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Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493137062831 OMB No. 1545-0047

Open to Public

Interna	•	nue Service				Inspection
A F	or the	e 2019 c	alendar year, or tax year beginning 07-01-2019 ,and ending 06-30-2020			
		pplicable:	C Name of organization JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC	D Employe	r identif	ication number
		change	JETTEL SOFTHORITY TO SHEATEN THAT OND INC	06-1372	107	
	ime cha itial ret	-	Doing business as			
		n/terminated		E Telephone	numba-	_
		l return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 333 Bloomfield Avenue Suite D			
⊔ Ap	plicatio	on pending		(860) 52	23-7460	
			City or town, state or province, country, and ZIP or foreign postal code West Hartford, CT 06117			2 24 2 4 4
			E Name and address of principal officer:	G Gross red		8,210,614
			F Name and address of principal officer: JACOB A SCHREIBER H(a)	Is this a group ret	urn for	
			333 BLOOMFIELD AVENUE SUITE D H(b)	subordinates? Are all subordinate	es	□Yes ☑No
			WEST HARTFORD, CT 06117	included?		☐ Yes ☐No
I Ta	x-exen	npt status:	☑ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □ 527 H(c)	If "No," attach a li		
J W	ebsite	e:▶ icfh	artford.org	Group exemption	number	•
		CIP Jenn	uriora.org			
K For	m of or	ganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of	of formation: 1993	M State	of legal domicile: CT
		_				
P	art I	Sumi	•			
			cribe the organization's mission or most significant activities: n Community Foundation promotes philanthropy, manages the Greater Hartford Je	wish community's a	haritabl	e endowment and
e G			nts to support key community needs and innovations.			
æ	-					
e	-					
Ò	2	Check thi	s box $lacktriangle$ if the organization discontinued its operations or disposed of more tha	n 25% of its net as	sets.	
೨ >ಶ			of voting members of the governing body (Part VI, line 1a)		3	16
Se	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	16
Ĕ	5	Total num	nber of individuals employed in calendar year 2019 (Part V, line 2a)		5	11
Activities & Governance	6	Total num	nber of volunteers (estimate if necessary)		6	67
~	1		elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 39		7b	0
				Prior Year		Current Year
Ō,	1		ions and grants (Part VIII, line 1h)	2,477,0	_	2,530,364
Ravenue	1		service revenue (Part VIII, line 2g)		0	0
Ϋ́	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	3,962,3	_	6,363,039
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,0		170,726
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,611,4		9,064,129
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)	4,619,6		4,145,123
	1		paid to or for members (Part IX, column (A), line 4)		0	0
8	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,388,2	-	1,264,254
8			nal fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	1		aising expenses (Part IX, column (D), line 25) ▶373,807			447.700
	1	•	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	537,2	_	467,732
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,545,0	_	5,877,109
. 10	19	Revenue	less expenses. Subtract line 18 from line 12	66,3	_	3,187,020
S G			Beg	inning of Current Ye	ear	End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	124,531,3	30	126,674,784
A A	21	Total liab	ilities (Part X, line 26)	17,168,1	51	20,893,036
ŝĒ	22	Net asset	s or fund balances. Subtract line 21 from line 20	107,363,1	_	105,781,748
Pa	art II	Signa	ature Block		<u> </u>	
			erjury, I declare that I have examined this return, including accompanying schedul			
	iledge (nowle		f, it is true, correct, and complete. Declaration of preparer (other than officer) is b	ased on all informa	tion of v	which preparer has
		1.				
		Cianati	ure of officer	2021-05-15 Date		
Sign		Josephan	are of officer	Date		
Here	2		Schreiber President and CEO r print name and title			
		17		T In	TINI	
De:	4		rint/Type preparer's name	Check 📙 if	TIN	
Paid		, F	irm's name	self-employed Firm's EIN ►		
	pare	;! 				
use	On	י ע F	irm's address ▶	Phone no.		
May t	the IR	S discuss	this return with the preparer shown above? (see instructions)		□ Y	'es 🗌 No
For F	aper	work Red	duction Act Notice, see the separate instructions.	. No. 11282Y		Form 990 (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ice Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to	any line in this Part III .		🗆
1		organization's mission				
					of individuals and collective phila wish Community of Greater Hartf	
2	-	, ,	. 3	vices during the year wh	nich were not listed on	Yes ☑No
	If "Yes." describe the	ese new services on S	chedule O.			
3	•			changes in how it condu	cts, any program	
	services?	ese changes on Sched		-		☐ Yes ☑ No
4	Describe the organiz Section 501(c)(3) ar	zation's program servic	e accomplishmer ions are required	to report the amount of	argest program services, as mea: f grants and allocations to others,	
4a	(Code:) (Expenses \$	1,633,375	including grants of \$	1,633,375) (Revenue \$	0)
	See Additional Data					
4b	(Code:) (Expenses \$	952,166	including grants of \$	952,166) (Revenue \$	0)
	See Additional Data					_
4c	(Code:) (Expenses \$	735,656	including grants of \$	735,656) (Revenue \$	0)
	See Additional Data					
	(Code:) (Expenses \$	1,575,541	including grants of \$	823,926) (Revenue \$	0)
		ed program and designate			de the balance of grants awarded throu Culture, Social Justice, programs in Isr	
4d	Other program serv	ices (Describe in Sche	dule O.)			
	(Expenses \$	1,575,541 in	cluding grants of	\$ 823,9	26) (Revenue \$	0)
4e	Total program ser	vice expenses	4,896,7	38	<u> </u>	

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Nο

Nο

Nο

Par	Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛂	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 2	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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 2	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

18

19

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
4 -	Enter the number reported in Pay 2 of Form 1006. Enter 0 if not applicable 1.4-1.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Yes	

	Statements Bernding Other IDC Filings and Top Compliance (sections)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
	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)? If "Yes," enter the name of the foreign country:	4a		No
E ~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 No
Б Б	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	.		NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
	If "Yes," complete Form 4720, Schedule O.	16		No

Form	990 (2019)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	461		
	· · · · · · · · · · · · · · · · · · ·	16b		
Se	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
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 interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	▶ Jacob A Schreiber- President & Chief Executive Officer Jewish Community Foundation of Grtr Hartford 333 Bloomfield West Hartford, CT 06117 (860) 523-7460	Avenue	Suite D	
		F	orm 99	0 (2019)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

