

TEPLITZKY & COMPANY, P.C.  
ONE BRADLEY ROAD BUILDING 600  
WOODBIDGE, CT 06525

JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.  
360 AMITY ROAD  
WOODBIDGE, CT 06525



**BSA E-Filing - Report of  
Foreign Bank and Financial  
Accounts (FBAR)**

FinCEN Form 114

JEWISHF20160001

Filing Name JEWISH FOUNDATION OF GREATER NEW

Submission Type NEW

PIN NOT REQUIRED

Check here  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2017. An automatic extension to October 16, 2017 is available.

This report filed late for the following reason (Check only one):

- a.  Forgot to file
- b.  Did not know that I had to file
- c.  Thought account balance was below reporting threshold
- d.  Did not know that my account qualified as foreign
- e.  Account statement not received in time
- f.  Account statement lost (Replacement requested)
- g.  Late receiving missing required account information
- h.  Unable to obtain joint spouse signature in time
- i.  Unable to access BSA E-filing system
- z.  Other (please provide explanation below)

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar  
year ended 12/31  
**2016**  
Amended

**Part I** Filer information JEWISHF20160001

2 Type of filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>452403156</b> <small>If filer has no U.S. Identification number complete item 4.</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**360 AMITY ROAD**

10 City <b>WOODBIDGE</b>	11 State <b>CT</b>	12 ZIP/Postal Code <b>06525</b>	13 Country <b>USA</b>
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14 a) Does the filer have a financial interest in 25 or more financial accounts?  
Yes  Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
Yes  Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
No

**Part II** Information on financial account(s) owned separately

15 Maximum value of account during calendar year <b>4,835,029.</b>	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below <b>HEDGE FUND</b>
---	--	--

17 Name of financial institution in which account is held  
**FORESTER DIVERSIFIED LTD.,**

18 Account number or other designation *****	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>89 NEXUS WAY, CAMANA BAY PO BOX 31106</b>		
20 City <b>GEORGE TOWN</b>	21 State, if known	22 Foreign postal code, if known <b>KY11205</b>	23 Country <b>CAYMAN ISLANDS</b>

**Signature:** 44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
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<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>TEPLITZKY</b>	48 First name <b>JEFFREY</b>	49 MI <b>A</b>	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P00275166</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. <b>203-387-0852</b>	52a Ext.	53 Firm's name <b>TEPLITZKY &amp; COMPANY, P</b>		54 Firm's TIN <b>45-2403156</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) <b>ONE BRADLEY ROAD BUILDING 6</b>		56 City <b>WOODBIDGE</b>	57 State <b>CT</b>	58 ZIP/Postal Code <b>06525</b>	59 Country <b>US</b>

**Part II. Continued - Information on Financial Account(s) Owned Separately**

FORM 114

Complete a Separate Block for Each Account Owned Separately

1 Filing for calendar year  2016		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 452403156		6 Last Name or Organization Name  JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.	
15 Maximum value of account during calendar year  1,519,711.		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND		
17 Name of Financial Institution in which account is held CRESTWOOD CAPITAL INTERNATIONAL					
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PARERAWEG #45			
20 City WILLEMSTAD		21 State, if known		22 ZIP/Postal Code, if known	23 Country CURACAO
15 Maximum value of account during calendar year  45,448.		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND		
17 Name of Financial Institution in which account is held MASON CAPITAL C/O WALKERS					
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held WALKER HOUSE, 87 MARY STREET			
20 City GEORGE TOWN		21 State, if known		22 ZIP/Postal Code, if known KY19001	23 Country CAYMAN ISLANDS
15 Maximum value of account during calendar year  618,328.		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below		
17 Name of Financial Institution in which account is held CITCO FUND SERVICES B.V.					
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held KAYA FLAMBOYAN 9, P.O. BOX 4774			
20 City WILLEMSTAD		21 State, if known		22 ZIP/Postal Code, if known	23 Country CURACAO
15 Maximum value of account during calendar year  995,051.		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND		
17 Name of Financial Institution in which account is held ANCHORAGE CAPITAL PARTNERS OFF					
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 78 SIR JOHN ROGERSON'S QUAY			
20 City DUBLIN		21 State, if known		22 ZIP/Postal Code, if known	23 Country IRELAND
15 Maximum value of account during calendar year		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 ZIP/Postal Code, if known	23 Country
15 Maximum value of account during calendar year		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 ZIP/Postal Code, if known	23 Country

EXTENDED TO NOVEMBER 15, 2017

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.
D Employer identification number: \*\* - \*\*\*3156
E Telephone number: 203-387-2424
F Name and address of principal officer: LISA A STANGER, 360 AMITY ROAD, WOODBRIDGE, CT 06525
G Gross receipts \$: 2,846,317.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.JEWISHNEWHAVEN.ORG
K Form of organization: [X] Corporation
L Year of formation: 2011
M State of legal domicile: CT

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, number of members, revenue breakdown, and expenses.

