

Return of Organization Exempt From Income Tax

2024

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

Header section containing organization name (JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD IN), EIN (06-1372107), and other identifying information.

Part I Summary

Summary table with rows for Governance (mission, membership), Revenue (total 17,161,117), Expenses (total 8,856,186), and Net Assets (total 164,635,495).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature line for Laura Whitney, Vice President of Finance, including date and title fields.

Preparer information section for 'Paid Preparer Use Only' including name, signature, date, and firm details.

May the IRS discuss this return with the preparer shown above? See instructions [ ] Yes [ ] No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission: The Jewish Community Foundation of Greater Hartford unlocks the transformative power of individuals and collective philanthropy to address problems, strengthen community organizations, and provide permanent support for the Jewish Community of Greater Hartford.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 2,214,549 including grants of \$ 2,214,549 ) (Revenue \$ 0 )  
Community Building. 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.

**4b** (Code: ) (Expenses \$ 1,402,898 including grants of \$ 1,402,898 ) (Revenue \$ 0 )  
Human Services and Health. Grants in this program area cover a wide array of services. Programs include services for the disabled, food and hunger alleviation, medical research, case management and counseling, therapy, sports and recreation. Grantees include Jewish Family Services of Greater Hartford, the Joyce D. and Andrew J. Mandell Jewish Community Center, Sophie's Hope Foundation, Connecticut Children's Foundation, and the Jewish Association for Community Living.

**4c** (Code: ) (Expenses \$ 1,264,592 including grants of \$ 1,264,592 ) (Revenue \$ 0 )  
Education. 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, New England Jewish Academy, Loomis Chafee School, and the University of Connecticut Foundation.

**4d** Other program services (Describe on Schedule O.) See Schedule O, Statement 1  
(Expenses \$ 2,771,278 including grants of \$ 1,963,163 ) (Revenue \$ 289,591 )

**4e** Total program service expenses 7,653,317

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 1a  | 12 |
| <b>b</b>  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | 1b  | 0  |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c  | ✓  |

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No |   |   |
|---|--|------------|----|---|---|
| <b>2a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 12 |   |   |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  |    | ✓ |   |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |    | ✓ |   |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |    | ✓ |   |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?     | <b>4a</b>  |    |   | ✓ |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |   |   |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  |    |   | ✓ |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |    |   | ✓ |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |   |   |
| <b>6a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | <b>6a</b>  |    |   | ✓ |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |   |   |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |   |   |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  |    |   | ✓ |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |    |   |   |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |    |   | ✓ |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |   |   |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |    |   | ✓ |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |    |   | ✓ |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |   |   |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |   |   |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |   | ✓ |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |   |   |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |   | ✓ |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |   | ✓ |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |   |   |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |   |   |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |   |   |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |   |   |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |    |   |   |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |   |   |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |   |   |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |   |   |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |   |   |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |   |   |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |   |   |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |    |   |   |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> |    |   | ✓ |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |   |   |
| <b>15</b>   | 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>  |    |   | ✓ |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |    |   | ✓ |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069. | <b>17</b>  |    |   |   |

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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>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 on Schedule O. |                                     |                                     |
|           | <b>1a</b> 15   |                                     |                                     |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent . . . . .   |                                     |                                     |
|           | <b>1b</b> 15   |                                     |                                     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>a</b>  | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .   |                                     | <input checked="" type="checkbox"/> |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CT
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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.

Laura Whitney-Vice President of Finance, Jewish Community Foundation of Grtr Hartford, (860)727-6179