• List all of the organization's former directo organization, more than \$10,000 of reportable co See instructions for the order in which to list the	ompensation fro	om the o								
Check this box if neither the organization no	•		ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e bot both	t che		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee in director		Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) JACOB A SCHREIBER	45			V				207.462	0	25 144
PRESIDENT AND CEO	0			X				207,463	0	25,144
(2) RHONA H MORGAN VICE PRESIDENT FINANCE	43			х				155,106	0	27,031
(3) Kathryn L Gonnerman Vice President Development	40				х			123,709	0	7,380
(4) Michael Elfenbaum Vice President Grants Programs	36				х			108,561	0	4,995
(5) Susan Lotreck Vice President Operations	30				x			101,269	0	5,322
(6) LEIGH A NEWMAN CHAIR	2	Х						0	0	0
(7) CYRAL SHELDON TRUSTEE	1	х						0	0	0
(8) JULIE R SPIVAK TRUSTEE	1	х						0	0	0
(9) GAYLE TEMKIN TRUSTEE	3	Х						0	0	0
(10) SIDNEY ULREICH TRUSTEE	1 1	X						0	0	0
(11) LEE D POLLOCK SECRETARY	2	Х						0	0	0
(12) ROBERT K YASS TRUSTEE	2	х						0	0	0
(13) RANDALL H WEINSTOCK TREASURER	2.00	X						0	0	0
(14) THEODORE N KAPLAN VICE CHAIR	1	х						0	0	0
(15) JESSICA FISH TRUSTEE	1	х						0	0	0
(16) GERALD B GOLDBERG TRUSTEE	1	х						0	0	0
(17) WALTER L HARRISON TRUSTEE	1	x						0	0	0

compensation from the organization ▶ 0

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

(A) (B) (C) (D) (E) (F)

Page 8

(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne b	ox, in of tor/t	t che unles ficer	and a	son	(D) Reportab compensat from the organizat (W-2/109	tion e on	(E) Reportable compensation from relate organization (W-2/1099	on ed ns	Estim amount of comper from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	,	MISC)		relai organiz	ed
18) MERRILL KATE MANDELL	2.00	Х							0		0		0
VICE CHAIR		••••									\rightarrow		
19) STEVEN PIAKER	1	Х							0		О		0
TRUSTEE 20) DAVID M ROTH											\dashv		
	1	Х							0		О		0
FRUSTEE											\dashv		
											\dashv		
											\dashv		
											\Box		
1b Sub-Total					Þ	-							
c Total from continuation sheets to Pard Total (add lines 1b and 1c)))			696,108			0		69,872
2 Total number of individuals (including be of reportable compensation from the or		those li	sted a	abov	/e) v	vho re	ceive	ed more than	\$100	,000			
												Yes	No
3 Did the organization list any former of			key (emp	loye	e, or h	nighe	est compensa	ted er	nployee on			
line 1a? If "Yes," complete Schedule J f	or such individual		•	•	•		•		•	• •	3		No
For any individual listed on line 1a, is the organization and related organizations individual										he			
				Ī	_		Ī				4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?	•				•		_	ganization or	individ	iual for	5		No
Section B. Independent Contracto													
1 Complete this table for your five highes from the organization. Report compens											npen	sation	
nom the organization. Report compens	(A)	iddi ye	ui Cii	unig	, ,,,,,	11 01 11		T the organize	1011 3	(B)		(C)
Name and	d business address								Descrip	tion of services		Comper	
											\dashv		
											$\overline{}$		
2 Total number of independent contractors	(including but not	t limited	d to t	hose	list	ed abo	ove)	who received	more	than \$100,00	00 of		

		(2019)								Page 9
Part	VIII				resno	inse or note to any	line in this Part VIII			\square
		Check if Sched	auic	o contains t	, respo	inse of flote to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	12	a Federated campa	aigns	s	1a	0		revenue		312 314
Contributions, Giffs, Grants and Other Similar Amounts	ı	b Membership due:	s.	·	1 b	0				
ت و تا و	•	c Fundraising even	its .		1c	0				
IIS, II A	•	d Related organiza	tions	s	1d	0				
5 <u>E</u>	•	e Government grants	(con	tributions)	1e	0				
ons Sir	1	f All other contribution and similar amounts								
ie ie		above			1f	2,530,364				
풀	!	g Noncash contribution lines 1a - 1f:\$	ns in	icluded in	1g	538,275				
on and		h Total. Add lines	1a-1	.f			2 520 264			
						Business Code	2,530,364			
	2a									
КIе										
ever	b	,								
⊕ ED	c									
rvic	٠									
٦ <u>چ</u>	d									
Program Service Revenue	e	-								
Po		·					0	0	0	C
	f	All other program	serv	ice revenue			ŭ	J	0	
		Total. Add lines 2				0	_	T	T	T
		Investment income similar amounts)		cluding divid		nterest, and other	756,624	о	0	756,624
	4	Income from invest				ond proceeds	• 0	0	0	C
	5	Royalties	_					0	0	C
				(i) Rea	al	(ii) Personal	-			
	6a	Gross rents	6a		0		О			
	b	Less: rental expenses	6b		0					
	c	Rental income	-			'				
		or (loss)	6с		0		<u>o</u>			
	d	Net rental income	or			<u> </u>	C	0	0	(
	7-	Gross amount		(i) Secur	ities	(ii) Other	\dashv			
	7 a	from sales of assets other	7a	14,	752,900	·	0			
		than inventory					_			
	b	Less: cost or other basis and	7b	9,	109,895	36,59	0			
		sales expenses					_			
	c	Gain or (loss)	7 c	5,	543,005	-36,59	⊣ .			
		Net gain or (loss)					5,606,415	0	0	5,606,415
ne	ъа	Gross income from fu (not including \$		0 of						
en		contributions reporte See Part IV, line 18		line 1c).	8a	0				
Other Revenue	b	Less: direct expen	ses		8b	0	⊒			
ıer		: Net income or (los			ing eve	ents \blacktriangleright			o	
	_	Constitution of the second								
	Уa	Gross income from See Part IV, line 19			9a	0				
	b	Less: direct expen	ses		9b	0	1			
	c	: Net income or (los	s) fr	rom gaming	activiti	es >	C	0	0	C
	10:	aGross sales of inve	ento	rv, less						
		returns and allowa			10a	0				
	b	Less: cost of good	s so	ld	10 b	0				
	c	Net income or (los			invent		C	0	0	C
	11	Miscellaneo Administrative Fe				Business Code 90009	9 166,311	0	0	166,311
		Accounts	es II	om Agency		50005	100,511			
	b	<u> </u>								
	_									
	c									
	d	All other revenue					4,415	0	0	4,415
		Total. Add lines 1				•	170 700			
	12	: Total revenue. S	ee ir	nstructions			170,726			
							9,064,129	0	0	6,533,765 Form 990 (2019)

