

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

NOVEMBER 10, 2020

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

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU  
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE  
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL  
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A  
PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JEFFREY A. TEPLITZKY

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

NOVEMBER 10, 2020

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

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2019 FORM 114, REPORT OF  
FOREIGN BANK AND FINANCIAL ACCOUNTS.

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE  
SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN  
TRANSMIT YOUR REPORT TO THE FINCEN.

A COPY OF THE FORM IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JEFFREY A. TEPLITZKY

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

NOVEMBER 10, 2020

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

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT  
ORGANIZATION RETURN, AS FOLLOWS...

2019 FORM 990

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

VERY TRULY YOURS,

JEFFREY A. TEPLITZKY

## Filing Instructions

**Prepared for:**

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

**Prepared by:**

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

2019 FORM 990

**ELECTRONIC FILING:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

**REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS**

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015	<h2 style="margin:0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin:0;">(See instructions below for completion)</p> <p style="margin:0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin:0;">The form 114a may be digitally signed</p>	<b>JEWISHF20190001</b>
---	---	------------------------

<b>Part I</b> Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)		
1. Owner last name or entity's legal name <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 13 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2019 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)  <b>* THIS IS NOT A FILEABLE COPY *</b>	8. Date ____/____/____ MM DD YYYY	9. Owner or entity TIN <b>452403156</b>	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date ____/____/____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

<b>Part II</b> Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.			
15. Preparer last name <b>TEPLITZKY</b>	16. Preparer first name <b>JEFFREY</b>	17. Preparer M.I. <b>A</b>	18. Preparer PTIN <b>P00275166</b>
19. Address <b>ONE BRADLEY ROAD BUILDING 600</b>	20. City <b>WOODBIDGE</b>	21. State <b>CT</b>	22. ZIP/postal code <b>06525</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>TEPLITZKY &amp; COMPANY, P.C.</b>	25. Employer EIN <b>45-2403156</b>	26. Preparer's signature

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeifiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

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

FinCEN Form 114

JEWISHF20190001

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 17, 2020. An automatic extension to October 15, 2020 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  
**2019**  
Amended

**Part I** Filer information JEWISHF20190001

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
6 Last name or organization name <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>		7 First name	8 Middle initial 8a Suffix

9 Mailing address (number, street, and apt. or suite no.)

**360 AMITY ROAD**

10 City <b>WOODBRI</b>	11 State <b>CT</b>	12 ZIP/Postal Code <b>06525</b>	13 Country <b>USA</b>
---------------------------	-----------------------	------------------------------------	--------------------------

- 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>4,527.</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  
**MASON CAPITAL C/O WALKERS**