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign Here: Signature of officer LISA A STANGER, PRINCIPAL OFFICER
Preparer: JEFFREY A. TEPLITZKY, TEPLITZKY & COMPANY, P.C.
Firm's EIN: \*\* - \*\*\*3156

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE JEWISH FOUNDATION OF GREATER NEW HAVEN'S MISSION IS TO SOLICIT AND PROPERLY MANAGE CURRENT AND NEW CHARITABLE ENDOWMENTS AND PLANNED GIFTS FOR ORGANIZATIONS IN GREATER NEW HAVEN SO THAT THERE WILL BE PERMANENT AND ONGOING FUNDING FOR THE JEWISH FEDERATION OF GREATER NEW

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 [X] 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 [X] 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 \$ 2,329,036. including grants of \$ 2,287,016.) (Revenue \$ ) THE JEWISH FOUNDATION WORKS WITH AREA JEWISH AGENCIES, THE JEWISH FEDERATION, AND AREA SYNAGOGUES TO SOLICIT NEW CHARITABLE ENDOWMENTS, MANAGE AND DISTRIBUTE FROM CURRENT ENDOWMENTS, AND STEWARD DONORS. THE FOUNDATION ALSO LEADS LOCAL PROJECTS AND INITIATIVES INCLUDING THE CREATE A JEWISH LEGACY INITIATIVE, WOMEN OF VISION SOCIETY, BUILD A TZEDAKAH, AND THE JEWISH SCHOLARSHIP INITIATIVE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,329,036.

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

**Part IV Checklist of Required Schedules**

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

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

Form 990 (2016)

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2016)



**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

Form 990 (2016)

**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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ..... <b>22</b>		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... <b>0</b>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>X</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>8</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....	<b>X</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		<b>X</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O .....		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>X</b>	
b	If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS, OTHER COUNTRY</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		<b>X</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		<b>X</b>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....		
6a	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>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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>X</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		<b>X</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		<b>X</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		<b>X</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....		<b>X</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		<b>X</b>
8	<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>X</b>
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? .....		<b>X</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		<b>X</b>
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders .....	<b>11a</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>	
12a	<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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>	
c	Enter the amount of reserves on hand .....	<b>13c</b>	
14a	Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>	<b>X</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>14b</b>	

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

Form 990 (2016)

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**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 in 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	30			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
1b Enter the number of voting members included in line 1a, above, who are independent		30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b 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?		

**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 (or 1024 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 in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **LISA STANGER, ESQ. - 203-387-2424**  
**360 AMITY ROAD, WOODBRIDGE, CT 06525**

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

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**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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUGUST, STEPHEN INVESTMENT CHAIR	1.00	X					0.	0.	0.	
(2) HENDLIN, ERIC AUDIT CHAIR	1.00	X					0.	0.	0.	
(3) HOOS, BETSY WOMEN'S COMMITTEE CHAIR	1.00	X					0.	0.	0.	
(4) LEVINE, RICHARD GOVERNANCE CHAIR	1.00	X					0.	0.	0.	
(5) SALTZMAN, STEPHEN DEVELOPMENT CHAIR	1.00	X					0.	0.	0.	
(6) RAVSKI, NORMAN FEDERATION PRESIDENT	1.00	X					0.	0.	0.	
(7) WAIN, STEPHANIE FEDERATION CHAIR	1.00	X					0.	0.	0.	
(8) RABBI TILSEN, JON-JAY BOARD OF RABBIS APPOINTEE	1.00	X					0.	0.	0.	
(9) BENDER, SHARON TRUSTEE	1.00	X					0.	0.	0.	
(10) FELDMAN, BARRY TRUSTEE	1.00	X					0.	0.	0.	
(11) FREEMAN, IAN TRUSTEE	1.00	X					0.	0.	0.	
(12) FRISCH, SUZANNE TRUSTEE	1.00	X					0.	0.	0.	
(13) GREEN, ERIC TRUSTEE	1.00	X					0.	0.	0.	
(14) HILLMAN, ALLAN TRUSTEE	1.00	X					0.	0.	0.	
(15) HURWITZ, SCOTT TRUSTEE	1.00	X					0.	0.	0.	
(16) KONOWITZ, ED TRUSTEE	1.00	X					0.	0.	0.	
(17) LEFFELL, CINDY TRUSTEE	1.00	X					0.	0.	0.	

**JEWISH FOUNDATION OF GREATER NEW  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JO-ANN MAYNARD TRUSTEE	1.00	X						0.	0.	0.
(19) PRICE, JO-ANN TRUSTEE	1.00	X						0.	0.	0.
(20) RAVID, ERIC TRUSTEE	1.00	X						0.	0.	0.
(21) RESNIKOFF, HENRY TRUSTEE	1.00	X						0.	0.	0.
(22) LARRY SHANBROM TRUSTEE	1.00	X						0.	0.	0.
(23) SKLAR, CRAIG TRUSTEE	1.00	X						0.	0.	0.
(24) VLOCK, JIM TRUSTEE	1.00	X						0.	0.	0.
(25) GLICK, STEVE TRUSTEE	1.00	X						0.	0.	0.
(26) LEVY, JOHN TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								126,834.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								126,834.	0.	0.