P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete colu	umn (A).
	Check if Schedule O contains a response or note to ar	·	-	·	. `.´ . 🗆
	not include amounts reported on lines 6b, 8b, 9b, 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	3,994,423	3,994,423		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	150,700	150,700		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	689,492	331,113	223,261	135,118
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	358,033	118,617	114,262	125,154
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	25,646	11,089	8,266	6,291
9	Other employee benefits	111,750	48,319	36,018	27,413
10	Payroll taxes	79,333	34,302	25,570	19,461
11	Fees for services (non-employees):				
a	Management	0	0	0	0
Ŀ	Legal	4,212	0	4,212	0
c	: Accounting	32,225	0	32,225	0
c	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	150,920	120,736	30,184	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,206	4,231	19,744	4,231
12	Advertising and promotion	12,341	5,553	0	6,788
13	Office expenses	28,376	12,269	9,146	6,961
14	Information technology	56,646	24,493	18,257	13,896
15	Royalties	0	0	0	0
16	Occupancy	49,551	0	49,551	0
17	Travel	430	129	172	129
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19	Conferences, conventions, and meetings	16,214	6,485	6,485	3,244
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	12,770	0	12,770	0
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 Profesional Membership Fees	3,575	1,788	1,787	0
	b Marketing and Outreach	70,622	31,780	14,124	24,718
	c All Other Expenses	1,644	711	530	403
	d	, '			
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	5,877,109	4,896,738	606,564	373,807
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	-,,	.,	133,531	2.5,237

Form	1 990	(2019)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to a	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[5,224,504	2	8,747,579
	3	Pledges and grants receivable, net			919,782	3	632,185
	4	Accounts receivable, net		[4,784	4	4,888
	5 6	Loans and other payables to any current or forr key employee, creator or founder, substantial c entity or family member of any of these person Loans and other receivables from other disquali	ontribus . ified pe	utor, or 35% controlled ersons (as defined under	0		0
		section $4958(f)(1)$), and persons described in s	ection	4958(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net			0	7	0
ssets	8	Inventories for sale or use			0	8	0
As	9	Prepaid expenses and deferred charges			0	9	0
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	ь	Less: accumulated depreciation	10b		0	10 c	
	11	Investments—publicly traded securities .			110,289,823	11	104,472,794
	12	Investments—other securities. See Part IV, line	11 .	[7,912,862	12	12,616,298
	13	Investments—program-related. See Part IV, line	e 11 .		0	13	0
	14	Intangible assets		[0	14	0
	15	Other assets. See Part IV, line 11			179,575	15	201,040
	16	Total assets. Add lines 1 through 15 (must eq	ual line	e 34)	124,531,330	16	126,674,784
	17	Accounts payable and accrued expenses			4,658	17	5,626
	18	Grants payable			628,673	18	629,448
	19	Deferred revenue			0	19	0

20

21

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30

31

32

33

19,806,772

20.893.036

105,346,070

105,781,748

126,674,784

Form 990 (2019)

435,678

0

0

0 451,190

16,327,298

0 22

0 23

0

207,522

17,168,151

107,242,744

107,363,179

124,531,330

120,435

26 Total liabilities. Add lines 17 through 25 . . Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

and other liabilities not included on lines 17 - 24).

or family member of any of these persons

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

20

21

23

24

25

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Tax-exempt bond liabilities

Complete Part X of Schedule D

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009572

Software Version: v1.00 **EIN:** 06-1372107

Name: JEWISH COMMUNITY FOUNDATION OF GREATER

HARTFORD INC

Form 990 (2019)

Forms 000 Bowt III Line

Form 990, Part III, Line 4a:

Community Building (Expenses: \$1,633,375 including grants of \$1,633,375) 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 the Jewish Federation of Greater Hartford.

Form 990, Part III, Line 4b:

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.

Human Services and Health (Expenses: \$952,166 including grants of \$952,166). Grants in this program area cover a wide array of services, Programs include services for

Education (Expenses: \$735,656 including grants of \$735,656) 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, Children's Reading Partners and the Jewish Federation of Greater

Form 990, Part III, Line 4c:

Hartford's Commission on Jewish Education and Leadership.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137062831 TY 2019 Reasonable Cause Explanation Name: JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC **EIN:** 06-1372107 **Software ID:** 19009572 **Software Version:** v1.00 **Explanation:** The IRS approved the Foundation's request (Form 8868) for an automatic extension to May 15, 2021.

efil	e GR/	<u>APHIC prii</u>	t - DO NOT PROCES	SS As Fi	iled Data -			DLN: 9	3493137062831
SCI	HED	ULE A	Dubli	c Chari	tv Statu	s and Pul	hlic Sunn	ort	OMB No. 1545-0047
	m 990		Complete if the			2019			
		the Treasury	► Go to <u>www</u>	.irs.gov/Fo	<i>rm</i> 990 for ii	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza	tion DATION OF GREATER HARTFO	ORD INC				Employer identific	ation number
								06-1372107	
Pa Thora			for Public Charity St private foundation beca					See instructions.	
1	rganiz		onvention of churches, o	,		•		(A)(i)	
2		·	scribed in section 170(
3			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	`	, ,		
4		·	or a cooperative hospital	_				•	ntor the beenitalle
4	Ш	name, city,	esearch organization ope and state:	erated in conj	junction with	a nospital descr	ibed in section .	170(B)(1)(A)(III). E	nter the nospital s
5			ition operated for the bei	nefit of a coll	lege or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governmen	t or governm	nental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ition that normally receive 0(b)(1)(A)(vi). (Comp			s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sec t	tion 170(b)	(1)(A)(vi).	(Complete Part I	I.)		
9			ıral research organization ant college of agriculture						ege or university or a
10		from activit investment	ition that normally receivites related to its exempt income and unrelated butter section 509(a)(2).	functións—s usiness taxab	subject to cer ole income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11			ition organized and opera		-	r public safety. S	See section 509	(a)(4).	
12		more public	ition organized and opera ly supported organizatio through 12d that descri	ns described	in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
а		Type I. A so	upporting organization on (s) the power to regular Part IV, Sections A and	perated, sup ly appoint or	ervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting orga plete Part IV, Sections	supervised o inization vest				• • • • • • • • • • • • • • • • • • • •	_
С		Type III f	unctionally integrated. organization(s) (see instr	A supportin					ited with, its
d		Type III n	on-functionally integrated. The organization (). You must complete	ated. A supp ation general	orting organi lly must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	oox if the organization re or Type III non-function	ceived a writ	tten determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizatio						
g	Provi	de the follow	ing information about the	e supported	organization(s).			
	(i) N	lame of supp organizatior		orga (describ 1- 10 a	Type of anization ped on lines above (see uctions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice, see the				 5F	 Schedule A (Form 9	