18 Account number or other designation <b>1050979592</b>	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>WALKER HOUSE, 87 MARY STREET</b>		
20 City <b>GEORGE TOWN</b>	21 State, if known	22 Foreign postal code, if known <b>KY19001</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>				
<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>WOODBRI</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 <b>2019</b>		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <b>452403156</b>		6 Last Name or Organization Name <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	
15 Maximum value of account during calendar year		15a Amount Unknown <input checked="" 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>INFLATION HEDGE</b>		
17 Name of Financial Institution in which account is held <b>CITCO FUND SERVICES B.V.</b>					
18 Account number or other designation <b>13-057187</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>KAYA FLAMBOYAN 9, P.O. BOX 4774</b>			
20 City <b>WILLEMSTAD</b>		21 State, if known		22 ZIP/Postal Code, if known	
				23 Country <b>CURACAO</b>	
15 Maximum value of account during calendar year <b>729,038.</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 <b>PRIVATE EQUITY VI OFFSHORE, L.</b>					
18 Account number or other designation <b>SS2674</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>27 HOSPITAL ROAD</b>			
20 City <b>GRAND CAYMAN</b>		21 State, if known		22 ZIP/Postal Code, if known <b>KY19008</b>	
				23 Country <b>CAYMAN ISLANDS</b>	
15 Maximum value of account during calendar year <b>22,140.</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 <b>ARCHSTONE OFFSHORE FUND, LTD</b>					
18 Account number or other designation <b>C750-0217</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>KAYA FLAMBOYAN 9, P.O. BOX 4774</b>			
20 City <b>WILLEMSTAD</b>		21 State, if known		22 ZIP/Postal Code, if known	
				23 Country <b>CURACAO</b>	
15 Maximum value of account during calendar year <b>13,377.</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 <b>OZ OVERSEAS FUND II, LTD</b>					
18 Account number or other designation <b>C750-0217</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>45 MARKET STREET</b>			
20 City <b>GRAND CAYMAN</b>		21 State, if known		22 ZIP/Postal Code, if known <b>KY11107</b>	
				23 Country <b>CAYMAN ISLANDS</b>	
15 Maximum value of account during calendar year <b>2,160,696.</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 <b>SCS OPPORTUNITIES FUND, LTD</b>					
18 Account number or other designation <b>80003212016</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>64 EARTH CLOSE</b>			
20 City <b>GRAND CAYMAN</b>		21 State, if known		22 ZIP/Postal Code, if known <b>KY11107</b>	
				23 Country <b>CAYMAN ISLANDS</b>	
15 Maximum value of account during calendar year <b>2,092,204.</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 <b>SCS SPECIAL SITUATIONS FUND</b>					
18 Account number or other designation <b>80003212081</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>64 EARTH CLOSE</b>			
20 City <b>GRAND CAYMAN</b>		21 State, if known		22 ZIP/Postal Code, if known <b>KY11107</b>	
				23 Country <b>CAYMAN ISLANDS</b>	



<b>Part II Continued - Information on Financial Account(s) Owned Separately</b>	<b>FORM 114</b>
<b>Complete a Separate Block for Each Account Owned Separately</b>	

<b>1</b> Filing for calendar year  <div style="text-align: center;">2019</div>	<b>3-4</b> Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <div style="text-align: center;">452403156</div>	<b>6</b> Last Name or Organization Name  <div style="text-align: center;">JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</div>
--	---	--

<b>15</b> Maximum value of account during calendar year 4,210,679.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	---	--

<b>17</b> Name of Financial Institution in which account is held SCS PRIVATE EQUITY IV, LP
---

<b>18</b> Account number or other designation 80006038808	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE
--	--

<b>20</b> City GRAND CAYMAN	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known KY11107	<b>23</b> Country CAYMAN ISLANDS
--------------------------------	---------------------------	--	-------------------------------------

<b>15</b> Maximum value of account during calendar year 2,340,114.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	---	--

<b>17</b> Name of Financial Institution in which account is held SCS PRIVATE EQUITY V, LP
--

<b>18</b> Account number or other designation 8000106038774	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE
--	--

<b>20</b> City GRAND CAYMAN	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known KY11107	<b>23</b> Country CAYMAN ISLANDS
--------------------------------	---------------------------	--	-------------------------------------

<b>15</b> Maximum value of account during calendar year 335,609.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	---	--

<b>17</b> Name of Financial Institution in which account is held PRIVATE CO-INVESTMENT OPPORTUN
--

<b>18</b> Account number or other designation SS2859	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 27 HOSPITAL ROAD
---	--

<b>20</b> City GRAND CAYMAN	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known KY19008	<b>23</b> Country CAYMAN ISLANDS
--------------------------------	---------------------------	--	-------------------------------------

<b>15</b> Maximum value of account during calendar year 414,607.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	---	--

<b>17</b> Name of Financial Institution in which account is held PRIVATE CREDIT STRATEGIES III
---

<b>18</b> Account number or other designation SS4107	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE
---	--

<b>20</b> City GRAND CAYMAN	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known KY11107	<b>23</b> Country CAYMAN ISLANDS
--------------------------------	---------------------------	--	-------------------------------------

<b>15</b> Maximum value of account during calendar year 1,350,122.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below MUTUAL FUND
---	---	---

<b>17</b> Name of Financial Institution in which account is held NORTHERN TRUST INT'L FUND
---