**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 **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<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? If "Yes," complete Schedule J for such individual .....		X
<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? If "Yes," complete Schedule J for such person .....		X

**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) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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**

**SEE PART VII, SECTION A CONTINUATION SHEETS**



**JEWISH FOUNDATION OF GREATER NEW  
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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,020,533.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	534,332.					
	<b>h</b> Total. Add lines 1a-1f		2,020,533.				
<b>Program Service Revenue</b>	<b>2 a</b> INVESTMENT RETURN	Business Code 900099	385,496.			385,496.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		385,496.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		443,453.			443,453.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>							
<b>11 a</b> OTHER - UNRESTRICTED	Business Code 900099		53,500.	53,500.			
<b>b</b> PRESENT VALUE ADJUSTME	900099		-56,665.	-56,665.			
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d			-3,165.				
<b>12</b> Total revenue. See instructions.			2,846,317.	-3,165.	0.	828,949.	

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**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,287,016.	2,287,016.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,834.	8,253.	73,694.	44,887.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	127,633.	8,304.	74,159.	45,170.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,092.		1,450.	642.
10 Payroll taxes	19,974.	1,309.	10,348.	8,317.
11 Fees for services (non-employees):				
a Management				
b Legal	751.		751.	
c Accounting	23,875.		23,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	75,617.	1,565.	65,946.	8,106.
12 Advertising and promotion	57,156.	4,623.	26,523.	26,010.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,509.		1,509.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	124,748.	17,966.	45,708.	61,074.
b <b>UTILITIES</b>	12,671.		9,578.	3,093.
c <b>BANK AND PAYROLL FEES</b>	5,621.		5,621.	
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,865,497.	2,329,036.	339,162.	197,299.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	58,855.	1	48,693.	
	<b>2</b> Savings and temporary cash investments .....	5,947.	2	5,953.	
	<b>3</b> Pledges and grants receivable, net .....	88,642.	3	75,885.	
	<b>4</b> Accounts receivable, net .....	40,282.	4	66,330.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....	1,306,493.	7	1,306,493.	
	<b>8</b> Inventories for sale or use .....			8	
	<b>9</b> Prepaid expenses and deferred charges .....	36,205.	9	22,054.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	73,665.			
	<b>b</b> Less: accumulated depreciation .....	61,453.	10b		
	<b>11</b> Investments - publicly traded securities .....			11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	48,802,706.	12	49,728,338.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13	
	<b>14</b> Intangible assets .....			14	
	<b>15</b> Other assets. See Part IV, line 11 .....	143,709.	15	167,390.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	50,494,510.	16	51,433,348.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	273,313.	17	204,358.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	12,537,828.	21	12,917,402.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			24	
	<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 .....	1,954,827.	25	1,898,162.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	14,765,968.	26	15,019,922.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,064,322.	27	3,025,787.	
	<b>28</b> Temporarily restricted net assets .....	8,147,196.	28	8,265,634.	
	<b>29</b> Permanently restricted net assets .....	24,517,024.	29	25,122,005.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....			30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			32	
<b>33</b> <b>Total net assets or fund balances</b> .....	35,728,542.	33	36,413,426.		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	50,494,510.	34	51,433,348.		

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**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,846,317.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,865,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,180.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,728,542.
5	Net unrealized gains (losses) on investments	5	733,134.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-29,070.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,413,426.

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c 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?  Yes  No  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

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.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** Employer identification number **\*\* - \*\*\* 3156**

**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 or 990-EZ).)
- 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)(vi). (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 1/3% 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 1/3% 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 in 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 ..... 1
- 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		
THE JEWISH FEDERATION OF GREAT	** - *** 7025	7	X		627,036.	
<b>Total</b>					<b>627,036.</b>	<b>0.</b>

JEWISH FOUNDATION OF GREATER NEW

Schedule A (Form 990 or 990-EZ) 2016 HAVEN, INC.

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**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....						
5 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) .....						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. 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 stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 33 1/3% support test - 2015. 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 stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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 stop here. 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 10% -facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 Private foundation. 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"/>

Schedule A (Form 990 or 990-EZ) 2016

JEWISH FOUNDATION OF GREATER NEW

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
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 .....						
c 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						

14 First five years. 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 stop here

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2016.** 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 stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2015.** 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 stop here. The organization qualifies as a publicly supported organization

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

**JEWISH FOUNDATION OF GREATER NEW**

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1	X	
2		X
3a		X
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		X
5c		
6	X	
7		X
8		X
9a		X
9b		X
9c		X
10a		X
10b		

**JEWISH FOUNDATION OF GREATER NEW**

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		<b>X</b>
<b>11b</b>		<b>X</b>
<b>11c</b>		<b>X</b>

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>	<b>X</b>	
<b>2</b>		<b>X</b>

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a** The organization satisfied the Activities Test. Complete line 2 below.
  - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**JEWISH FOUNDATION OF GREATER NEW**

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**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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2016

**JEWISH FOUNDATION OF GREATER NEW**

Schedule A (Form 990 or 990-EZ) 2016 **HAVEN, INC.**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016



JEWISH FOUNDATION OF GREATER NEW

Schedule A (Form 990 or 990-EZ) 2016 HAVEN, INC.

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

PART IV, SECTION A, LINE 6

THE FOUNDATION MAKES CHARITABLE DISTRIBUTIONS TO TAX-EXEMPT

ORGANIZATIONS OTHER THAN THE JEWISH FEDERATION, ITS SUPPORTED

ORGANIZATION.