333 Bloomfield Avenue Suite D, West Hartford, CT 06117

**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 year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| Laura Whitney<br>Chief Financial Officer                 | 36.00<br>0.00  |  |                       | ✓       |              |                              | 181,209 | 0   | 15,825   |   |
| Michael Elfenbaum<br>Vice President Community Engagement | 36.00<br>0.00  |  |                       |         |              | ✓                            | 148,975 | 0   | 6,996  |   |
| Susan Lotreck<br>Vice President Operations               | 36.00<br>0.00  |  |                       |         |              | ✓                            | 143,293 | 0   | 6,739  |   |
| Jacob A Schreiber<br>President and CEO (End 1/16/24)     | 0.00<br>0.00   |  |                       |         |              | ✓                            | 123,666 | 0   | 103  |   |
| Walter Harrison<br>Interim President and CEO             | 20.00<br>0.00  |  |                       | ✓       |              |                              | 123,073 | 0   | 0  |   |
| Gayle Temkin<br>Chair                                    | 4.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Gerald B Goldberg<br>Secretary                           | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Elysa Graber-Lipperman<br>Treasurer                      | 2.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Jill Dulitsky<br>Trustee, ex officio                     | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Joshua Feldman<br>Trustee                                | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Jessica Fish<br>Trustee (End 11/14/24)                   | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Ethan Goldman<br>Trustee                                 | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Joshua Gottfried<br>Trustee (Begin 11/14/24)             | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| I Bradley Hoffman<br>Trustee                             | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Naomi Kleinman<br>Trustee                                      | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Neil Kochen<br>Trustee   | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Pia Rosenberg Toro<br>Trustee (Begin 11/14/24)                 | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Jerry Rosenstock<br>Trustee                                    | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Rachel Rubin<br>Trustee  | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Cyral Sheldon<br>Trustee (End 11/14/24)                        | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Tracy Smith<br>Trustee   | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| Alan Solinsky<br>Trustee                                       | 1.00<br>0.00   | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |        | <b>720,216</b>  | <b>0</b>   | <b>29,663</b>   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | <b>720,216</b>  | <b>0</b>   | <b>29,663</b>   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| Crewcial Partners LLC, 810 Seventh Avenue, 32nd Floor, New York, NY 10019 | Investment management          | 113,729             |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   |   | (A)<br>Total revenue                     | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |   |
|--|---|---|--|--|--------------------------------------|---|---|
| <b>Contributions, Gifts, Grants, and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b> 0                              |  |                                      |   |   |
|  | <b>b</b>  | Membership dues . . . . .   | <b>1b</b> 0                              |  |                                      |   |   |
|  | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b> 0                              |  |                                      |   |   |
|  | <b>d</b>  | Related organizations . . . . .   | <b>1d</b> 0                              |  |                                      |   |   |
|  | <b>e</b>  | Government grants (contributions)   | <b>1e</b> 0                              |  |                                      |   |   |
|  | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above         | <b>1f</b> 9,838,766                      |  |                                      |   |   |
|  | <b>g</b>  | Noncash contributions included in<br>lines 1a-1f . . . . .                                | <b>1g</b> \$ 6,993,138                   |  |                                      |   |   |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .   |  | 9,838,766                                    |                                      |   |   |
|  | <b>Program Service Revenue</b>  | <b>2a</b>   | Administrative fees from agency accounts | Business Code 900099                         | 289,591                              | 289,591   | 0 |
| <b>b</b>   |   | -----   |  |  |                                      |   |   |
| <b>c</b>   |   | -----   |  |  |                                      |   |   |
| <b>d</b>   |   | -----   |  |  |                                      |   |   |
| <b>e</b>   |   | -----   |  |  |                                      |   |   |
| <b>f</b>   |   | All other program service revenue . .   |  | 0  | 0                                    | 0   |   |
| <b>g</b>   |   | <b>Total.</b> Add lines 2a-2f . . . . .   |  | 289,591                                      |                                      |   |   |
| <b>Other Revenue</b>   | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |  | 2,382,093                                    | 0                                    | 0   |   |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds  |  | 0  | 0                                    | 0   |   |
|  | <b>5</b>  | Royalties . . . . .   |  | 0  | 0                                    | 0   |   |
|  | <b>6a</b>   | Gross rents . . . . .   | (i) Real                                 |  |                                      |   |   |
|  |   |   | (ii) Personal                            |  |                                      |   |   |
|  |   |   |  |  |                                      |   |   |
|  | <b>b</b>  | Less: rental expenses   | <b>6b</b>                                |  |                                      |   |   |
|  | <b>c</b>  | Rental income or (loss)   | <b>6c</b>                                | 0  | 0                                    |   |   |
|  | <b>d</b>  | Net rental income or (loss) . . . . .   |  |  |                                      |   |   |
|  | <b>7a</b>   | Gross amount from<br>sales of assets<br>other than inventory                              | (i) Securities                           |  | 10,924,005                           | 0   |   |
|  |   |   | (ii) Other                               |  |                                      |   |   |
|  |   |   |  |  |                                      |   |   |
|  | <b>b</b>  | Less: cost or other basis<br>and sales expenses . . . . .                                 | <b>7b</b>                                | 6,273,338                                    | 0                                    |   |   |
|  | <b>c</b>  | Gain or (loss) . . . . .  | <b>7c</b>                                | 4,650,667                                    | 0                                    |   |   |
|  | <b>d</b>  | Net gain or (loss) . . . . .  |  | 4,650,667                                    | 0                                    | 4,650,667   |   |
| <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |  |  |                                      |   |   |
| <b>b</b>   | Less: direct expenses . . . . .   | <b>8b</b>   |  |  |                                      |   |   |
| <b>c</b>   | Net income or (loss) from fundraising events . . . . .  |   |  |  |                                      |   |   |
| <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  |   |  |  |                                      |   |   |
|  |   |   |  |  |                                      |   |   |
|  |   |   |  |  |                                      |   |   |
| <b>b</b>   | Less: direct expenses . . . . .   | <b>9b</b>   |  |  |                                      |   |   |
| <b>c</b>   | Net income or (loss) from gaming activities . . . . .   |   |  |  |                                      |   |   |
| <b>10a</b>   | Gross sales of inventory, less<br>returns and allowances . . . . .  |   |  |  |                                      |   |   |
|  |   |   |  |  |                                      |   |   |
|  |   |   |  |  |                                      |   |   |
| <b>b</b>   | Less: cost of goods sold . . . . .  | <b>10b</b>  |  |  |                                      |   |   |
| <b>c</b>   | Net income or (loss) from sales of inventory . . . . .  |   |  |  |                                      |   |   |
| <b>Miscellaneous Revenue</b>                                   | <b>11a</b>  | -----   | Business Code                            |  |                                      |   |   |
|  | <b>b</b>  | -----   |  |  |                                      |   |   |
|  | <b>c</b>  | -----   |  |  |                                      |   |   |
|  | <b>d</b>  | All other revenue . . . . .   |  |  |                                      |   |   |
|  | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .   |  | 0  |                                      |   |   |
| <b>12</b>  | <b>Total revenue.</b> See instructions . . . . .  |   | 17,161,117                               | 289,591                                      | 0                                    | 7,032,760   |   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 6,658,204             | 6,658,204                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 184,000               | 184,000                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 3,000                 | 3,000                           |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   | 0                     | 0                               |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 364,762               | 181,607                         | 131,202                                | 51,953                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>7</b> Other salaries and wages . . . . .  | 777,309               | 303,352                         | 217,057                                | 256,900                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 23,471                | 10,887                          | 6,014                                  | 6,570                       |
| <b>9</b> Other employee benefits . . . . .   | 71,984                | 29,180                          | 25,592                                 | 17,212                      |
| <b>10</b> Payroll taxes . . . . .  | 81,763                | 34,795                          | 24,538                                 | 22,430                      |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b> Legal . . . . .   | 10,200                | 0                               | 10,200                                 | 0                           |
| <b>c</b> Accounting . . . . .  | 47,182                | 0                               | 47,182                                 | 0                           |
| <b>d</b> Lobbying . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  | 0                           |
| <b>f</b> Investment management fees . . . . .  | 174,532               | 104,719                         | 69,813                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .   | 56,450                | 6,675                           | 43,100                                 | 6,675                       |
| <b>12</b> Advertising and promotion . . . . .  | 17,054                | 7,674                           | 0                                      | 9,380                       |
| <b>13</b> Office expenses . . . . .  | 68,092                | 28,977                          | 20,437                                 | 18,678                      |
| <b>14</b> Information technology . . . . .   | 80,113                | 34,093                          | 24,043                                 | 21,977                      |
| <b>15</b> Royalties . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b> Occupancy . . . . .  | 54,109                | 0                               | 54,109                                 | 0                           |
| <b>17</b> Travel . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 13,607                | 4,082                           | 4,082                                  | 5,443                       |
| <b>20</b> Interest . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b> Payments to affiliates . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>23</b> Insurance . . . . .  | 29,956                | 0                               | 29,956                                 | 0                           |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .                                    |                       |                                 |  |                             |
| <b>a</b> Professional membership fees . . . . .  | 2,182                 | 982                             | 982                                    | 218                         |
| <b>b</b> Marketing and donor outreach . . . . .  | 138,216               | 61,090                          | 26,607                                 | 50,519                      |
| <b>c</b> . . . . .   |                       |                                 |  |                             |
| <b>d</b> . . . . .   |                       |                                 |  |                             |
| <b>e</b> All other expenses . . . . .  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .   | 8,856,186             | 7,653,317                       | 734,914                                | 467,955                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 0                        | <b>1</b>    | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 6,348,639                | <b>2</b>    | 5,380,664          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 201,165                  | <b>3</b>    | 61,524             |
|   | <b>4</b> Accounts receivable, net . . . . .  | 33,041                   | <b>4</b>    | 30,532             |
|   | <b>5</b> Loans and other receivables from 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 . . . . . | 0                        | <b>5</b>    | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>    | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>    | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>    | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 0                        | <b>9</b>    | 0                  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 10a 54,303               |             |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 10b 54,303               | 0           | <b>10c</b> 0       |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 143,232,317              | <b>11</b>   | 164,746,106        |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 22,416,630               | <b>12</b>   | 21,614,703         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   | 0                  |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>   | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 307,598                  | <b>15</b>   | 309,687            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 172,539,390  | <b>16</b>                | 192,143,216 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 46,306                   | <b>17</b>   | 29,725             |
|   | <b>18</b> Grants payable . . . . .   | 577,482                  | <b>18</b>   | 611,986            |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>   | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 25,592,932               | <b>21</b>   | 26,448,106         |
|   | <b>22</b> Loans and other 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 . . . . .     | 0                        | <b>22</b>   | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>   | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>   | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .  | 306,307                  | <b>25</b>   | 417,904            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 26,523,027               | <b>26</b>   | 27,507,721         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 145,817,466              | <b>27</b>   | 164,311,579        |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 198,897                  | <b>28</b>   | 323,916            |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>   |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 146,016,363  | <b>32</b>                | 164,635,495 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 172,539,390  | <b>33</b>                | 192,143,216 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 17,161,117  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 8,856,186   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 8,304,931   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 146,016,363 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 10,422,200  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -107,999    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 164,635,495 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | ✓  |
| <b>b</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 on Schedule O and describe any steps taken to undergo such audits.  |     |    |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC | <b>Employer identification number</b><br>06-1372107 |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020  | (b) 2021   | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total  |
|--|-----------|------------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 4,585,932 | 10,458,636 | 4,007,527 | 4,973,941 | 9,838,766 | 33,864,802 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |           |            |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |           |            |           |           |           |            |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 4,585,932 | 10,458,636 | 4,007,527 | 4,973,941 | 9,838,766 | 33,864,802 |
| <b>5</b> 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) . . . . . |           |            |           |           |           | 7,897,123  |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |            |           |           |           | 25,967,679 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020  | (b) 2021   | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total                |
|---|-----------|------------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 4,585,932 | 10,458,636 | 4,007,527 | 4,973,941 | 9,838,766 | 33,864,802               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 1,080,001 | 3,085,126  | 2,287,335 | 2,587,803 | 2,382,093 | 11,422,358               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |           |            |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |           |            |           |           |           | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10   |           |            |           |           |           | 45,287,160               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |           |            |           |           | 12        | 1,429,650                |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |           |            |           |           |           | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b> | 57.34 %                             |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 57.19 %                             |
| <b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>   |           |   |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete 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? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 3b  | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| 4c  | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6   | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9b  | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>  |  |  |
| <b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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. |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |  |  |
| <b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                             | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                             | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                             | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                             | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                             | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                             | 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) | <b>6</b>       |                             |
| <b>7</b>                             | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                             | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |

| <b>Section B—Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|---|----------------|-----------------------------|
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                              | Average monthly value of securities   | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances   | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets  | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.   | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.   | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C—Distributable Amount</b> |   |          | Current Year |
|---------------------------------------|---|----------|--------------|
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)   | <b>1</b> |              |
| <b>2</b>                              | Enter 0.85 of line 1.   | <b>2</b> |              |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)  | <b>3</b> |              |
| <b>4</b>                              | Enter greater of line 2 or line 3.  | <b>4</b> |              |
| <b>5</b>                              | Income tax imposed in prior year  | <b>5</b> |              |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b> |              |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions |  | Current Year |
|-------------------------|--|--------------|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>     |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>     |
| <b>4</b>                | Amounts paid to acquire exempt-use assets  | <b>4</b>     |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )   | <b>5</b>     |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>     |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                | Distributable amount for 2024 from Section C, line 6   | <b>9</b>     |
| <b>10</b>               | Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2024 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2024   |                             |  |   |
| <b>a</b> From 2019 . . . . .   |                             |  |   |
| <b>b</b> From 2020 . . . . .   |                             |  |   |
| <b>c</b> From 2021 . . . . .   |                             |  |   |
| <b>d</b> From 2022 . . . . .   |                             |  |   |
| <b>e</b> From 2023 . . . . .   |                             |  |   |
| <b>f</b> Total of lines 3a through 3e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2024 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2019 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2024 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> Excess distributions carryover to 2025. Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2020 . . .  |                             |  |   |
| <b>b</b> Excess from 2021 . . .  |                             |  |   |
| <b>c</b> Excess from 2022 . . .  |                             |  |   |
| <b>d</b> Excess from 2023 . . .  |                             |  |   |
| <b>e</b> Excess from 2024 . . .  |                             |  |   |



SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC; Employer identification number: 06-1372107

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

Part II Conservation Easements

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, with a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue.

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

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

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |   | Amount     |
|---|------------|
| <b>1c</b> Beginning balance             | 25,592,932 |
| <b>1d</b> Additions during the year     | 3,490,979  |
| <b>1e</b> Distributions during the year | 2,635,805  |
| <b>1f</b> Ending balance                | 26,448,106 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 94,624,490       | 87,731,084     | 81,941,193         | 94,083,498           | 70,327,409          |
| <b>b</b> Contributions                                  | 3,060,561        | 1,607,217      | 1,576,875          | 6,511,472            | 2,045,757           |
| <b>c</b> Net investment earnings, gains, and losses     | 11,077,436       | 8,738,498      | 7,257,216          | -12,616,275          | 25,638,002          |
| <b>d</b> Grants or scholarships                         | 2,281,388        | 2,425,965      | 2,089,139          | 1,920,053            | 2,668,365           |
| <b>e</b> Other expenditures for facilities and programs | 555,132          | 71,848         | 43,760             | 3,067,119            | 289,034             |
| <b>f</b> Administrative expenses                        | 1,041,179        | 954,496        | 911,301            | 1,050,330            | 970,271             |
| <b>g</b> End of year balance                            | 104,884,788      | 94,624,490     | 87,731,084         | 81,941,193           | 94,083,498          |

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

- a** Board designated or quasi-endowment 100 %
- b** Permanent endowment 0 %
- c** Term endowment 0 %

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

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

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land  | 0                                    | 0                               | 0                            | 0              |
| <b>b</b> Buildings  | 0                                    | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements   | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment  | 0                                    | 54,303                          | 54,303                       | 0              |
| <b>e</b> Other  | 0                                    | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 0              |

**Part VII Investments—Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives . . . . .   |                   |  |
| (2) Closely held equity interests . . . . .   |                   |  |
| (3) Other <b>Private equity</b>   | <b>8,699,439</b>  | <b>End-of-Year Market Value</b>                              |
| (A) <b>Venture capital</b>  | <b>8,511,868</b>  | <b>End-of-Year Market Value</b>                              |
| (B) <b>Private international equity</b>   | <b>4,403,396</b>  | <b>End-of-Year Market Value</b>                              |
| (C) . . . . .   |                   |  |
| (D) . . . . .   |                   |  |
| (E) . . . . .   |                   |  |
| (F) . . . . .   |                   |  |
| (G) . . . . .   |                   |  |
| (H) . . . . .   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . . | <b>21,614,703</b> |  |