1

	furnished by a governmental unit to the organization without charge	0	0	0				0
	Total. Add lines 1 through 3	3,828,055	3,848,561	5,164,051	2,477,058	2	,830,364	18,148,089
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							3,500,191
	Public support. Subtract line 5 from line 4.							14,647,898
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
7	Amounts from line 4.	3,828,055	3,848,561	5,164,051	2,477,058	2	,830,364	18,148,089
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	940,942	775,527	1,017,468	1,053,875		756,624	4,544,436
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	C
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0		0	C
11	Total support. Add lines 7 through 10							22,692,525
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is fo	r the organization	n's first, second, th	ird, fourth, or fifth	ı tax year as a sec	tion 501(d	:)(3) orgar	nization,
	check this box and stop here						▶□	
S	ection C. Computation of Public							
14	Public support percentage for 2019 (lin		•			14		64.549 %
15	Public support percentage for 2018 Sc					15		64.415 %
16a	33 1/3% support test—2019. If the	organization did	not check the box	on line 13, and lin	e 14 is 33 1/3% o	more, ch	eck this b	
b	and stop here. The organization quali 33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a, a	and line 15 is 33 1	/3% or m o	ore, check	this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets	:— 2019. If the or n meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	ie 13, 16a, or 16b s box and stop he	, and line e re. Explai	14 in	. F L
b	organization	st— 2018. If the o	rganization did no facts-and-circums	ances" test, check	k this box and sto	or 17a, an p here.		▶□
18	supported organization Private foundation. If the organization			6a, 16b, 17a, or 1 7b, check this box	and see		▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	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.	1

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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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. 3b

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.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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? 5b

5с 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. 6

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) .

7 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). 8

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.

9a 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	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		
S	ection 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 Part VI 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a 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.	2a		
ı	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 Part VI 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.			
•	a 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? <i>Provide details in Part VI.</i>	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 Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction	ns					
7	Total annual distributions. Add lines 1 through 6.						
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to who details in Part VI). See instructions	hich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 06-1372107

Name: JEWISH COMMUNITY FOUNDATION OF GREATER

Page 8

HARTFORD INC

Schedule A (Form 990 or 990-EZ) 2019 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, Section 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, 2a, 2b, 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Supplemental Financial Statements

DLN: 93493137062831

OMB No. 1545-0047

2019

SCHEDULE D (Form 990)

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.

-	tment of the Treasury	► Attach to Form		nd the letest info				to Public
	al Revenue Service	TITI TOP INSTRUCTION	ons a	nd the latest info			entification	spection
	VISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC					=	Silcinication	ilullibei
D-	rt I Organizations Maintaining Donor Adv	vised Eunds on O	thou	Similar Eundo d		1372107		
	Complete if the organization answered "\				л АСС	ounts.		
		(a) Donor				(b) Funds	s and other	accounts
1	Total number at end of year			178				912
2	Aggregate value of contributions to (during year)			1,186,034				1,702,880
3	Aggregate value of grants from (during year)			2,065,036				2,080,087
4	Aggregate value at end of year			35,454,339				70,327,409
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's					funds are		Yes 🗌 No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don private benefit?	or or donor advisor,	or for	any other purpose			missible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "\	res" on Form 990,	Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the org	anization (check all	that a _l	oply).				
	\square Preservation of land for public use (e.g., recreati	ion or education)		Preservation of an	histor	ically imp	ortant land	area
	Protection of natural habitat			Preservation of a	certifie	d historic	structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conserva	tion co	entribution in the fo	rm of a		ation at the End o	of the Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements .				2b			
С	Number of conservation easements on a certified histo	oric structure include	d in (a)	2c			
d	Number of conservation easements included in (c) acq structure listed in the National Register	uired after 7/25/06,	and n	ot on a historic	2d			
3	Number of conservation easements modified, transfer tax year ▶	red, released, exting	juished	d, or terminated by	the or	ganization	during the	
4	Number of states where property subject to conservat	tion easement is loca	ted 🕨					
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hol				of viola	= ations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of v	iolatio	ns, and enforcing co	onserv	ation ease		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violation	ons, a	nd enforcing conser	vation	easement	ts during the	e year
8	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?				70(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements	ne footnote to the or					and	_ No
Pai	Organizations Maintaining Collection Complete if the organization answered "\				er Si	milar As	sets.	
1a	If the organization elected, as permitted under SFAS : art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fine	or public exhibition, e	educat	ion, or research in f				
b	If the organization elected, as permitted under SFAS: historical treasures, or other similar assets held for pufollowing amounts relating to these items:							
	i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
	i)Assets included in Form 990, Part X							
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS	orical treasures, or ot	her sii	milar assets for fina			de the	
а	Revenue included on Form 990, Part VIII, line 1	` ,	_			. > \$		
h	Assets included in Form 990, Part X							