CHARITABLE DISTRIBUTIONS ARE MADE TO TAX-EXEMPT ORGANIZATIONS WHICH

HAVE BEEN DESIGNATED AS BENEFICIARIES OF RESTRICTED ENDOWMENT FUNDS,

BASED ON DONOR DESIGNATION. THESE DISTRIBUTIONS ARE BASED ON

FOUNDATION SPENDING POLICY. IN ADDITION, THE FOUNDATION MAKES

CHARITABLE DISTRIBUTIONS TO TAX-EXEMPT ORGANIZATIONS BASED ON THE

RECOMMENDATIONS OF DONOR ADVISORS OF DONOR ADVISED FUNDS. THESE

DISTRIBUTIONS MUST COMPLY WITH FOUNDATION DONOR ADVISED FUND PROCEDURES

WHICH CAREFULLY VET THE ORGANIZATION AND THE RECOMMENDED DISTRIBUTIONS

AS REQUIRED UNDER THE PENSION AND PROTECTION ACT OF 2006. IN ADDITION,

GRANTS TO LOCAL JEWISH SYNAGOGUES AND TAX EXEMPT ORGANIZATIONS CAN BE

MADE FROM THE FOUNDATION'S UNRESTRICTED FUND FOLLOWING A FORMAL GRANTS

PROCESS AND AS APPROVED BY THE GRANTS COMMITTEE.

Multiple horizontal lines for additional text entry.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

**JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Employer identification number

**\*\* - \*\*\*3156**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number <b>** - ***3156</b>
---	---

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	<u>1418 SHARES OF CMCSA</u> _____ _____	\$ <u>99,671.</u>	<u>12/21/16</u>
<u>2</u>	<u>1500 SHARES OF FAST</u> _____ _____	\$ <u>71,865.</u>	<u>12/22/16</u>
<u>3</u>	<u>123 SHARES OF SBUX</u> _____ _____	\$ <u>6,929.</u>	<u>02/17/16</u>
<u>4</u>	<u>5500 SHARES OF BIP</u> _____ _____	\$ <u>235,070.</u>	<u>04/28/16</u>
<u>5</u>	<u>185 SHARES OF HD</u> _____ _____	\$ <u>25,129.</u>	<u>12/16/16</u>
<u>6</u>	<u>48 SHARES OF MSTR</u> _____ _____	\$ <u>9,688.</u>	<u>12/14/16</u>

Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number ** - ***3156
---	--

**Part II** Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	295 SHARES OF INTC	\$ 9,982.	06/02/16
8	35 SHS OF TMO	\$ 5,026.	12/15/16
9	84 SHARES OF JEC	\$ 5,174.	12/12/16
10	200 SHARES OF JPM AND 200 SHARES OF LNC	\$ 29,607.	12/05/16
11	166 SHARES OF IVW	\$ 19,937.	10/14/16
		\$	

Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number <b>** - *** 3156</b>
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Employer identification number  
**\*\* - \*\*\* 3156**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	220	8
2 Aggregate value of contributions to (during year) .....	1,064,361.	169,252.
3 Aggregate value of grants from (during year) .....	918,403.	37,887.
4 Aggregate value at end of year .....	6,281,971.	864,953.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

**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 are a 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 programs
- 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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
1a Beginning of year balance	31,006,566.	31,724,851.	28,748,343.		
b Contributions	613,860.	687,925.	5,080,243.	27,736,852.	
c Net investment earnings, gains, and losses	1,102,567.	-1,183,715.	270,380.	2,788,926.	
d Grants or scholarships	1,150,575.	113,096.	2,163,680.	1,580,985.	
e Other expenditures for facilities and programs	12,006.	7,491.	7,754.	8,808.	
f Administrative expenses	246,564.	101,907.	202,681.	205,259.	
g End of year balance	31,313,848.	31,006,566.	31,724,851.	28,748,343.	

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

- a Board designated or quasi-endowment  8.31 %
- b Permanent endowment  68.99 %
- c Temporarily restricted endowment  22.70 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		73,665.	61,453.	12,212.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  12,212.

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

Schedule D (Form 990) 2016

\*\*-\*\*\*3156 Page 3

**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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) CASH AND CASH EQUIVALENTS	748,415.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	24,349,780.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	10,753,093.	END-OF-YEAR MARKET VALUE
(D) LIMITED PARTNERSHIPS	7,098,324.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME SECURITIES	6,778,726.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>	<b>49,728,338.</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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</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. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</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	
(2) LIABILITIES UNDER SPLIT INTEREST	
(3) AGREEMENTS	1,898,162.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>1,898,162.</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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

**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>	3,550,381.
<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>	733,134.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	733,134.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	2,817,247.
<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>	29,070.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	29,070.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,846,317.

**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>	2,865,497.
<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>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	2,865,497.
<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>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,865,497.

**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.

**PART IV, LINE 2B:**

THE FOUNDATION MANAGES CHARTIABLE ENDOWMENT FUNDS FOR THE JEWISH  
 FEDERATION OF GREATER NEW HAVEN, AS WELL AS LOCAL SYNAGOGUES AND JEWISH  
 ORGANIZATIONS. PRIOR TO FISCAL YEAR ENDED JULY 31, 2014, THE ASSETS OF  
 THE FOUNDATION AND THE FEDERATION WERE REPORTED ON A CONSOLIDATED BASIS  
 FOR AUDITED FINANCIAL STATEMENT AND TAX PURPOSES. AS OF FISCAL YEAR ENDED  
 JULY 31, 2014 THE FOUNDATION AND FEDERATION REPORT THEIR NET ASSETS AND  
 ACTIVITY SEPARATELY, BUT THE FOUNDATION CONTINUES TO ACT AS CUSTODIAN FOR  
 FEDERATION ENDOWMENT ASSETS.

