 0			· <del>                                    </del>					
		• •	· -					
			ust equal Form 0		column 4			

Part VII	Investments - Other Securities.				
	Complete if the organization answ		orm 990, Part IV, lin	e 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		of valuation year market value
(1) Financial	derivatives		0	End-of-Year Market Va	alue
(2) Closely-h	neld equity interests		0	End-of-Year Market Va	alue
	ivate Equity			End-of-Year Market Va	
(A) Ventui			2,117,417	End-of-Year Market Va	alue
	ute Return Strategy		5,071,182	End-of-Year Market V	alue
(C) Private	e International Equity		439,115	End-of-Year Market V	
(D)					
(E)					
(F)					
(G)			·· <del> </del>	<del></del>	
(H)					<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		9,701,936		
Part VIII	Investments—Program Related	<del></del>	7,701,730		
	Complete if the organization answ		orm 990 Part IV lin	e 11c. See Form 99	00 Part X line 13
	(a) Description of investment	VCICA 103 0111	(b) Book value		of valuation
				Cost or end-of-	year market value
(1)					
(2)			<del></del>		
(3)					
(4)		<u>'</u> *-	<del></del>	ļ	
(5)					
(6)	<u> </u>				
(7)					
(8)		·			
(9)		<del></del>			
	b) must equal Form 990, Part X, col. (B) line 13.) ▶	···			
Part IX	Other Assets.				
	Complete if the organization answ		orm 990, Part IV, lin	e 11d. See Form 99	
	(a	) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		<u></u>		
(2)					
(3)					
(4)					<del></del>
(5)	·	<u> </u>	<del></del>		
(6)		<del> </del>			
(7)					
(8)			·		
(9)		- <del></del>			
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.) .		▶	
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on F	form 990, Part IV, Iin	e 11e or 11f. See F	form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value	e		
(1) Federal ır	ncome taxes		0		
	ole Remainder Trusts	1 -1 -1	225,149		
(3)		1 1			
(4)					
(5)					
(6)					
(7)					
(8)					

225,149

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,			Retur	n.
1	Total revenue, gains, and other support per audited financial statements			1	2,034,064
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,034,004
a	Net unrealized gains (losses) on investments	2a	-4,961,103		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
ď	Other (Describe in Part XIII.)	2d	-10,180		
e	Add lines 2a through 2d			2e	-4,971,283
3	Subtract line 2e from line 1			3	7,005,347
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			.,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l o		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b	-		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	7,005,347
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	2 1		1	5,262,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,			
а	Donated services and use of facilities	2a	0		
ь	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,262,834
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
C				4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	·	5	5,262,834
Part			<u> </u>		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	-	•		
	lule D, Part IV, Line 1b - As part of our agency endowment program, the Found				
	able funds established and owned by beneficiary agencies of the Jewish Fede				synagogues as part
of a c	ommingled investment pool. These funds are treated as assets and liabilities o	n the	books of the Foundatio	n	
	lule D, Part IV, Line 2b - As part of our agency endowment program, the Found				
	able funds established and owned by beneficiary agencies of the Jewish Fede				synagogues as part
of a c	ommingled investment pool. These funds are treated as assets and liabilities of		books of the Foundation	n	
	h: 1' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	d-d-b			
	lule D, Part V, Line 4 - The 1,020 charitable funds held by the Foundation are u				
	ng them. Unrestricted community funds help meet the most pressing and chair				
	estricted community funds rest with the Board of Trustees of the Foundation.				
	etitive grant application process in accordance with Foundation grantmaking				
	ally made upon the recommendation of donors, after review and approval by t				
	outes a list of selected funding expressed by donors at the time the gifts were				
	of charitable projects. These and other funding ideas are made available on the			ributio	ns from designated
tunas	are made to carry out the charitable intentions expressed by donors at the tin	ne tne	girts were made		
Caba	Ada B. Bad V. Lina S. The Farmalation to already during between 1.5 cm.		(IDC) as a tau automat a		dlam augment for
	fule D, Part X, Line 2 - The Foundation is classified by the Internal Revenue Se				
	nes taxes under Section 501(a)(1) of the Internal Revenue Code as a public cha				
	made in the accompanying financial statements. The foundation files Federal				
	ated business income, which represent the major tax jurisdictions of the Foun	dation	rederal and state tax	years 2	ui∠ through 2014
remai	n open under the statutes of limitations.				
Schoo	fula D. Part VI. Line 2d - Decrease in Cash Surrender value due to the death of	Inches	nd and the collection of	the ne	

CAMP I

SCHEDULE ! (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" on Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

2015	open to Fublic
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OMB No 1545-0047