Cat. No. 52283D

Pari	3111	Organizations Ma	aintaining Coll	ections of Art	, Histori	cai Ti	reası	ures, or Otn	<u>er Similar A</u>	ssets (con	tinued)	
3		the organization's acq (check all that apply):		, and other recor	ds, check	any of	the fo	ollowing that ar	e a significant	use of its co	llection	
а		Public exhibition			d		Loan	or exchange p	rograms			
b		Scholarly research			е		Othe	r				
c		Preservation for future	e generations									
4	Provid Part >	de a description of the KIII.	organization's coll	ections and expla	in how the	ey furth	ner th	e organization'	s exempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fur								☐ Yes	□ No	
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			Form 990	, Part	IV, li	ine 9, or repo	orted an amo	unt on Form	n 990, Par	 rt
1a		e organization an agent ded on Form 990, Part)								✓ Yes	□ No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	e following	table:			-	Amount		
c	Begin	ning balance						1c		16	,327,298	
d	Additi	ions during the year .						1d		4	,859,908	
e	Distri	butions during the year	r					1e		1	,380,434	
f	Endin	ig balance						1f		19	,806,772	
2a		ne organization include							•		□ No	
b		es," explain the arrange		Check here if the	e explanat	ion has	been	provided in Pa	rt XIII	. 🗹		
Pa	rt V	Endowment Fund		orod "Voc" on I	Form 000	Dart	TV/ li	ino 10				
		Complete if the org	yanization answ	(a) Current year		rior yea		(c) Two years ba	ck (d) Three ye	ears back (e)	Four years ba	ack
1a	Beginn	ing of year balance .		70,316,40	09	70,161	,065	65,548,	518 60	,186,045	63,333,	564
b	Contrib	outions		1,702,88	80	1,334	,682	1,615,	244 1	,201,233	1,300,	915
c	Net inv	estment earnings, gair	ns, and losses	750,84	45	2,535	,692	5,961,	833 8	,196,335	-1,492,	885
d	Grants	or scholarships		2,080,08	87	2,130	,134	1,667,	370 1	,981,807	1,477,	532
		expenditures for facilitions ograms	es	-871,0	13	159	,668	-57,	279	570,176	-25,	932
f	Admini	strative expenses .		1,233,6		1,425	5,228	1,354,		,483,112	1,503,	
g	End of	year balance		70,327,40	09	70,316	,409	70,161,	065 65	,548,518	60,186,	045
2		de the estimated perce	-	•	nce (line 1	g, colu	mn (a)) held as:				
а	Board	d designated or quasi-e	ndowment >	99.9 %								
b	Perma	anent endowment 🟲	0 %									
С		orarily restricted endov	***************************************	L %								
2-		percentages on lines 2a here endowment funds		•	tion tha	+ h	ماط مہ	d administans	l for the			
3a		nization by:	not in the possess	sion of the organi	Zation tha	t are m	eiu ai	ia administered	i ioi tile		Yes No	
	(i) ur	nrelated organizations								3a(i)	No	0
		elated organizations .								3a(ii)) No	5
		es" on 3a(ii), are the rel					?.			. 3b		
4 		ribe in Part XIII the inte			dowment	runas.						
СШ	t VI	Land, Buildings, Complete if the ord			Form 990	, Part	IV, li	ine 11a. See	Form 990, Pa	art X, line 1	١٥.	
	Descri	ption of property	(a) Cost or oth (investmen	er basis (b) C	ost or other	•			ed depreciation	· · · · · · · · · · · · · · · · · · ·	Book value	
1a	Land											—
		gs										
С	Leaseh	old improvements										
d	Equipm	nent										

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	orm 990 Part IV line 1	1h See Form 990 I	Part X line 12	
	(a) Description of security or category	(b) Book value	(c) Metho	d of valuation:	_
(1) Financia	(including name of security) I derivatives	0	Cost or end-of	-year market value F	_
	held equity interests	0		F	<u> </u>
(A) Private E		4,465,351		F	
(B) Venture	Capital	4,995,619		С	_
(C) Private II (D)	nternational Equity	3,155,328		F	_
(E)					
(F)					
(G)					<u> </u>
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	12,616,298			_
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	.1c. See Form 990,	Part X, line 13.	
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year marke value	et
(1)					_
(2)					
(3)					
(4)					
(5)					_
(6)					
(7)					
(8)					_
(9)					_
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets.	orm 000 Part IV line 1	1d Car Farm 000 Pa	- V line 4₽	_
	Complete if the organization answered 'Yes' on Fo		Id. See Form 990, Pai	(b) Book value	_
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					<u> </u>
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	_
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 1	1e or 11f.See Form	990, Part X, line 25.	
1.	(a) Description of li			(b) Book	_
	income taxes			value_	
(2) Split Inte	erest Agreements			217,290	
(3) Economic (4)	c Relief Note Payable			233,900	
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	the footnote to the organi		451,190 ments that reports the organ	nization's lia
	x positions under FIN 48 (ASC 740). Check here if the tex				

2

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

Page 4

-5,114,784

8,913,209

150,920

5,726,189

150,920

5.877.109

Schedule D (Form 990) 2019

C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	-28,345		
e	Add lines 2a through 2d		 	2e	

3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements

3 4

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines **4a** and **4b**

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

b C

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4a 4b

> 2a 2b

2c

2d

4a

4b

Explanation

2a

2b

150,920

-5.086.439

4c 5

1

2e

3

4c

5

0

0

150,920

9,064,129 5,726,189

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009572
Software Version: v1.00

EIN: 06-1372107

Name: JEWISH COMMUNITY FOUNDATION OF GREATER

HARTFORD INC

Supplemental Informatio

Supplemental Information			
Return Reference	Explanation		
Schedule D, Part IV, Line 1b	Schedule D, Part IV, Line 1b - As part of our agency endowment program, the Foundation hol ds, administers and manages certain charitable funds established and owned by beneficiary agencies of the Jewish Federation of Greater Hartford and local synagogues as part of a commingled investment pool. These funds are treated as assets and liabilities on the books of the Foundation.		

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

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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	Schedule D, Part X, Line 2 - The Foundation is classified by the Internal Revenue Service (IRS) as a tax exempt organization exempt from incomes taxes under Section 501(a)(1) of the Internal Revenue Code as a public charity. Accordingly, no provision for income taxes has been made in the accompanying financial statements. The foundation files Federal and State of Connecticut income tax returns for unrelated business income, which represent the major tax jurisdictions of the Foundation. Federal and state tax years 2013 through 2015 remain open under the statutes of limitations.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Schedule D, Part XI, Line 2d - \$4,415 Loss recovery of noncollectable pledges to the Aim C hai Community Campaign; \$6,100 change in Cash Surrender value of Life insurance contracts; and \$(38,860) Change in the value of Split Interest agreements.

È

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

DLN: 93493137062831

	► Go to <u>wu</u>	<u>vw.irs.gov/Form990</u> tol	the latest information	on.		
					Employer identific	cation number
TION OF GREATER HA	RTFORD INC				06-1372107	
rmation on Grants	s and Assistance					
ed to award the grants	s or assistance?				ce, and	☑ Yes ☐ N
= .		=		1.00		
er Assistance to Dor ore than \$5,000. Part I	nestic Organizations a I can be duplicated if ad	and Domestic Governme Iditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	: 21, for any recipient
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	_					66 0
						adula I (Form 990) 2019
	rmation on Grants naintain records to subset to award the grants organization's procedu er Assistance to Dor re than \$5,000. Part I (b) EIN	rmation on Grants and Assistance naintain records to substantiate the amount of ed to award the grants or assistance? organization's procedures for monitoring the user Assistance to Domestic Organizations are than \$5,000. Part II can be duplicated if add (b) EIN (c) IRC section (if applicable) (b) EIN (d) IRC section (if applicable)	rmation on Grants and Assistance naintain records to substantiate the amount of the grants or assistance, ed to award the grants or assistance?	TION OF GREATER HARTFORD INC rmation on Grants and Assistance naintain records to substantiate the amount of the grants or assistance, the grantees' eligibility ed to award the grants or assistance? organization's procedures for monitoring the use of grant funds in the United States. re Assistance to Domestic Organizations and Domestic Governments. Complete if the ore than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash	rmation on Grants and Assistance naintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance do award the grants or assistance? . organization's procedures for monitoring the use of grant funds in the United States. er Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes' re than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) (book, FMV, appraisal, other) (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) (book, FMV, appraisal, other) (book, FMV, appraisal, other)	TION OF GREATER HARTFORD INC **mation on Grants and Assistance** **naintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and eld to award the grants or assistance? **remailtain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and eld to award the grants or assistance? **remailtain records to substantiate the amount of the grants or assistance, and eld to award the grants or assistance and properties for monitoring the use of grant funds in the United States. **Remailtain records to States and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **Complete if the organization answered "Yes" on Form 990, Part IV, line records and Domestic Governments.** **