**PART V, LINE 4:**

FOR FISCAL YEARS ENDED ON AND PRIOR TO JULY 31, 2013, THE FOUNDATION

JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.

Schedule D (Form 990) 2016

\*\* - \*\*\*3156 Page 5

**Part XIII** Supplemental Information (continued)

REPORTED ITS INDIVIDUAL CHARITABLE FUNDS COMBINED WITH THE JEWISH  
FEDERATION OF GREATER NEW HAVEN. FOR THE FISCAL YEARS ENDED JULY 31, 2014  
AND LATER, THE INDIVIDUAL CHARITABLE FUNDS HELD BY THE FOUNDATION ARE  
REPORTED SEPARATELY IN THE FOUNDATION'S RECORDS, FOR AUDITED FINANCIAL  
STATEMENT AND TAX PURPOSES. FOR PRESENTATION OF THIS SCHEDULE,  
\$26,153,744 IN ENDOWMENT ASSETS WERE TRANSFERRED TO THE FOUNDATION IN  
FISCAL YEAR ENDED JULY 31, 2014. THIS TRANSFER IS COMBINED WITH  
CONTRIBUTIONS IN THE "THREE YEARS BACK" COLUMN.  
THE INDIVIDUAL CHARITABLE FUNDS ARE ADMINISTERED IN ACCORDANCE WITH THE  
TERMS OF THE GIFT INSTRUMENTS CREATING THEM AND ACCORDING TO THE  
PROCEDURES FOR THE OPERATION OF ENDOWMENT FUNDS WHICH WAS ADOPTED BY THE  
JEWISH FOUNDATION. UNRESTRICTED COMMUNITY FUNDS ARE USED TO OPERATE THE  
JEWISH FOUNDATION AND ARE ALSO ALLOCATED, BY THE JEWISH FOUNDATION'S  
PLANNING AND ALLOCATIONS COMMITTEE, TO EDUCATIONAL, RELIGIOUS AND SOCIAL  
SERVICE JEWISH AGENCIES AND ORGANIZATIONS IN GREATER NEW HAVEN. GRANTS  
FROM DONOR ADVISED FUNDS (WHICH CAN ONLY BE MADE TO 501(C)3 PUBLIC  
CHARITIES THAT ARE NOT SUPPORTING OR PRIVATE FOUNDATIONS THEMSELVES) ARE  
MADE UPON THE RECOMMENDATION OF DONORS AND MUST BE VETTED AND APPROVED BY  
THE JEWISH FOUNDATION FOLLOWING THE PROCEDURES FOR OPERATION OF DONOR  
ADVISED FUNDS WHICH WERE ADOPTED BY THE JEWISH FOUNDATION OF GREATER NEW  
HAVEN. TWICE EACH YEAR THE FOUNDATION DISTRIBUTES A LIST OF SELECTED  
FUNDING REQUESTS TO FUND ADVISORS OF DONOR ADVISED FUNDS THAT INCLUDES A  
BROAD RANGE OF CHARITABLE PROJECTS. DISTRIBUTIONS FROM DESIGNATED FUNDS  
ARE MADE TO CARRY OUT THE CHARITABLE INTENTIONS EXPRESSED BY THE DONORS AT  
THE TIME THE GIFTS WERE MADE.

PART X, LINE 2:

MANAGEMENT HAS ADOPTED THE PROVISIONS OF FASB ASC 740 INCOME TAXES,

Schedule D (Form 990) 2016

JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.

**Part XIII** Supplemental Information (continued)

RELATING TO TAX UNCERTAINTIES. AT DECEMBER 31, 2016 AND 2015, THERE ARE  
NO UNCERTAIN TAX POSITIONS. THE FEDERATION WILL CONTINUE TO EVALUATE  
UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE STANDARDS.

SCHEDULE D, PART X

SCHEDULE D, PART X - CHARITABLE GIFT ANNUITIES AND CHARITABLE REMAINDER  
TRUSTS PROGRAMS. REFUNDABLE ADVANCES: AS PART OF OUR AGENCY AND  
SYNAGOGUES ENDOWMENT PROGRAM, THE FOUNDATION HOLDS, ADMINISTERS AND  
MANAGES CERTAIN CHARITABLE ENDOWMENT FUNDS ESTABLISHED AND OWNED BY  
BENEFICIARY AGENCIES OF THE FOUNDATION AND LOCAL SYNAGOGUES AND JEWISH  
ORGANIZATIONS AS PART OF A COMMINGLED INVESTMENT POOL. THESE FUNDS ARE  
TREATED AS ASSETS AND LIABILITIES ON THE BOOKS OF THE FOUNDATION.

SCHEDULE D, PART XI, LINE 4B - FASB LIABILITY ADJUSTMENTS TO SPLIT  
INTEREST GIFT ARRANGEMENTS.

SCHEDULE D, PART XII, LINE 2D - FASB LIABILITY ADJUSTMENTS TO SPLIT  
INTEREST GIFT ARRANGEMENTS.

**SCHEDULE I  
(Form 990)**

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.