<b>18</b> Account number or other designation 193235-20010	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 52-62 TOWNSEND STREET
---	---

<b>20</b> City DUBLIN	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country IRELAND
--------------------------	---------------------------	-------------------------------------	------------------------------

<b>15</b> Maximum value of account during calendar year 5,337,855.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below MUTUAL FUND
---	---	---

<b>17</b> Name of Financial Institution in which account is held SCS MULTI-SECTOR CREDIT OFFSHO
--

<b>18</b> Account number or other designation SS3738	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE, P.O. BOX 715
---	--

<b>20</b> City GRAND CAYMAN	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known KY11107	<b>23</b> Country CAYMAN ISLANDS
--------------------------------	---------------------------	--	-------------------------------------

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>		<b>D</b> Employer identification number <b>45-2403156</b>
	Doing business as		<b>E</b> Telephone number <b>203-387-2424</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>360 AMITY ROAD</b>		<b>G</b> Gross receipts \$ <b>7,143,678.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>WOODBIDGE, CT 06525</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>LISA A STANGER</b> <b>360 AMITY ROAD, WOODBRIDGE, CT 06525</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.JEWISHNEWHAVEN.ORG</b>		<b>L</b> Year of formation: <b>2011</b> <b>M</b> State of legal domicile: <b>CT</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE JEWISH FOUNDATION OF GREATER NEW HAVEN, INC. SOLICITS AND MANAGES ENDOWMENT FUNDS AND PLANNED</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>34</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,908,546.</b>	<b>5,653,451.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,068,154.</b>	<b>863,353.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>500,870.</b>	<b>608,495.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-82,540.</b>	<b>18,379.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,395,030.</b>	<b>7,143,678.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,204,449.</b>	<b>2,520,329.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>378,018.</b>	<b>383,216.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>72,354.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>176,244.</b>	<b>207,043.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,758,711.</b>	<b>3,110,588.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>636,319.</b>	<b>4,033,090.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>50,105,834.</b>	<b>60,992,512.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>11,412,171.</b>	<b>13,036,477.</b>
		<b>38,693,663.</b>	<b>47,956,035.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>LISA A STANGER, PRINCIPAL OFFICER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY A. TEPLITZKY</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00275166</b>
	Firm's name ▶ <b>TEPLITZKY &amp; COMPANY, P.C.</b>	Firm's EIN ▶ <b>45-2403156</b>			
	Firm's address ▶ <b>ONE BRADLEY ROAD BUILDING 600 WOODBRIDGE, CT 06525</b>	Phone no. <b>203-387-0852</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 2,609,550. including grants of \$ 2,520,329. ) (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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,609,550.

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

Form 990 (2019)

45-2403156 Page 3

**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 Schedule B, Schedule of Contributors?	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 donor-restricted endowments or in 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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

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

Form 990 (2019)

45-2403156 Page 4

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24c	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? .....		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, 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):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		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
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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>1a</b> <span style="float:right">19</span>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
	<b>1b</b> <span style="float:right">0</span>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
	<b>1c</b>		

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

Form 990 (2019)

45-2403156 Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
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 <span style="float:right">2a</span> <span style="float:right">4</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	X	
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
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?		X
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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations. Enter:</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations. Enter:</b>		
a	Gross income from members or shareholders <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
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? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
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 <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2019)

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

Form 990 (2019)

45-2403156 Page 6

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	34		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	34		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**LISA STANGER, ESQ. - 203-387-2424**  
**360 AMITY ROAD, WOODBRIDGE, CT 06525**