(a) Type of grant or assistance

Page 2

Schedule I (Form 990) 2019

FMV, appraisal, other) recipients cash grant noncash assistance 39 0 Cash (1) 114.600 Schedule I, Part III - Grants for scholarships are paid directly to the institution the student is attending. Payment of scholarship awards is conditioned upon proof of enrollment and. where appropriate, receipt of a transcript for the most recently completed semester, as well as satisfaction of other ongoing qualifications for the scholarship. (2) Israel Scholarships 48,000 0 Cash

(d) Amount of

(c) Amount of

the tax exempt status and legal existence of charitable beneficiaries of grants before grants are paid to them.

(2) (3) (4)

(b) Number of

(5) (6)Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(7) Part IV Return Reference **Explanation** 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 Schedule I. Part I. Line 2 from their intended use. The processes vary somewhat based on the source of the grant funds. Unrestricted community funds. Once a discretionary grant from unrestricted funds is approved, a letter agreement, outlining the terms and conditions of the grant, is sent to the grant recipient. It must be signed by the chief



executive officer and volunteer head of the recipient's governing board. These grants are approved on the basis of a proposal as submitted The recipient of any grant from the Foundation must agree to use the funds awarded for the specific project and in accordance with the budget submitted as part of the grant application. Grant funds are disbursed upon presentation of paid invoices accompanied by the Foundation's Grant Payment Request Form. The Foundation requires periodic progress reports until the completion of the project, and funding may be withheld if the recipient fails to make progress towards the intended project goals. The Foundation also requires the submission of a final report on the grant, which includes a detailed accounting of how the funds were expended compared to the original budget. Any requests for a modification in use of funds must be submitted in writing to the Foundation for approval in advance. Funds not used in the manner specified in the letter agreement, project, may be retained by the Foundation or be approved for reallocation by the Foundation. Grants awarded but unpaid are cancelled. The grant recipient must agree to notify the Foundation of any change in its exempt status and any change that may be proposed by the IRS. Donor advised funds. Foundation staff reviews all grant recommendations and follows additional due diligence procedures to assure that grants are made to qualified charities for proper purposes and impermissible material benefits to donors are not present. Grant recommendations are processed and approved or denied in accordance with the Foundation's Donor Advised Fund Guidelines. All grants from donor advised funds are reported to the Board of Trustees on a guarterly basis. Grants to gualified charities made for general operating support are paid once the grant has been approved. Grants to gualified charities made for 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 Form. Grants awarded but unpaid are cancelled. Designated Funds. Grants from designated funds are paid to qualified charities in accordance with the terms of the applicable gift instruments. Foundation staff confirms



(e) Method of valuation (book.

Additional Data

Suite 120

San Rafael, CA 94903

New Haven, CT 06515

Achievement First

495 Blake Street

Software ID: 19009572 **Software Version:** v1.00 **EIN:** 06-1372107

Name: JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

65-1203744

or government				assistance	other)	
10000 Degrees	95-3667812	501(c)(3)	24,430	0	book	

501(c)(3)

organization or government	(5) 2.11	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non
	l		l	_		

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance

20,000

0 book

luation	(g) Description of	(h) Purpose of grant

scholarships

or assistance

general operating

support Hartford schools

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

AIDS Connecticut 110 Bartholomew Avenue Suite 3050 Hartford, CT 06106	22-3014883	501(c)(3)	8,000	0	book	general operating support
Allied Jewish Federation of	84-0402662	501(c)(3)	25,000	0	book	PJ Library

Colorado 300 S Dahlia Street Suite 300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80246

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) American Civil Liberties 13-6213516 501(c)(3) 10,000 0 book general operating

1952 Whitney Avenue

Hamden, CT 065171209

Suite 3

Union Foundation 125 Broad Street						support
18th Floor New York, NY 100042400						
Anti-Defamation League	13-1818723	501(c)(3)	10,400	0	book	general and program

support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Bess and Paul Sigel Hebrew 06-0665199 501(c)(3) 43,067 0 book general operating

Academy 53 Gabb Road Bloomfield, CT 06002						support
Beth El Temple of West	06-0699241	501(c)(3)	81,152	0	book	general op

West Hartford, CT 061172331

operating naruoru Support 2626 Albany Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 06-1030000 501(c)(3) 14.060 Chabad House of Greater 0 lbook general and program Hartford support 2352 Albany Avenue West Hartford, CT 06117

0 lbook

general program and

capital support

197.509

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Charter Oak Cultural Center

21 Charter Oak Avenue

Hartford, CT 06106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Children and Families First 51-0065731 501(c)(3) 10.000 0 lbook I program support 2005 Baynard Boulevard

general and program

support

48.463

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Wilmington, DE 19802

Congregation Beth Israel

701 Farmington Avenue

West Hartford, CT 061191724

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 22-2586288 501(c)(3) 8.653 Congregation Kol Haverim 0 lbook general and program 1079 Hebron Avenue support Glastonbury, CT 060330473

general and research

support

175.985

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Glastonbury, CT 060330473

Connecticut Childrens Medical
Center Foundation

282 Washington Street Hartford, CT 06106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 06-0675032 501(c)(3) 14,957 0 book general and program Emanuel Synagogue

160 Mohegan Drive West Hartford, CT 06117						support
Farmington Valley Jewish Congregation	06-6080265	501(c)(3)	12,000	0	book	general ar support

and program 55 Bushy Hill Road Simsbury, CT 06070

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government support

general operating

support

Federation Homes Inc	06-1019012	501(c)(3)	20,383	0	book	program s
156 Wintonbury Avenue						
Bloomfield, CT 06002						

12.496

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

22-2474771

Foodshare Inc

450 Woodland Avenue

Bloomfield, CT 06002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

general operating

support

Grace Academy 277 Main Street Hartford, CT 06106	27-1673012	501(c)(3)	10,500	0	book	program and scholarship support
						(