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

Employer identification number  
**\*\* - \*\*\* 3156**

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY DRAMATIC ARTS 120 MADISON AVE NEW YORK, NY 10016	** - *** 9660		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK, NY 10018	** - *** 4370		14,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN THEATER WING 570 SEVENTH AVENUE, SUITE 501 NEW YORK, NY 10018	** - *** 3906		7,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
ANTI-DEFAMATION LEAGUE 1952 WHITNEY AVENUE, 3RD FLOOR NEW HAVEN, CT 06517	** - *** 8723		122,906.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AVODAH JEWISH SERVICE CORP 45 WEST 36TH STREET, 8TH FLOOR NEW YORK, NY 10018	** - *** 4342		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JEWISH FEDERATIONS OF NORTH AMERICA - BIRTHRIGHT - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	** - *** 4240		17,990.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

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

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

Schedule I (Form 990) (2016)

JEWISH FOUNDATION OF GREATER NEW

HAVEN, INC.

\*\*\*3156

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant of	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVE BRIDGEPORT, CT 06605	**--***2705		26,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CAMP LAURELWOOD 463 SUMMER HILL ROAD MADISON, CT 06443	**--***3092		7,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CHILDRENS TUMOR FOUNDATION 95 PINE STREET NEW YORK, NY 10005	**--***8956		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION BETH SHALOM RODFE ZEDER - 55 EAST KINGS HWY - CHESTER, CT 06412	**--***6241		13,200.	0.			GRANT FROM UNRESTRICTED FOR SYNAGOGUE NEEDS
CONGREGATION B'NAI JACOB 75 RIMMON ROAD WOODBRIDGE, CT 06525	**--***6580		17,316.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
ETHNIC HERITAGE CENTER/JEWISH HISTORICAL SOCIETY - PO BOX 3251 NEW HAVEN, CT 06515	**--***1787		15,000.	0.			GRANT FROM UNRESTRICTED FUND FOR JEWISH HISTORICAL SOCIETY EDUCATIONAL PROJECT
EZRA ACADEMY 75 RIMMON ROAD WOODBRIDGE, CT 06525	**--***5136		53,119.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
FIFTH AVENUE SYNAGOGUE 5 E 62ND ST NEW YORK, NY 10065	**--***6346		5,752.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
HADASSAH MEDICAL RELIEF ASSOCIATION - 50 WEST 58TH ST - NEW YORK, NY 10019	**--***0872		12,891.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

JEWISH FOUNDATION OF GREATER NEW

HAVEN, INC.

\*\*\*-\*\*-3156

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH AGENCY FOR ISRAEL 633 3RD AVENUE, 21ST FLOOR NEW YORK, NY 10017	**-***3483		8,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JEWISH COMMUNITY CENTER 360 AMITY ROAD WOODBIDGE, CT 06525	**-***6758		23,020.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JEWISH FEDERATION OF GNH 360 AMITY ROAD WOODBIDGE, CT 06525	**-***7025		346,930.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND AND GRANTS FROM UNRESTRICTED FUNDS
JEWISH HIGH SCHOOL OF CONNECTICUT 1937 W. MAIN ST STAMFORD, CT 06902	**-***2939		11,800.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
NEXT GENERATION MEN 185 MONTAG CIRCLE, APARTMENT 453 ATLANTA, GA 30307	**-***5064		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
PRINCETON UNIVERSITY - CENTER FOR JEWISH LIFE - 70 WASHINGTON RD - PRINCETON, NJ 08540	**-***4501		20,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
RONALD MCDONALD HOUSE 501 GEORGE ST NEW HAVEN, CT 06511	**-***3758		60,049.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
SOUTHERN CONNECTICUT HEBREW ACADEMY (FORMERLY NEW HAVEN HEBREW DAY SCHOOL) - 261 DERBY ROAD - ORANGE, CT 06477	**-***4273		96,436.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
TEMPLE BETH DAVID (PD 70 GLASTONBURY RESTORATION) - 3 MAIN ST - CHESHIRE, CT 06410	**-***2044		12,129.	0.			GRANT FROM UNRESTRICTED FOR SYNAGOGUE NEEDS

Schedule I (Form 990)

JEWISH FOUNDATION OF GREATER NEW

HAVEN, INC.

\*\*\*-\*\*-3156

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANUEL 150 DERBY ROAD ORANGE, CT 06477	**--***6072		33,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE NEW ISRAEL FUND 330 7TH AVENUE, 11TH FLOOR NEW YORK, NY 10001	**--***7722		15,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE PJ LIBRARY 380 UNION STREET WEST SPRINGFIELD, MA 11089	**--***4759		22,195.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE WESTVILLE SYNAGOGUE 74 W. PROSPECT ST NEW HAVEN, CT 06515	**--***0064		7,904.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK, NY 10017	**--***3143		16,800.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNIVERSITY OF CONNECTICUT - HILBEL 54 NORTH BAGLEVILLE ROAD STORRS, CT 06268	**--***1635		5,040.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNIVERSITY OF PENNSYLVANIA-KATZ CENTER FOR ADVANCED JEWISH STUDIES - 35 TH STREET AND HAMILTON WALK, SUITE 232S - PHILADELPHIA, PA	**--***2685		25,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YALE UNIVERSITY SCHOOL OF MEDICINE 310 CEDAR ST NEW HAVEN, CT 06520	**--***6973		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YALE-NEW HAVEN HOSPITAL-SMILOW CANCER CENTER - PO BOX 1849 - NEW HAVEN, CT 06508	**--***6652		25,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

**JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Schedule I (Form 990) (2016) **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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

THE JEWISH FOUNDATION OF GREATER NEW HAVEN DISTRIBUTES GRANTS FROM ITS UNRESTRICTED FUND VIA A GRANTS COMMITTEE APPOINTED BY THE BOARD. ALL RECIPIENTS MUST BE A LOCAL JEWISH TAX-EXEMPT ORGANIZATION OR SYNAGOGUE AND MUST CREATE A GRANT APPLICATION AND QUARTERLY GRANT REPORTS WHICH ARE REVIEWED BY GRANTS COMMITTEE AND FOUNDATION DIRECTOR. IN ADDITION, THE FOUNDATION BOARD APPROVES DISTRIBUTIONS FROM DONOR ADVISED FUNDS AS RECOMMENDED BY DONOR ADVISORS. ALL GRANTS MUST BE FOR CHARITABLE PURPOSES AND TO A 501(C)3 US PUBLIC CHARITY. FOUNDATION STAFF REVIEWS ALL



JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.

Schedule I (Form 990)

\*\* - \*\*\*3156 Page 2

**Part IV** Supplemental Information

DISTRIBUTIONS AND FOLLOWS UP IN WRITING WITH RECIPIENT ORGANIZATIONS TO  
CONFIRM USE OF FUNDS.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Employer identification number  
**\*\*-\*\*\*3156**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

\*\*\*3156

Schedule J (Form 990) 2016 **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 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				
(i)							
(ii)							
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**JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Schedule J (Form 990) 2016

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[The form area contains 23 horizontal lines for providing supplemental information.]

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Employer identification number  
**\*\* - \*\*\* 3156**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	20	534,332	BROKERAGE STATEMENTS
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation 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 IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
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? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
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.		

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

Schedule M (Form 990) (2016)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.

Employer identification number  
\*\*-\*\*\*3156

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GIFTS FOR THE JEWISH FEDERATION OF GREATER NEW HAVEN AND FOR AREA  
SYNAGOGUES AND JEWISH ORGANIZATIONS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HAVEN, JEWISH EDUCATION, SYNAGOGUES, THE JEWISH ELDERLY AND CAMPING AND  
DAY SCHOOLS, AND THOSE IN NEED FOR CURRENT AND FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION HAS A MEMBER, THE JEWISH FEDERATION OF GREATER NEW HAVEN.  
THE JEWISH FEDERATION OF GREATER NEW HAVEN APPOINTS 51% OF THE FOUNDATION  
BOARD MEMBERS, AND CERTAIN GOVERNANCE DECISION ARE SUBJECT TO THE  
FEDERATION.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN GOVERNANCE DECISIONS ARE SUBJECT TO THE JEWISH FEDERATION OF  
GREATER NEW HAVEN.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND EXECUTIVE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND EACH COMMITTEE MEMBER FILLS OUT A FORM AT THE  
BEGINNING OF EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Employer identification number  
**\*\* - \*\*\*3156**

**THE CEO OF THE JEWISH FEDERATION, ALONG WITH THE CHAIR AND OTHER OFFICERS OF THE JEWISH FOUNDATION, REVIEWS THE DIRECTOR'S PERFORMANCE ON AN ANNUAL BASIS. A SALARY ANALYSIS AND COMPARISON OF THE DIRECTOR'S POSITION AND SALARY WAS PERFORMED BY AN OUTSIDE INDEPENDENT CONSULTANT.**

**FORM 990, PART VI, SECTION C, LINE 18:**

**THE ORGANIZATION MAKES ITS FORM 990 AVAILAIBLE FOR PUBLIC INSPECTION UPON REQUEST.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILAIBLE TO THE PUBLIC**



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** Employer identification number **\*\*-\*\*\*3156**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE JEWISH FEDERATION OF GREATER NEW HAVEN - 06-0647025, 360 AMITY ROAD, WOODBRIDGE, CT 06525	PLANNING PROGRAMMING AND FUNDRAISING FOR THE JEWISH COMMUNITY OF SOUTHERN CT	CONNECTICUT	501(C)(3)	LINE 7	N/A		X

JEWISH FOUNDATION OF GREATER NEW

**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.**

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1) THE JEWISH FEDERATION OF GREATER NEW HAVEN</b>	<b>B</b>	<b>627,036.</b>	<b>CASH BALANCE</b>
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.**

Schedule R (Form 990) 2016 **Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Statement of Specified Foreign Financial Assets**

Information about Form 8938 and its separate instructions is at [www.irs.gov/form8938](http://www.irs.gov/form8938).  
Attach to your tax return.