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

Form 990 (2019)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) 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) FLEISCHMAN, STEVE PAST CHAIR	1.00	X					0.	0.	0.	
(2) AUGUST, STEPHEN INVESTMENT CHAIR	1.00	X					0.	0.	0.	
(3) HOOS, BETSY WOMEN'S COMMITTEE CHAIR	1.00	X					0.	0.	0.	
(4) SALTZMAN, STEPHEN DEVELOPMENT CHAIR	1.00	X					0.	0.	0.	
(5) RAVSKI, NORMAN FEDERATION CHAIR	1.00	X					0.	0.	0.	
(6) HOOS, JEFFREY FEDERATION PRESIDENT	1.00	X					0.	0.	0.	
(7) RABBI TILSEN, JON-JAY BOARD OF RABBIS APPOINTEE	1.00	X					0.	0.	0.	
(8) ALDERMAN, NORMAN TRUSTEE	1.00	X					0.	0.	0.	
(9) ASTRACHAN, DAVID TRUSTEE	1.00	X					0.	0.	0.	
(10) BIXON, HARVEY TRUSTEE	1.00	X					0.	0.	0.	
(11) CANTOR, EDWARD TRUSTEE	1.00	X					0.	0.	0.	
(12) COBERN, MARTY TRUSTEE	1.00	X					0.	0.	0.	
(13) COHEN, NANCY TRUSTEE	1.00	X					0.	0.	0.	
(14) FELDMAN, BARRY TRUSTEE	1.00	X					0.	0.	0.	
(15) PRICE, MICHAEL TRUSTEE	1.00	X					0.	0.	0.	
(16) FRISCH, SUZANNE TRUSTEE	1.00	X					0.	0.	0.	
(17) GINSBERG, GARY TRUSTEE	1.00	X					0.	0.	0.	



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

Form 990 (2019)

45-2403156 Page **8**

**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) GREEN, ERIC TRUSTEE	1.00	X						0.	0.	0.
(19) LEFFELL, CINDY TRUSTEE	1.00	X						0.	0.	0.
(20) MARGOLIS, JOAN GLAZER TRUSTEE	1.00	X						0.	0.	0.
(21) ORELL, JEFFREY TRUSTEE	1.00	X						0.	0.	0.
(22) RAVID, ERIC TRUSTEE	1.00	X						0.	0.	0.
(23) REZNIK, ALAN TRUSTEE	1.00	X						0.	0.	0.
(24) SHANBROM, LARRY TRUSTEE	1.00	X						0.	0.	0.
(25) SKALKA, DOUGLAS TRUSTEE	1.00	X						0.	0.	0.
(26) WATSKY, KAL TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								141,737.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								141,737.	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, 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
SCS FINANCIAL, 888 BOYLSTON STREET, STE 1010, BOSTON, MA 02199	INVESTMENT MANAGEMENT	219,129.

**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 **1**

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

Form **990** (2019)

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

Form 990

45-2403156

**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 (check all that apply)						(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			
(27) GLICK, STEVE TRUSTEE	1.00	X						0.	0.	0.
(28) LEVY, JOHN TRUSTEE	1.00	X						0.	0.	0.
(29) SKLARZ, MARK TRUSTEE	1.00	X						0.	0.	0.
(30) TRACHTEN, DAVID TRUSTEE	1.00	X						0.	0.	0.
(31) CHAFFKIN, JEFF TRUSTEE	1.00	X						0.	0.	0.
(32) HURWITZ, SCOTT TRUSTEE	1.00	X						0.	0.	0.
(33) STANGER, LISA EXECUTIVE DIRECTOR	40.00			X				141,737.	0.	0.
(34) FISCHMAN, BARRY TREASURER	1.00			X				0.	0.	0.
(35) SKLAR, CRAIG CHAIR	1.00			X				0.	0.	0.
<b>Total to Part VII, Section A, line 1c</b>								<b>141,737.</b>		

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

Form 990 (2019)

45-2403156 Page 9

**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>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,653,451.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,217,780.			
	h	<b>Total. Add lines 1a-1f</b>		5,653,451.			
<b>Program Service Revenue</b>	2 a	INVESTMENT RETURN	Business Code				
			900099	863,353.		863,353.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	<b>Total. Add lines 2a-2f</b>		863,353.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		608,495.		608,495.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses	6b				
	6 c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	7b				
	7 c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a	PRESENT VALUE ADJUSTMENT TO SPLIT	Business Code				
			900099	18,379.	18,379.		
	b						
	c						
	d	All other revenue					
e	<b>Total. Add lines 11a-11d</b>		18,379.				
12	<b>Total revenue. See instructions</b>		7,143,678.	18,379.	0.	1,471,848.	