Employer identification number 06-1372107 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part | General Information on Grants and Assistance JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. ✓ Yes . . . . . . . . . . . . . the selection criteria used to award the grants or assistance? Part II

> i,

1 (a) Name and address of organization or government	(p) 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)		1 2 m g mg.			1 5	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(3)							
(4)						· ·	
(9)							
(9)							
(a)							
(8)				 			
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	n 501(c)(3) and gov	ernment organiza	organizations listed in the line 1 table	ine 1 table			72
s Enter total number of otner organizations listed in the line i table	organizations listed	In the line i table					0

Schedule I (Form 990) (2015)

Cat. No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can he dunlicated if additional space is needed

Fart III can be ouplicated it additional space is freeded.	a 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	34	71,500	0	0 Cash	
2 Scholarship - Israel Experience	4	7,250	0	0 Cash	
8					
4					
22					
9					
7					
			1 - 0 0	7L1	

directly to the institution the student is attending. Payments of scholarship awrds is conditioned upon proof of enrollment and where appropriate, receipt of a transcript for the most recently 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 Schedule I, Part I, Line 2 - 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 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 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 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 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 in accordance with the budget submitted as part of the grant application. Grant funds are disbursed upon presentation of paid invoices accompanied by the Foundation's Grant Payment 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 recipient's governing recommendations are processed and approved or denied in accordance with the Foundation's Donor Advised Fund Guidelines. All grants from donor advised funds are reported to the 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 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 specific projects are paid after the recipients demonstrate that the funded project was completed and submit paid invoices accompanied by the Foundation's Grant Payment Request 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 completed semester, as well as satisfaction of any other ongoing qualifications for the scholarship 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 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 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Department of the Treasury Internal Revenue Service

Compensation Information

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

Compensated Employees

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

1. 11.

OMB No. 1545-0047

Open to Public Inspection

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

06-1372107

Part	Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ 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		V	
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line		~	
	1a?	2		
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.			
	☑ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	<u></u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		V
b	Any related organization?	5b		~
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		V
8	Were any amounts reported on 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			
	ın Part III	8		~
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?			

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

For each individual whose compensation must be reported on 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.

Note: The sulf of Columns (D)()—(iii) for each listed inclinated in the total amounts of that individual.  (B) Breakdown of W-2 and/or 1099-MISC compensation	101 ear	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	M. Section A, Illie	la, applicable colum	n (U) and (E) amount	S TOT THAT INDIVIDUAL.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Nonaxable benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
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16	(E)				-			
							Sch	Schedule J (Form 990) 2015

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					
	ndation's executive compensation arrangements are reasonable. It includes three key components: (1) review and approval of compensation by a committee designated by the larges, 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 onally comparable positions at similarly situated organizations, and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions	idation's executive compensation arrangements are reasonable. It includes three key components. (1) review and approval of compensation by a committee designated by the 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 on ally comparable positions at similarly situated organizations, and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions on ally comparable positions at similarly situated organizations, and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions.	dation's executive compensation arrangements are reasonable. It includes three key components. (?) review and approval of compensation by a committee designated by the Trustees, provided that persons with conflicts of interest are not involved in this review or approval; (?) use of data as to compensation for similarly qualified persons and all comparable positions at similarly situated organizations, and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions and decisions.	dation's executive compensation arrangements are reasonable. It includes three key components: (1) review and approval of compensation by a commuttee designated by the Trustees, provided that persons with conflicits of interest are not involved in this review or approval; (2) use of data as to comparable compensation for similarly gualified persons maily comparable positions at similarly situated organizations, and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions analysis of the comparable positions are similarly situated organizations.	dation's executive compensation arrangements are reasonable. It includes three key components: (1) review and approval of compensation by a committee designated by the Tustees, provided that persons with conflicts of interest are not involved in this review or approval. (2) use of data as to compensation for similarly qualified persons maily compensation and record keeping with respect to the deliberations and decisions maily compensation and record keeping with respect to the deliberations and decisions.