For calendar year 2016 or tax year beginning and ending

If you have attached continuation statements, check here  Number of continuation statements

1 Name(s) shown on return **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** 2 TIN **\*\* - \*\*\* 3156**

3 Type of filer  
a  Specified individual b  Partnership c  Corporation d  Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)  
a Name b TIN

**Part I Foreign Deposit and Custodial Accounts Summary**

1 Number of Deposit Accounts (reported in Part V) **5**  
2 Maximum Value of All Deposit Accounts \$  
3 Number of Custodial Accounts (reported in Part V) **5**  
4 Maximum Value of All Custodial Accounts \$ **8,013,567.**  
5 Were any foreign deposit or custodial accounts closed during the tax year?  Yes  No

**Part II Other Foreign Assets Summary**

1 Number of Foreign Assets (reported in Part VI) **5**  
2 Maximum Value of All Assets (reported in Part VI) \$  
3 Were any foreign assets acquired or sold during the tax year?  Yes  No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)**

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets (see instructions)**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 \_\_\_\_\_ 2. Number of Forms 3520-A \_\_\_\_\_ 3. Number of Forms 5471 \_\_\_\_\_  
4. Number of Forms 8621 \_\_\_\_\_ 5. Number of Forms 8865 \_\_\_\_\_

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)**

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

1 Type of account  Deposit  Custodial 2 Account number or other designation **00187**  
3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset  
4 Maximum value of account during tax year \$ **4,835,029.**  
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?  Yes  No  
6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions) (continued)

<b>7a</b> Name of financial institution in which account is maintained FORESTER DIVERSIFIED LTD. ,	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 89 NEXUS WAY, CAMANA BAY PO BOX 31106	
<b>9</b> City or town, state or province, and country (including postal code) GEORGE TOWN CAYMAN ISLANDS KY1-1205	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation	
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable _____ b Date asset disposed of during tax year, if applicable _____ c <input type="checkbox"/> Check if asset jointly owned with spouse      d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
<b>4</b> Maximum value of asset during tax year (check box that applies) a <input type="checkbox"/> \$0 - \$50,000      b <input type="checkbox"/> \$50,001 - \$100,000      c <input type="checkbox"/> \$100,001 - \$150,000      d <input type="checkbox"/> \$150,001 - \$200,000 e If more than \$200,000, list value _____ \$		
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b> If you answered "Yes" to line 5, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
a Name of foreign entity _____      b GIIN (Optional) _____		
c Type of foreign entity      (1) <input type="checkbox"/> Partnership      (2) <input type="checkbox"/> Corporation      (3) <input type="checkbox"/> Trust      (4) <input type="checkbox"/> Estate		
d Mailing address of foreign entity. Number, street, and room or suite no. _____		
e City or town, state or province, and country (including postal code) _____		
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>Note.</b> If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).		
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual      (2) <input type="checkbox"/> Partnership      (3) <input type="checkbox"/> Corporation      (4) <input type="checkbox"/> Trust      (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____		
e City or town, state or province, and country (including postal code) _____		

Last Name or Organization Name  
**JEWISH FOUNDATION OF GREATER NEW**

Identification Number  
**\*\* - \*\*\* 3156**

Form 8938

**Part V Foreign Deposit and Custodial Accounts (see instructions)**

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>3AN089</b>			
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset					
4 Maximum value of account during tax year .....		\$ <b>1,519,711.</b>			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
6 If you answered "Yes" to line 5, complete all that apply.					
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained <b>CRESTWOOD CAPITAL INTERNATIONA</b>			b Global Intermediary Identification Number (GIIN) (Optional)		
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>PARERAWEG #45</b>					
9 City or town, province or state, and country (including postal code) <b>WILLEMSTAD CURACAO</b>					

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>1050979592</b>			
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset					
4 Maximum value of account during tax year .....		\$ <b>45,448.</b>			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
6 If you answered "Yes" to line 5, complete all that apply.					
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained <b>MASON CAPITAL C/O WALKERS</b>			b Global Intermediary Identification Number (GIIN) (Optional)		
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>WALKER HOUSE, 87 MARY STREET</b>					
9 City or town, province or state, and country (including postal code) <b>GEORGE TOWN KY1-9001 CAYMAN ISLANDS</b>					

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>13-057187</b>			
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset					
4 Maximum value of account during tax year .....		\$ <b>618,328.</b>			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
6 If you answered "Yes" to line 5, complete all that apply.					
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars		(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
7a Name of financial institution in which account is maintained <b>CITCO FUND SERVICES B.V.</b>			b Global Intermediary Identification Number (GIIN) (Optional)		
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>KAYA FLAMBOYAN 9, P.O. BOX 4774</b>					
9 City or town, province or state, and country (including postal code) <b>WILLEMSTAD CURACAO</b>					



Last Name or Organization Name  
**JEWISH FOUNDATION OF GREATER NEW**

Identification Number  
**\*\* - \*\*\* 3156**

Form 8938

**Part V Foreign Deposit and Custodial Accounts (see instructions)**

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation 00933
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year .....		\$ 995,051.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained <b>ANCHORAGE CAPITAL PARTNERS OFF</b>		b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**78 SIR JOHN ROGERSON'S QUAY**

9 City or town, province or state, and country (including postal code)  
**DUBLIN  
IRELAND**

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year .....		\$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year .....		\$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		<b>Enter filer's identifying number</b>
Type or print	Name of exempt organization or other filer, see instructions. <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number (EIN) or <b>**-***3156</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>360 AMITY ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WOODBIDGE, CT 06525</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LISA STANGER, ESQ.**

The books are in the care of ▶ **360 AMITY ROAD - WOODBRIDGE, CT 06525**  
Telephone No. ▶ **203-387-2424** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2016** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.