5.243

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hadassah Hartford Chapter

West Hartford, CT 06117

43 Carlyle Road

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government .ibrary

professional

development

Harold Grinspoon Foundation 67 Hunt Street Suite 100 Agawam, MA 01001	04-6685725	501(c)(3)	25,000	0 b	book	PJ Library
Hartford Hospital	06-0646668	501(c)(3)	6,746	0 b	book	nursing education and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

80 Seymour Street Hartford

Hartford, CT 061019960

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Hartford Stage 06-0790484 501(c)(3) 8.500 0 lbook general operating 50 Church Street support

general operating

support

5.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hartford, CT 06103

Hartford, CT 06106

166 Capitol Ave

Hartford Symphony Orchestra

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Hebrew High School of New 06-1455973 501(c)(3) 249,722 0 book general program and

capital support

Hebrew Senior Care	06-0646672	501(c)(3)	467.354	0	book	general program and
England 300 Bloomfield Avenue West Hartford, CT 06117						capital support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

One Abrahms Boulevard

West Hartford, CT 061171525

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Hillel The Berman Jewish 25-6065236 501(c)(3) 6.000 0 book general and program University support

Center of Pittsburgh 4607 Forbes Avenue Pittsburgh, PA 15213						
Jewish Association for Community Living	06-1068312	501(c)(3)	61,572	О	book	general and program support

900 Asylum Avenue Hartford, CT 06105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Jewish Family Services of 06-0653062 501(c)(3) 232.614 0 book general program and Greater Hartford capital support 333 Bloomfield Avenue

Suite A West Hartford, CT 06117 Jewish Federation of Greater 06-0655482 501(c)(3) 1,298,639 0 book Hartford 333 Bloomfield Avenue

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

general program and capital support Suite C West Hartford, CT 06117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 93-0386825 501(c)(3) 20.000 0 book PJ Library Jewish Federation of Greater Portland 6680 SW Capitol Highway Portland, OR 97219

general operating

support

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Jewish Federation of Greater

Washington

6101 Executive Blvd North Bethesda, MD 20852

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) lowich Endoration of the 04-2121400 501(6)(3) 0 500 Olbook lanneral and program

Berkshires 196 South Street Pittsfield, MA 01201	04-2131409	301(c)(3)	9,300	0	BOOK	support
Jewish Historical Society of Greater Hartford	06-1217339	501(c)(3)	46,903	0	book	general and program support

333 Bloomfield Avenue Suite B West Hartford, CT 06117

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Jewish Social Service Agency 53-0196598 501(c)(3) 15.000l 0 book program support 200 Wood Hill Road Rockville, MD 20850 06-1329245 501(c)(3) 12.074 0 book general and program

support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Rockville, MD 20850

Jewish Teen Learning 00
Connection 333 Bloomfield Avenue
Suite C

West Hartford, CT 06117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government JEACT Fund Inc. 06-1491945 501(c)(3) 21.526 0 lbook general and program 40 Woodland Street support

Hartford, CT 06105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

West Hartford, CT 06119

Kingswood-Oxford School 06-0646688 501(c)(3) 25.700 0 book general support and 170 Kingswood Road scholarships

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Mandell Jewish Community 06-0662142 501(c)(3) 187,043 0 book general program and Capital support C----

Center 335 Bloomfield Avenue West Hartford, CT 06117						capital support
Maurice Greenberg Center for Judaic Studies	06-0731360	501(c)(3)	8,536	0	book	general and program

200 Bloomfield Avenue West Hartford, CT 061171599

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government National Philanthronic Trust 23-7825575 501(c)(3) 10 0001 Olbook World Jewish Relief assistance

	 		_		
Jenkintown, PA 19046					
Suite 1200					
165 Township Line Road					Ukraine ass
macional i illiancin opic i i asc		10,000		2001	***********

Hartford, CT 06106

Nutmeg Big Brothers-Big Sister 06-0850379 501(c)(3) 45.500l 0 lbook Igeneral operating 30 Laurel Street support

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) OneTable 46-4715368 501(c)(3) 6.000 0 book OneTable Hartford

Suite 1501 New York, NY 10017

79 Madison Avenue FL 8 New York, NY 10016			·			
PEF Israel Endowment Funds Inc 630 Third Avenue	13-6104086	501(c)(3)	9,000	0	book	Jerusalem Hills Therapeutic Centers

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Reconstructing Judaism 23-1710675 501(c)(3) 35.000l Rabbinic 0 lbook 1299 Church Road Entrepreneurship Wyncote, PA 19095 Initiative Saint Francis Hospital and 06-1008255 501(c)(3) 6.000 0 book Igeneral operating

support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Medical Center Foundation Inc.

95 Woodland Street Hartford, CT 061051299

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Solomon Schechter Day School 06-0873657 501(c)(3) 124 241 Olbook Igeneral program and pport

capital support

of Greater Hartford 26 Buena Vista Road West Hartford, CT 06107	00 0073037	301(0)(3)	12 1/2 12	Š		capital support
Temple Bnai Abraham	06-0719649	501(c)(3)	44,370	0	book	general program and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 745

Meriden, CT 06450

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Temple Chai 94-2381671 501(c)(3) 7.500l 0 lbook general operating 4645 East Marilyn Road support

general program and

capital support

8.264

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Phoenix, AZ 85032
Temple Sinai

41 West Hartford Road

Newington, CT 06111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Temple Sinai Brookline 04-2123667 501(c)(3) 9.790 0 lbook general and program

6.000

support

support

general and program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

50 Sewall Avenue

Brookline, MA 02446
The Bridge Family Center Inc

1022 Farmington Avenue

West Hartford, CT 06107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) The Brigid Alliance 82-3843989 501(c)(3) 10.000 0 book general operating PO Box 58 support Planetarium Station

Planetarium Station
New York, NY 10024

The Hole in the Wall Gang 06-1157655 501(c)(3) 7,500 0 book general operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

555 Long Wharf Drive New Haven, CT 06511

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government The Loomis Chaffee School 06-0653119 501(c)(3) 56.000 0 lbook general support and 4 Batchelder Road Scholarships Windsor, CT 06095 I program support

Trinity College 06-0646927 501(c)(3) 5.907 0 book 300 Summit Street Room TC243

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Hartford, CT 06106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Trinity College Hillel 52-1844823 501(c)(3) 15.705 0 lbook general and program 74 Vernon Street support

I program support

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hartford, CT 06106

115 Park Avenue Hoboken, NJ 07030

United Synagogue of Hoboken

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Universities Allied 01-0833168 501(c)(3) 10 0001 Olbook Ideneral operating