**Part VIII Investments—Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  | <b>0</b>       |
| (2) <b>Split interest agreements</b>  | <b>388,876</b> |
| (3) <b>Lease liabilities-operating</b>  | <b>29,028</b>  |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . | <b>417,904</b> |

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

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

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

|          |   |           |            |            |
|----------|---|-----------|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .        |           | <b>1</b>   | 27,300,786 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |           |            |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                    | <b>2a</b> | 10,422,200 |            |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> | 0          |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> | 0          |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | -107,999   |            |
| <b>e</b> | Add lines 2a through 2d . . . . .   | <b>2e</b> |            | 10,314,201 |
| <b>3</b> | Subtract line 2e from line 1 . . . . .  |           | <b>3</b>   | 16,986,585 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | <b>4a</b> | 174,532    |            |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 0          |            |
| <b>c</b> | Add lines 4a and 4b . . . . .   | <b>4c</b> |            | 174,532    |
| <b>5</b> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>   | 17,161,117 |

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

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

|          |  |           |          |           |
|----------|--|-----------|----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                       |           | <b>1</b> | 8,681,654 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |           |          |           |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> | 0        |           |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> | 0        |           |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> | 0        |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 0        |           |
| <b>e</b> | Add lines 2a through 2d . . . . .  | <b>2e</b> |          | 0         |
| <b>3</b> | Subtract line 2e from line 1 . . . . .   |           | <b>3</b> | 8,681,654 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                         |           |          |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | <b>4a</b> | 174,532  |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 0        |           |
| <b>c</b> | Add lines 4a and 4b . . . . .  | <b>4c</b> |          | 174,532   |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b> | 8,856,186 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part IV, Line 1b - As part of its agency program, the Foundation holds, administers and manages certain charitable funds established and owned by beneficiary agencies of the Jewish Federation of Greater Hartford and local synagogues in its commingled investment pool. These funds are treated as assets and liabilities on the Statement of Financial Position and are eliminated in the Statement of Revenue.

Schedule D, Part V, Line 4 - The 1,206 charitable funds held by the Foundation are used in accordance with the terms of the gift instruments creating them. Unrestricted community funds help meet the most pressing and changing needs of the community. Decisions about the use of unrestricted community funds rest with the Board of Trustees of the Foundation. Grants from these funds are typically awarded through a competitive grant application process in accordance with Foundation grant-making guidelines. Grants from donor advised funds are generally made upon the recommendation of donors, after review and approval by the Foundation. Twice each year the Foundation distributes a list of selected funding expressed by donors at the time the gifts were made, requests to fund advisors that include 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.

Schedule D, Part X, Line 2 - Management has analyzed the tax positions taken by the Foundation and concluded that, as of June 30 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. If the Foundation had unrelated business income taxes, it would recognize interest and penalties associated with any tax matters as part of the income provision and include accrued interest and penalties with the related tax liability in the statements of financial position.

Schedule D, Part XI, Line 2d - Other amounts included in line 2d include the change in the value of split interest agreements and life insurance policies.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC**

Employer identification number

**06-1372107**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 116

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

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

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|----------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 College scholarshoips          | 47                       | 136,000                  | 0                                |   |                                       |
| 2 Israel experience scholarships | 8                        | 48,000                   | 0                                |   |                                       |
| 3                                |                          |                          |                                  |   |                                       |
| 4                                |                          |                          |                                  |   |                                       |
| 5                                |                          |                          |                                  |   |                                       |
| 6                                |                          |                          |                                  |   |                                       |
| 7                                |                          |                          |                                  |   |                                       |

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

Schedule I, Part I, Line 2 - The Foundation has established processes to monitor grants to ensure that they are used for proper purposes and are not otherwise diverted from their intended 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 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 quarterly basis. Grants to qualified charities made for general operating support are paid once the grant has been approved. Grants to qualified charities made for specific projects are paid after the recipients demonstrate 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 the tax-exempt status and legal existence of charitable beneficiaries of grants before grants are paid to them. Grants for scholarships are paid directly to the institution the student is attending. Payment of scholarship awards is conditioned upon proof of enrollment and, where appropriate, receipt of a transcript for the most recently completed semester, as well as satisfaction of any other ongoing qualifications for the scholarship.

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

|                                |  | Recipient EIN | Amt. of cash<br>grant | Amt. of non-<br>cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| <b>Name and address</b>        | 10000 Degrees<br>1650 Los Gamos Drive<br>Suite 120<br>San Rafael, CA 94903                             | 95-3667812    | 9,008                 | 0                          |
| <b>IRC code section</b>        | 501(C)(3)  |               |                       |                            |
| <b>Method of valuation</b>     | book   |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Scholarships   |               |                       |                            |
| <b>Name and address</b>        | Achievement First<br>470 James Street<br>Suite 007<br>New Haven, CT 06513                              | 65-1203744    | 30,000                | 0                          |
| <b>IRC code section</b>        | 501(C)(3)  |               |                       |                            |
| <b>Method of valuation</b>     | book   |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Special programming  |               |                       |                            |
| <b>Name and address</b>        | Advancing CT Together<br>110 Bartholomew Avenue<br>Suite 3050<br>Hartford, CT 06106                    | 22-3014883    | 14,499                | 0                          |
| <b>IRC code section</b>        | 501(C)(3)  |               |                       |                            |
| <b>Method of valuation</b>     | book   |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | General operating support  |               |                       |                            |
| <b>Name and address</b>        | American Civil Liberties Union Foundation<br>125 Broad Street<br>18th Floor<br>New York, NY 10004-2400 | 13-6213516    | 11,500                | 0                          |
| <b>IRC code section</b>        | 501(C)(3)  |               |                       |                            |
| <b>Method of valuation</b>     | book   |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | General operating support  |               |                       |                            |
| <b>Name and address</b>        | Anti Defamation League CT Regional Office<br>1000 Lafayette Blvd<br>Suite 402<br>Bridgeport, CT 06604  | 13-1818723    | 15,879                | 0                          |
| <b>IRC code section</b>        | 501(C)(3)  |               |                       |                            |
| <b>Method of valuation</b>     | book   |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | General operating support  |               |                       |                            |
| <b>Name and address</b>        | Berkshire Opera Festival<br>54 Wendell Avenue<br>Suite 5<br>Pittsfield, MA 01201                       | 47-1596750    | 22,500                | 0                          |
| <b>IRC code section</b>        | 501(C)(3)  |               |                       |                            |
| <b>Method of valuation</b>     | book   |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |

## Schedule I, Part IV, Statement 1

## JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Beth David Synagogue<br>20 Dover Road<br>West Hartford, CT 06119                      | 06-0712261 | 7,629   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and special programming                                     |            |         |   |
| <b>Name and address</b>        | Beth El Temple of West Hartford<br>2626 Albany Avenue<br>West Hartford, CT 06117-2331 | 06-0699241 | 45,369  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and capital improvement                                     |            |         |   |
| <b>Name and address</b>        | Big Brothers Big Sisters of Connecticut<br>30 Laurel Street<br>Hartford, CT 06106     | 06-0850379 | 7,500   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Brandeis University<br>Mailstop 126<br>PO Box 549110<br>Waltham, MA 02454-9110        | 04-2103552 | 8,000   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and scholarships  |            |         |   |
| <b>Name and address</b>        | Camp Laurelwood<br>463 Summer Hill Road<br>Madison, CT 06443                          | 06-0693092 | 158,550 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and capital improvement                                     |            |         |   |
| <b>Name and address</b>        | Chabad East of the River Inc<br>25 Harris Street<br>Glastonbury, CT 06033-1106        | 06-1030000 | 60,500  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Chabad Friendship Circle<br>2352 Albany Avenue<br>West Hartford, CT 06117             | 06-1030000 | 20,200  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Chabad House of Greater Hartford  | 06-1030000 | 125,508 | 0 |

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
|                                | 2352 Albany Avenue<br>West Hartford, CT 06117                                     |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and special programming                                 |            |         |   |
| <b>Name and address</b>        | Chabad of East Boca Raton<br>120 NE 1st Avenue<br>Boca Raton, FL 33432            | 87-0725063 | 100,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Chabad of the Berkshires<br>450 South Street<br>Pittsfield, MA 01201              | 04-3850525 | 20,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Capital campaign  |            |         |   |
| <b>Name and address</b>        | Charter Oak Cultural Center<br>21 Charter Oak Avenue<br>Hartford, CT 06106        | 06-1026597 | 47,854  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and capital campaign                                    |            |         |   |
| <b>Name and address</b>        | Circle of Friends<br>40 King Street<br>Norwalk, CT 06851                          | 47-4152491 | 15,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Colby College<br>4000 Mayflower Hill<br>Waterville, ME 04901                      | 01-0211497 | 60,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Education And Related Activities  |            |         |   |
| <b>Name and address</b>        | Congregation Adath Israel<br>PO Box 337<br>Middletown, CT 06457-0337              | 06-0669110 | 35,027  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and scholarships  |            |         |   |
| <b>Name and address</b>        | Congregation Beth Israel<br>701 Farmington Avenue<br>West Hartford, CT 06119-1724 | 06-0692758 | 102,081 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |

## Desc. of Non-Cash Asst.

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
| <b>Purpose of grant</b>        | General operating support and special programming                                       |            |        |   |
| <b>Name and address</b>        | Congregation Kol Haverim<br>1079 Hebron Avenue<br>Glastonbury, CT 06033-0473            | 22-2586288 | 14,495 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Congregation Kol Shofar<br>215 Blackfield Drive<br>Tiburon, CA 94920                    | 94-2539545 | 6,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Connecticut Children's Foundation<br>282 Washington Street<br>Hartford, CT 06106        | 06-0646755 | 64,701 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Connecticut Museum of Culture and History<br>One Elizabeth Street<br>Hartford, CT 06105 | 06-6026012 | 8,827  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Connecticut Science Center<br>250 Columbus Blvd<br>Hartford, CT 06103                   | 06-1538101 | 6,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Dignity Grows<br>40 Woodland Street<br>Hartford, CT 06105-2331                          | 85-2708901 | 48,032 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Drew University<br>Business Office<br>36 Madison Ave<br>Madison, NJ 07940               | 22-1487164 | 10,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> | Scholarships  |            |        |   |
| <b>Purpose of grant</b>        | Scholarships  |            |        |   |

## Schedule I, Part IV, Statement 1

## JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>Name and address</b>        | Environmental Defense Fund<br>PO Box 98051<br>Washington, DC 20077-7004                             | 11-6107128 | 10,108  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Special programming   |            |         |   |
| <b>Name and address</b>        | Eruv Committee of West Hartford<br>107 Hilldale Road<br>West Hartford, CT 06117-1405                | 22-2989789 | 25,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Education And Related Activities  |            |         |   |
| <b>Name and address</b>        | Fairfield University<br>1073 N Benson Road<br>BLM 220<br>Fairfield, CT 06824-5195                   | 06-0646623 | 10,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Farmington Valley Jewish Congregation Emek Shalom<br>55 Bushy Hill Road<br>Simsbury, CT 06070       | 06-6080265 | 7,601   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Federation Homes<br>156 Wintonbury Avenue<br>Bloomfield, CT 06002                                   | 06-1019012 | 13,262  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Special programming   |            |         |   |
| <b>Name and address</b>        | Fenwick Improvement Fund<br>23 RUSSELL ST<br>MILTON, MA 02186-3510                                  | 26-1626320 | 175,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Capital improvements  |            |         |   |
| <b>Name and address</b>        | FJC A Foundation of Donor Advised Funds<br>225 West 39th Street<br>12th Floor<br>New York, NY 10018 | 13-3848582 | 5,360   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Special programming   |            |         |   |
| <b>Name and address</b>        | Foundation for West Hartford Public Schools<br>50 South Main Street                                 | 06-1486481 | 7,000   | 0 |

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
|                                | Room 126<br>West Hartford, CT 06107   |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Freedom For All<br>PO Box 536<br>Village Station<br>New York, NY 10014                    | 27-4874257 | 7,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Friends of Israel Defense Forces<br>PO Box 4224<br>New York, NY 10163                     | 13-3156445 | 6,036  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Gifts of Love<br>34 East Main Street<br>Avon, CT 06001                                    | 06-1309318 | 5,850  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Hadassah Hartford Chapter<br>43 Carlyle Road<br>West Hartford, CT 06117                   | 13-1656651 | 5,286  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Harold Grinspoon Foundation<br>67 Hunt Street<br>Suite 100<br>Agawam, MA 01001            | 04-6685725 | 30,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Special programming   |            |        |   |
| <b>Name and address</b>        | Hartford Hospital<br>Dept of Philanthropy<br>80 Seymour Street<br>Hartford, CT 06101-9960 | 06-0646668 | 8,421  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support and education   |            |        |   |
| <b>Name and address</b>        | Hartford Stage<br>50 Church Street  | 06-0790484 | 15,450 | 0 |