Schedule J (Form 990) 2015

### SCHEDULE L

(Form 990 or 990-EZ) Department of the Treasury

**Transactions With Interested Persons** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

Internal Revenue Service

Name of	f the organization								Employ	yer ider	ntmcati	on nui	mber		
JEWIS	SH COMMUNITY FOUN											3721	07		
Part	Excess Beneficial Complete if the	fit Transaction e organization	ns (section 501) answered "Yes	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, li	nd 50 ine 25	1(c)(29) o a or 25b,	rganız or Foi	ations m 990	only) )-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	Derson	(b) Relationship be			person and		(c) De	escription	n of tran	saction	n -		(d) Cor	rected?
	(a) Name of disqualified	person		organiz	ation			(0) 0.			130000	<u> </u>		Yes	No
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(3)															
(4)															
(5)															
(6)															
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	under section 4958										!	▶ \$	<u> </u>		
3	Enter the amount of	f tax, if any, on	line 2, above,	reımb	ursed by	the organi	zation				1	▶ \$	S		
Part			ested Persons		~ 00	0 EZ D-41		00 5		00 D-		0		:e .u	
			answered "Yes ount on Form 9					36a or F	orm 9	90, Pa	πιν,	line 2	o; or	ii the	
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(a) Na	ame of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Ongir		(f) Balan	ce due	(g) in c	lefault?				ntten
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(a)	Name of interested persor		iship between interi and the organizatio		(c) Amoun	t of assistance	'	d) Type of a	25515(2)1	.6	,,,	y Fulp	038 01 6	25515121	100
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharana organa reve	zatio
) Jew	sh Federation of Greater Hartford Inc	Charac Board Members w	40.455	Pont and Hillity Expanses	Yes	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2015

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization  $\blacktriangleright$  Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

.irs.gov/form990. Inspection
Employer identification number

JEWIS	SH COMMUNITY FOUNDATION OF GR	REATER HA	RTFORD INC		06-1372107
Part	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			<u></u>	
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	V	26	556,159	Avg Hi/Low Day MV
10	Securities—Closely held stock .				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation	1			
	contribution—Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate—Other				
18	Collectibles			<u></u>	
19	Food inventory			 	
20	Drugs and medical supplies			 	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens			<del></del>	<del> </del>
24	Archeological artifacts				<del></del>
25	Other ► (	ļ ———			<del></del>
26	Other ( )			<del></del>	<del> </del>
27	Other ► (	ļ		<del> </del>	<del> </del>
28	Other ► ( ) Number of Forms 8283 received	by the or	ganization during the tay i	year for contributions for	<del></del>
23	which the organization completed	i Eorm 828:	3 Part IV Donee Acknowle	dgement	29 0
			,,, a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-g	Yes No
30a	During the year, did the organiza	tion receive	· a by contribution any prope	erty reported in Part I. line	
oou	28, that it must hold for at least the				
	to be used for exempt purposes				
b	If "Yes," describe the arrangemen		• .		
31	Does the organization have a		stance policy that require	es the review of anv n	on-standard
					31 🗸
32a	Does the organization hire or use				
	~	•			1 1 1
b	If "Yes," describe in Part II.				
33	If the organization did not report a	n amount ır	o column (c) for a type of pro	perty for which column (a	) is checked,
	describe in Part II.		•	•	

Part II	<b>Supplemental Information.</b> 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.
	M, Part I, Line 1 - 150 Shares of Berkshire Hathaway Class B (BRKB) 400 Shares of Honeywell International Inc (HON) 400 Walt Disney Co. (DIS)
Silai es di	Mail District Co. (DIS)
Schedule N	M, Part I, Line 5 - Alm Chal - 62 shares of International Business Machines (IBM) 2,362 shares of Peoples United Financial
	440 shares of General Electric (GE)
7.0017.17	170 Juli 03 Of Gallet & Licell to (OE)
	M, Part I, Line 12 - Aım Chai - 410 shares of Boeing Company (BA). 200 shares of Honeywell International Inc. (HON). 400 shares
of Altria In	c. (MO)
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### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047 20**15** 

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization Employer identification number JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC. 06-1372107 Form 990, Part VI, Section A, Line 7b - The Jewish Community Foundation was established as the Endowment Foundation of the Jewish Federation of Greater Hartford, Inc. in 1972. In 1993, the Foundation became an independent nonprofit entity with a separate and distinct. Board of Trustees The Bylaws of the Foundation continue to require that a percentage of the Board members of the Foundation be directors, community trustees, life community trustees, or members of committees or task forces of the Federation. Form 990, Part VI, Section B, Line 11b - A draft IRS Form 990 prepared by the Foundation's VP Finance with input from the President, was distributed to the Audit Committee and the Foundation's independent auditors for review and comment. Suggested changes were then incorporated and a final Form 990 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 of interest could arise. The Foundations 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 their 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 Form 990, Part VI, Section C, Line 19 - The Foundation publishes its audited statements on its website. The Foundations 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 published on our website Form 990, Part XI, Line 9 - Change in Split Interest Agreements and Cash Value Change in Life Insurance.

Schedule O, Statement 1

# JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

Form 990 (2015)

EIN 06-1372107

Page. 1

Reasonable Cause Explanations

**Header Section** 

### Explanation

The IRS approved the Foundation's application for an automatic extension on December 2016. The Foundation also filed a formal application for an additional 3 months on February 6, 2017.