Unit 3206 Storrs, CT 06269

for Essential Medicines 641 S Street NW Washington, DC 20001	01 0055100	301(0)(3)	10,000	3	BOOK	support
University of Connecticut Foundation 2390 Alumni Drive	06-6070722	501(c)(3)	64,000	0	book	program support and scholarships

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

support

University of Connecticut Hillel 54 N Eagleville Road Storrs, CT 06268	06-6071635	501(c)(3)	26,261	0	book	general operating support
University of Hartford Hillel	06-0731360	501(c)(3)	10,863	0	book	general operating

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200 Bloomfield Avenue

West Hartford, CT 06117

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

501(c)(3)

81-4736138

Voices of Hope 20 Waterside Drive

Farmington, CT 06032

Suite 100

University of Pennsylvania	23-1352685	501(c)(3)	6,150	0	book	general support and
The Penn Fund						scholarships
2929 Walnut Street						
Suite 300						
Philadelphia, PA 19104						

0 book

general and program

support

16,877

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Watkinson School 06-0655136 501(c)(3) 7.350 0 book general support and ships

180 Bloomfield Avenue Hartford, CT 061051096						scholarships
Yale University School of Medicine	06-0646973	501(c)(3)	50,000	0	book	spinal cord research

Box 7611

New Haven, CT 065190611

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	37062	831
	edule J	Coi	mpensati	on Information	OI	MB No.	1545-0	0047
(Forr	n 990)	For certain Officer		rustees, Key Employees, and High	nest	-		
		► Complete if the orga	Compensa nization answ	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20	119)
D			▶ Attach	to Form 990. instructions and the latest inform		Open (
•	tment of the Treasury al Revenue Service	P Go to <u>www.ms.gov</u>	/	mstructions and the latest morn	lation.		ectio	
	ne of the organiza	ation DUNDATION OF GREATER HARTFORD IN	ıc		Employer identifica	tion nu	ımber	
JE 11	1311 CONTINUITY TO	TOTAL OF CHERTINATIONS IN			06-1372107			
Pa	rt I Questi	ons Regarding Compensati	on					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		s or charter travel		Housing allowance or residence for p				
		companions	님	Payments for business use of persor				
		nification and gross-up payments	H	Health or social club dues or initiation Personal services (e.g., maid, chauff				
	□ Discretion	ary spending account		Personal services (e.g., maid, chaun	reur, cher)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lin	0.102	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Director	, regarding the items checked on Lin	elar			
3				d to establish the compensation of th	e			
		EO/Executive Director. Check all t d organization to establish compe		CEO/Executive Director, but explain in	n Part III.			
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the fil	ling organization or a			
а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a		No
b		• • •		ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any				
а	=	1?				6a		No
b						6b		No
-	•	6a or 6b, describe in Part III.	A 1: 4 1: 1: 1	ale annuitable provide access C	i			
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception described	in Regulations	ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in l	Regulations section	8		No
For 5		iction Act Notice, see the Instr			 0053T Schedule J	9 (Form	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

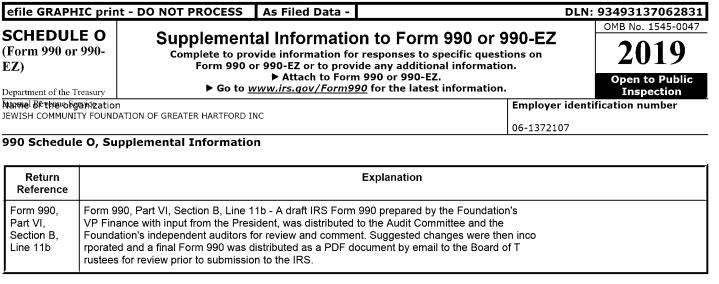
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JACOB A SCHREIBER PRESIDENT AND CEO	(i)	214,200	0	0	700	21,808	236,708	0
, , , , , , , , , , , , , , , , , , ,	(ii)	0	0	0	0	0	0	0
2 Michael Elfenbaum Vice President Grants	(i)	108,000	0	0	4,176	843	113,019	0
Programs	(ii)	0	0	0	0	0	0	0
3 Kathryn L Gonnerman Vice President Development	(i)	125,000	0	0	2,990	4,793	132,783	0
vice i resident bevelopment	(ii)	0	0	0	0	0	0	0
4 Susan Lotreck Vice President Operations	(i)	100,856	0	0	4,518	828	106,202	0
The Freshaelle operations	(ii)	0	0	0	0	0	0	0
S RHONA H MORGAN VICE PRESIDENT FINANCE	(i)	159,853	0	0	6,293	20,738	186,884	0
VIGET RESIDENT FIRMINGE	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019	Page 3	
Part III Supplemental Information		
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
Return Reference	Explanation	
Schedule J, Part I, Line 1a	Schedule J, Part I, Line 1a - Annual Membership in a Social Club	
	Schedule J, Part I, Line 3 - The Foundation has adopted a policy for setting the compensation for its chief executive, officers, and "key employees." The policy is designed to ensure that the Foundation's executive compensation arrangements are reasonable. It includes three key components: (1) review and approval of compensation by a committee designated by the Board of Trustees, provided that persons with conflicts of interest are not involved in this review or approval; (2) use of data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations; and (3) contemporaneous documentation and record keeping with respect to the deliberations and decisions.	

Schedule 1 (Form 990) 2019

DLN: 93493137062831 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC 06-1372107 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 538,275 AVG MKT VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)



Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Form 990, Part VI, Section B, Line 12c - The Foundation has adopted a code of ethics and c onflict of interest policy that: (1) defines conflicts of interest; (2) defines individual s within the Foundation covered by the policy; (3) facilitates disclosure of information t hat may help identify conflicts of interest and potential conflicts, and (4) specifies pro cedures to be followed in managing conflicts of interest. Each year the Foundation distrib utes 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 a n 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. Trust eses 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 partic ipation 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 in

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Form 990, Part VI, Section B, Line 15 - The Foundation has adopted a policy for setting th e compensation for its chief executive, officers, and "key employees." The policy is desig ned 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 des ignated 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 s imilarly qualified persons in functionally comparable positions at similarly situated orga nizations; and (3) contemporaneous documentation and record keeping with respect to the de liberations and decisions.

Return Explanation

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.

Return Explanation

Restrictions.

Reference	·
Form 990,	Form 990, Part XI, Line 9 - Form 990 Part XI, Line 9 - Change in Split Interest Agreements
Part XI, Line	(\$38,860), Liabilities under trusts held by others (\$417,224) and Net assets released from