## Schedule I, Part IV, Statement 1

## JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
|                                | Hartford, CT 06103                                |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                         |            |        |   |
| <b>Name and address</b>        | Hartford Symphony Orchestra                       | 06-0637319 | 7,000  | 0 |
|                                | 166 Capitol Ave                                   |            |        |   |
|                                | Hartford, CT 06106                                |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                         |            |        |   |
| <b>Name and address</b>        | Healing Meals Community Project                   | 47-5464291 | 10,000 | 0 |
|                                | 140 Nod Road                                      |            |        |   |
|                                | Weatogue, CT 06089                                |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                         |            |        |   |
| <b>Name and address</b>        | Hebrew Senior Care                                | 06-0646672 | 65,043 | 0 |
|                                | One Abrahms Boulevard                             |            |        |   |
|                                | West Hartford, CT 06117-1525                      |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support and special programming |            |        |   |
| <b>Name and address</b>        | Holocaust Learning and Education Fund             | 46-3296698 | 10,000 | 0 |
|                                | 3064 Birkdale                                     |            |        |   |
|                                | Weston, FL 33332                                  |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                         |            |        |   |
| <b>Name and address</b>        | Humane Society of Broward County                  | 59-6002321 | 5,319  | 0 |
|                                | 2070 Griffin Road                                 |            |        |   |
|                                | Ft Lauderdale, FL 33312                           |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                         |            |        |   |
| <b>Name and address</b>        | inSIGHT Through Education                         | 27-3388434 | 11,650 | 0 |
|                                | PO Box 33054                                      |            |        |   |
|                                | Palm Beach Gardens, FL 33420                      |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                         |            |        |   |
| <b>Name and address</b>        | Israel Cancer Research Fund                       | 51-0181215 | 8,500  | 0 |
|                                | 7 Lumanor Drive                                   |            |        |   |
|                                | Stamford, CT 06903                                |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |

|                                |   |            |           |   |
|--------------------------------|---|------------|-----------|---|
| <b>Purpose of grant</b>        | General operating support and research  |            |           |   |
| <b>Name and address</b>        | JARC Florida<br>21160 95TH Ave South<br>Boca Raton, FL 33428  | 65-1131701 | 25,500    | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |           |   |
| <b>Purpose of grant</b>        | General operating support   |            |           |   |
| <b>Name and address</b>        | Jewish Association for Community Living<br>34 Jerome Avenue<br>Suite 109<br>Bloomfield, CT 06002          | 06-1068312 | 88,663    | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support and special programming   |            |           |   |
| <b>Purpose of grant</b>        | General operating support and special programming   |            |           |   |
| <b>Name and address</b>        | Jewish Creativity International<br>1802 Vernon Street NW PMB2437<br>Washington, DC 20009                  | 95-4328467 | 15,000    | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | Special programming   |            |           |   |
| <b>Purpose of grant</b>        | Special programming   |            |           |   |
| <b>Name and address</b>        | Jewish Family Services of Greater Hartford<br>333 Bloomfield Avenue<br>Suite A<br>West Hartford, CT 06117 | 06-0653062 | 396,574   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |           |   |
| <b>Purpose of grant</b>        | General operating support   |            |           |   |
| <b>Name and address</b>        | Jewish Federation of Greater Hartford<br>333 Bloomfield Avenue<br>Suite C<br>West Hartford, CT 06117      | 06-0655482 | 1,581,176 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support and special programming   |            |           |   |
| <b>Purpose of grant</b>        | General operating support and special programming   |            |           |   |
| <b>Name and address</b>        | Jewish Federation of Greater Washington<br>6101 Executive Blvd<br>North Bethesda, MD 20852                | 53-0212445 | 8,600     | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |           |   |
| <b>Purpose of grant</b>        | General operating support   |            |           |   |
| <b>Name and address</b>        | Jewish Federation of South Palm Beach County<br>9901 Donna Klein Blvd<br>Boca Raton, FL 33428-1788        | 59-1945109 | 10,000    | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |           |   |
| <b>Method of valuation</b>     | book  |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> | General operating support   |            |           |   |
| <b>Purpose of grant</b>        | General operating support   |            |           |   |

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>Name and address</b>        | Jewish Foundation of Greater New Haven<br>360 Amity Road<br>Woodbridge, CT 06525                                  | 45-2403156 | 350,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Special programming   |            |         |   |
| <b>Name and address</b>        | Jewish Historical Society of Greater Hartford<br>333 Bloomfield Avenue<br>Suite B<br>West Hartford, CT 06117-1500 | 06-1217339 | 57,988  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Jewish National Fund<br>79 Randall Avenue<br>Rockville Center, NY 11570   | 13-1659627 | 11,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Jewish Social Service Agency<br>200 Wood Hill Road<br>Rockville, MD 20850   | 53-0196598 | 20,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Special programming   |            |         |   |
| <b>Name and address</b>        | Jewish Teen Learning Connection<br>333 Bloomfield Avenue<br>Suite C<br>West Hartford, CT 06117                    | 06-1329245 | 38,067  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and special programming   |            |         |   |
| <b>Name and address</b>        | JFACT Fund<br>40 Woodland Street<br>Hartford, CT 06105  | 06-1491945 | 55,887  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Journey Home<br>PO Box 260727<br>Hartford, CT 06126   | 80-0143570 | 9,750   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | Joyce D and Andrew J Mandell Jewish Community Center  | 06-0662142 | 298,518 | 0 |

|                                |  |            |        |   |
|--------------------------------|--|------------|--------|---|
|                                | 335 Bloomfield Avenue<br>West Hartford, CT 06117-1543  |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support and special programming  |            |        |   |
| <b>Name and address</b>        | Kingswood-Oxford School<br>170 Kingswood Road<br>West Hartford, CT 06119   | 06-0646688 | 40,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Scholarships   |            |        |   |
| <b>Name and address</b>        | Laughing Pony Rescue<br>PO BOX 32<br>Rancho Santa Fe, CA 92067-0032  | 27-2914210 | 15,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | Lifespace Foundation<br>Harbours Edge<br>401 E Linton Blvd<br>Delray Beach, FL 33483   | 42-1370848 | 50,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Scholarships   |            |        |   |
| <b>Name and address</b>        | Mahaive Performing Arts Center<br>PO Box 690<br>Great Barrington, MA 01230   | 57-1140453 | 6,390  | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | Maurice Greenberg Center for Judaic Studies<br>University of Hartford<br>200 Bloomfield Avenue<br>West Hartford, CT 06117-1599 | 06-0731360 | 6,985  | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support and special programming  |            |        |   |
| <b>Name and address</b>        | Mayo Clinic<br>Department of Development<br>200 First Street SW<br>Rochester, MN 55905   | 41-6011702 | 25,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | MEOR Boston<br>26 Snow Street  | 20-4394106 | 5,500  | 0 |

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
|                                | Brighton, MA 02135   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | General operating support  |            |         |   |
| <b>Name and address</b>        | Moishe House   | 26-2599786 | 8,000   | 0 |
|                                | 441 Saxony Road  |            |         |   |
|                                | Encinitas, CA 92024  |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Special programming  |            |         |   |
| <b>Name and address</b>        | New England Jewish Academy   | 06-1455973 | 318,516 | 0 |
|                                | 300 Bloomfield Avenue  |            |         |   |
|                                | West Hartford, CT 06117  |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | General operating support, special programming, capital and scholarships |            |         |   |
| <b>Name and address</b>        | Operation Smile  | 54-1460147 | 20,108  | 0 |
|                                | Gift Processing Center   |            |         |   |
|                                | PO Box 758588  |            |         |   |
|                                | Topeka, KS 66675-9939  |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | General operating support  |            |         |   |
| <b>Name and address</b>        | Pasadena Jewish Temple and Center  | 95-1691318 | 5,500   | 0 |
|                                | PO Box 41660   |            |         |   |
|                                | PO Box 41660   |            |         |   |
|                                | Pasadena, CA 91104   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | General operating support  |            |         |   |
| <b>Name and address</b>        | Planned Parenthood of Delaware   | 51-0066725 | 10,000  | 0 |
|                                | 625 N Shipley Street   |            |         |   |
|                                | Shipley Street   |            |         |   |
|                                | Wilmington, DE 19801   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | General operating support  |            |         |   |
| <b>Name and address</b>        | Poverello Center   | 65-0056218 | 7,979   | 0 |
|                                | 2056 N Dixie Highway   |            |         |   |
|                                | Dixie Highway  |            |         |   |
|                                | Wilton Manors, FL 33305  |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)  |            |         |   |
| <b>Method of valuation</b>     | book   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | General operating support  |            |         |   |
| <b>Name and address</b>        | Rensselaer Polytechnic Institute   | 14-1340095 | 6,500   | 0 |
|                                | Gift Processing Center   |            |         |   |

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
|                                | PO Box 3164   |            |         |   |
|                                | Boston, MA 02241-3164   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support                                       |            |         |   |
| <b>Name and address</b>        | Sage  | 13-2947657 | 5,699   | 0 |
|                                | PO Box 22876  |            |         |   |
|                                | New York, NY 10087-2876   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support                                       |            |         |   |
| <b>Name and address</b>        | Saint Francis Hospital and Medical Center Foundation Inc        | 06-1008255 | 18,904  | 0 |
|                                | Development Office  |            |         |   |
|                                | 95 Woodland Street  |            |         |   |
|                                | Hartford, CT 06105-1299   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support                                       |            |         |   |
| <b>Name and address</b>        | Solomon Schechter Day School of Greater Hartford                | 06-0873657 | 216,368 | 0 |
|                                | 26 Buena Vista Road   |            |         |   |
|                                | West Hartford, CT 06107   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support, special programming and scholarships |            |         |   |
| <b>Name and address</b>        | STEP GTP  | 82-4390203 | 15,000  | 0 |
|                                | 54 Beals Street   |            |         |   |
|                                | Brookline, MA 02446   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support                                       |            |         |   |
| <b>Name and address</b>        | Susan G Komen for the Cure                                      | 75-1835298 | 15,000  | 0 |
|                                | 13770 Noel Road   |            |         |   |
|                                | Suite 801889  |            |         |   |
|                                | Dallas, TX 75380  |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support                                       |            |         |   |
| <b>Name and address</b>        | Temple Sinai  | 06-6011131 | 21,782  | 0 |
|                                | 41 West Hartford Road   |            |         |   |
|                                | Newington, CT 06111   |            |         |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support, special programming, and capital     |            |         |   |
| <b>Name and address</b>        | Temple Sinai Brookline  | 04-2123667 | 8,800   | 0 |
|                                | 50 Sewall Avenue  |            |         |   |
|                                | Brookline, MA 02446   |            |         |   |

## Schedule I, Part IV, Statement 1

## JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | The Bridge Family Center Inc<br>1022 Farmington Avenue<br>West Hartford, CT 06107               | 23-7013563 | 5,100   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | The Bushnell<br>166 Capitol Avenue<br>Hartford, CT 06106-1621                                   | 06-0662112 | 12,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | The Community Foundation for Greater New Haven<br>70 Audubon Street<br>New Haven, CT 06510-1248 | 06-6032106 | 250,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Community building  |            |         |   |
| <b>Name and address</b>        | The Connecticut Hospice Inc<br>PO Box 783<br>Branford, CT 06405                                 | 06-0878822 | 10,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | The Emanuel Synagogue<br>160 Mohegan Drive<br>West Hartford, CT 06117                           | 06-0675032 | 40,589  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support and special programming   |            |         |   |
| <b>Name and address</b>        | The Health Collective<br>643 Maple Ave<br>Hartford, CT 06114                                    | 06-1172441 | 9,499   | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | General operating support   |            |         |   |
| <b>Name and address</b>        | The Hole in the Wall Gang Camp<br>555 Long Wharf Drive<br>New Haven, CT 06511                   | 06-1157655 | 22,860  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |         |   |
| <b>Method of valuation</b>     | book  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Special programming   |            |         |   |

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
| <b>Name and address</b>        | The Katharine Hepburn Cultural Arts Center<br>300 Main Street<br>Old Saybrook, CT 06475 | 51-0646562 | 10,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | The Loomis Chaffee School<br>4 Batchelder Road<br>Windsor, CT 06095                     | 06-0653119 | 80,600 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support and scholarships  |            |        |   |
| <b>Name and address</b>        | The Wadsworth<br>600 Main Street<br>Hartford, CT 06103                                  | 06-0653111 | 11,500 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Trinity College<br>300 Summit Street<br>Room TC243<br>Hartford, CT 06106                | 06-0646927 | 11,858 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support, special programming, and scholarships                        |            |        |   |
| <b>Name and address</b>        | Trinity College Hillel<br>Zachs Hillel House<br>74 Vernon Street<br>Hartford, CT 06106  | 52-1844823 | 5,518  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Trybal Gatherings<br>21 Parkman St<br>3A<br>Brookline, MA 02446                         | 82-2536308 | 5,100  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Special programming   |            |        |   |
| <b>Name and address</b>        | UJA Federation of New York<br>130 E 59TH ST<br>NEW YORK, NY 10022-1302                  | 51-0172429 | 8,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |

## Schedule I, Part IV, Statement 1

## JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

|                                |  |            |        |   |
|--------------------------------|--|------------|--------|---|
| <b>Name and address</b>        | United States Holocaust Memorial Museum<br>60 E 42ND ST<br>NEW YORK, NY 10165-1099                           | 52-1309391 | 5,300  | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | Universities Allied for Essential Medicines<br>1629 K Street NW<br>Suite 300<br>Washington, DC 20006-1631    | 01-0833168 | 10,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | University of Connecticut Foundation<br>2390 Alumni Drive<br>Unit 3206<br>Storrs, CT 06269-3206              | 06-6070722 | 85,500 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | University of Connecticut Hillel<br>Trachten Zachs Hillel House<br>54 N Eagleville Road<br>Storrs, CT 06268  | 06-6071635 | 26,796 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support and special programming  |            |        |   |
| <b>Name and address</b>        | University of Hartford Hillel<br>200 Bloomfield Avenue<br>Park River Ground Floor<br>West Hartford, CT 06117 | 06-0731360 | 45,505 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | General operating support  |            |        |   |
| <b>Name and address</b>        | University of Pennsylvania The Penn Fund<br>2929 Walnut Street<br>Suite 300<br>Philadelphia, PA 19104        | 23-1352685 | 7,000  | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Special programming  |            |        |   |
| <b>Name and address</b>        | UpStart Bay Area<br>Jed Snerson<br>330 Prospect Ave<br>Brooklyn, NY 11215                                    | 26-3094076 | 30,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)  |            |        |   |
| <b>Method of valuation</b>     | book   |            |        |   |

## Desc. of Non-Cash Asst.

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
| <b>Purpose of grant</b>        | Special programming   |            |        |   |
| <b>Name and address</b>        | Upstate Medical College Alumni Association<br>750 E Adams Street<br>Setnor Academic Building Suite 1510<br>Syracuse, NY 13210 | 16-6038703 | 16,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Scholarships  |            |        |   |
| <b>Name and address</b>        | Voices of Hope<br>20 Waterside Drive<br>Suite 100<br>Farmington, CT 06032   | 81-4736138 | 72,529 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support and special programming   |            |        |   |
| <b>Name and address</b>        | Watkinson School<br>Development Office<br>180 Bloomfield Avenue<br>Hartford, CT 06105-1096                                    | 06-0655136 | 5,500  | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Special programming   |            |        |   |
| <b>Name and address</b>        | Weill Cornell Medicine<br>PO Box 22497<br>Office of External Affairs<br>New York, NY 10087-2497                               | 15-0532082 | 10,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Research  |            |        |   |
| <b>Name and address</b>        | Yale University School of Medicine<br>Office of Development<br>Box 7611<br>New Haven, CT 06519-0611                           | 06-0646973 | 40,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Research  |            |        |   |
| <b>Name and address</b>        | Yeshiva Achei Tmimim Lubavitz Services<br>1148 Converse Street<br>Longmeadow, MA 01106  | 04-6004494 | 54,000 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support   |            |        |   |
| <b>Name and address</b>        | Young Israel of West Hartford<br>2240 Albany Avenue<br>West Hartford, CT 06117  | 22-2568510 | 19,300 | 0 |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |

Schedule I, Part IV, Statement 1

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support, special programming, and capital |            |        |   |
| <b>Name and address</b>        | YWCA Hartford Region  | 06-0646993 | 8,000  | 0 |
|                                | 135 Broad Street  |            |        |   |
|                                | Hartford, CT 06105  |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                                   |            |        |   |
| <b>Name and address</b>        | ZERO Prostate Cancer  | 59-3400922 | 10,000 | 0 |
|                                | PO Box 320753   |            |        |   |
|                                | Alexandria, VA 22320  |            |        |   |
| <b>IRC code section</b>        | 501(C)(3)   |            |        |   |
| <b>Method of valuation</b>     | book  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | General operating support                                   |            |        |   |

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC**

Employer identification number

**06-1372107**

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> |           |    |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>  | <b>1b</b> |    |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>  | <b>2</b>  |    |
| <p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract<br/> <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>  |           |    |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>  |           |    |
| <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>   | <b>4a</b> | ✓  |
| <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>   | <b>4b</b> | ✓  |
| <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4c</b> | ✓  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>  |           |    |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>  |           |    |
| <p><b>a</b> The organization? . . . . .</p>   | <b>5a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   | <b>5b</b> | ✓  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>  |           |    |
| <p><b>a</b> The organization? . . . . .</p>   | <b>6a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>   | <b>6b</b> | ✓  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>   | <b>7</b>  | ✓  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>   | <b>8</b>  | ✓  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |    |

**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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                                       |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 Laura Whitney, Chief Financial Officer                 | (i)  | 183,062  | 0                                   | 1,267                               | 0  | 12,705                  | 197,034                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 Michael Elfenbaum, Vice President Community Engagement | (i)  | 147,921  | 0                                   | 1,267                               | 5,917  | 868                     | 155,973                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 Susan Lotreck, Vice President Operations               | (i)  | 142,467  | 0                                   | 827                                 | 5,698  | 1,040                   | 150,032                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 Jacob A Schreiber, President and CEO (End 1/16/24)     | (i)  | 10,313   | 0                                   | 113,353                             | 0  | 103                     | 123,769                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC**

Employer identification number

**06-1372107**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art . . . . .   |                               |  |  |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities—Publicly traded . . . . .                                     | ✓                             | 77   | 6,993,138  | AVG MKT VALUE  |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |  |  |  |
| 15 Real estate—Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate—Commercial . . . . .  |                               |  |  |  |
| 17 Real estate—Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                    |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .                                       |                               |  |  |  |
| 25 Other ( . . . . . )   |                               |  |  |  |
| 26 Other ( . . . . . )   |                               |  |  |  |
| 27 Other ( . . . . . )   |                               |  |  |  |
| 28 Other ( . . . . . )   |                               |  |  |  |

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

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | ✓  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | ✓   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | ✓  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD INC

06-1372107

Form 990, Part III, Line 4d - Other Programs and Services (Expenses: \$2,771,275 including grants of \$1,963,163). These include the balance of grants awarded through community grantmaking programs, donor advised program and designated giving in program areas that include Arts and Culture, Social Justice, programs in Israel, Seniors, Religious and Spiritual Development, and Outreach.

Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11b - A draft IRS Form 990 was prepared by the Foundation's CFO and was distributed to the President and CEO, the Audit Committee chair, and the Foundation's independent auditors for review and comment. A draft of the complete Form 990 was distributed to full Board of Trustees on the board portal prior to filing.

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

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

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

Form 990, Part XI, Line 9 - Change in market value of split interest agreements \$141,419 and change in cash surrender value of life insurance \$33,420.

Other Program Services Accomplishments

| Activity Code | Description  | Expense          | Grants           | Revenue        |
|---------------|--|------------------|------------------|----------------|
|               | See Schedule O, Statement 1 Other Programs and Services (Expenses: \$2,771,275 including grants of \$1,963,163) These include the balance of grants awarded through community grantmaking programs, donor advised program and designated giving in program areas that include Arts and Culture, Social Justice, programs in Israel, Seniors, Religious and Spiritual Development and Outreach. | 2,771,278        | 1,963,163        | 289,591        |
| <b>Total:</b> |  | <b>2,771,278</b> | <b>1,963,163</b> | <b>289,591</b> |