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

Form 990 (2019)

**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	2,520,329.	2,520,329.		
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	141,737.	9,116.	110,157.	22,464.
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	205,460.	13,215.	159,681.	32,564.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,349.	601.	7,266.	1,482.
10 Payroll taxes	26,670.	1,715.	20,728.	4,227.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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.)	83,948.	50.	81,478.	2,420.
12 Advertising and promotion	48,489.	2,757.	38,401.	7,331.
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	1,562.		1,562.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	61,767.	61,767.		
b <b>UTILITIES</b>	7,870.		6,004.	1,866.
c <b>BANK AND PAYROLL FEES</b>	3,407.		3,407.	
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,110,588.	2,609,550.	428,684.	72,354.
<b>26 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.**

Form 990 (2019)

45-2403156 Page 11

**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 .....	46,089.	1	34,833.
	<b>2</b> Savings and temporary cash investments .....	5,920.	2	5,926.
	<b>3</b> Pledges and grants receivable, net .....	28,304.	3	2,101,487.
	<b>4</b> Accounts receivable, net .....		4	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			5
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			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 .....	17,658.	9	95,449.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	74,678.		
	<b>b</b> Less: accumulated depreciation .....	66,488.	10c	8,190.
	<b>11</b> Investments - publicly traded securities .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	48,511,854.	12	57,245,207.
	<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 .....	180,777.	15	194,927.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	50,105,834.	16	60,992,512.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	71,673.	17	75,463.
	<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 .....	10,761,185.	21	12,400,080.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		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 .....	579,313.	25	560,934.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,412,171.	26	13,036,477.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 27, 28, 32, and 33.			
	<b>27</b> Net assets without donor restrictions .....	4,344,113.	27	4,849,492.
	<b>28</b> Net assets with donor restrictions .....	34,349,550.	28	43,106,543.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> and complete lines 29 through 33.			
	<b>29</b> Capital stock or trust principal, or current funds .....		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31	
<b>32 Total net assets or fund balances</b> .....	38,693,663.	32	47,956,035.	
<b>33 Total liabilities and net assets/fund balances</b> .....	50,105,834.	33	60,992,512.	

Form 990 (2019)

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

Form 990 (2019)

45-2403156 Page 12

**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	7,143,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,110,588.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,033,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,693,663.
5	Net unrealized gains (losses) on investments	5	5,229,281.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,956,035.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? ..... 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? ..... 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? ..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** Employer identification number **45-2403156**

**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		
<b>THE JEWISH FEDERATION OF GREAT</b>	<b>06-0647025</b>	<b>7</b>	<b>X</b>		<b>455,230.</b>	
<b>Total</b>					<b>455,230.</b>	<b>0.</b>

**JEWISH FOUNDATION OF GREATER NEW**

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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"/>	



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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**

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

**JEWISH FOUNDATION OF GREATER NEW**

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>X</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		<b>X</b>

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**JEWISH FOUNDATION OF GREATER NEW**

Schedule A (Form 990 or 990-EZ) 2019 **HAVEN, INC.**

45-2403156 Page 6

**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	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
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) 2019

**JEWISH FOUNDATION OF GREATER NEW**

**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 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

JEWISH FOUNDATION OF GREATER NEW

Schedule A (Form 990 or 990-EZ) 2019 HAVEN, INC.

45-2403156 Page 8

**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.**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

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

Employer identification number

**45-2403156**

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).

Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number <b>45-2403156</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
1	404 SHS HD, 1800 SHS AAPL _____ _____ _____	\$ 600,391.	_____
2	SHARES- 511 UNH, 65 MA, 225 APD, MA180, 398ZTS _____ _____	\$ 302,508.	_____
3	1000 SHS VG, 91 SHS ABG _____ _____ _____	\$ 24,018.	_____
4	25 SHS TMO _____ _____ _____	\$ 7,987.	_____
5	745 SHS PRGFS _____ _____ _____	\$ 49,245.	_____
9	100 SHS AAPL _____ _____ _____	\$ 33,924.	_____



Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number <b>45-2403156</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
13	500 SHS BSX, 30 SHS EQIX	\$ 35,590.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	SHS'S- 745 PRGFX, 90 UTX, 150 XOM, 110 UTX, 150 XOM, 10 AAPL	\$ 50,597.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	234 SHS XLK	\$ 20,255.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	50 SHS AMY, 50 SHS VG	\$ 19,716.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	98 SHS UH	\$ 20,183.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	VARIOUS SHARES AND BONDS	\$ 2,050,952.	

Name of organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number <b>45-2403156</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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

Employer identification number  
**45-2403156**

**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 .....	230	14
2 Aggregate value of contributions to (during year) .....	1,634,296.	51,177.
3 Aggregate value of grants from (during year) .....	1,290,209.	59,975.
4 Aggregate value at end of year .....	8,525,680.	774,520.

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 (for example, 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 7/25/06, 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 FASB 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 FASB 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 FASB 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.**

Schedule D (Form 990) 2019

45-2403156 Page 2

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| 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	33,116,569.	34,296,378.	31,313,848.	31,006,566.	31,724,851.
b Contributions	3,928,814.	993,960.	343,838.	613,860.	687,925.
c Net investment earnings, gains, and losses	4,644,220.	-843,580.	4,048,465.	1,102,567.	-1,183,715.
d Grants or scholarships	1,072,987.	998,043.	1,080,413.	1,150,575.	113,096.
e Other expenditures for facilities and programs	7,870.	7,724.	5,418.	12,006.	7,491.
f Administrative expenses	348,109.	324,422.	323,942.	246,564.	101,907.
g End of year balance	40,260,636.	33,116,569.	34,296,378.	31,313,848.	31,006,566.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  9.53 %
  - b Permanent endowment  72.66 %
  - c Term endowment  18.13 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		74,678.	66,488.	8,190.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>8,190.</b>

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019

45-2403156 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	1,062,638.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS & EXCHANGE		
(C) TRADED FUNDS	32,345,194.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	4,255,443.	END-OF-YEAR MARKET VALUE
(E) LIMITED PARTNERSHIPS	9,365,583.	END-OF-YEAR MARKET VALUE
(F) CREDIT SECURITIES	9,145,935.	END-OF-YEAR MARKET VALUE
(G) OTHER ASSETS	1,070,414.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>57,245,207.</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.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**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	560,934.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>560,934.</b>

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

**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.

1	Total revenue, gains, and other support per audited financial statements		1	12,372,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,229,281.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	5,229,281.	
3	Subtract line 2e from line 1	3	7,143,678.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,143,678.	

**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.

1	Total expenses and losses per audited financial statements		1	3,110,587.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,110,587.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,110,587.	

**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 CHARITABLE 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:**

THE INDIVIDUAL CHARITABLE FUNDS OF THE FOUNDATION ARE ADMINISTERED IN

JEWISH FOUNDATION OF GREATER NEW  
HAVEN, INC.

Schedule D (Form 990) 2019

45-2403156 Page 5

**Part XIII** Supplemental Information (continued)

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, RELATING TO TAX UNCERTAINTIES. AT DECEMBER 31, 2018 AND 2017, THERE ARE NO UNCERTAIN TAX POSITIONS. THE FOUNDATION 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

Schedule D (Form 990) 2019

**Part XIII** Supplemental information (continued)

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.

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

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** Employer identification number **45-2403156**

**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 FRIENDS OF JORDAN RIVER VILLAGE FOUNDATION - 244 MADISON AVENUE, SUITE 482 - NEW YORK, NY 10016	36-4558884		12,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, 11TH FLOOR NEW YORK, NY 10018-7904	22-2584370		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
ANTI-DEFAMATION LEAGUE OF CONNECTICUT - 1952 WHITNEY AVENUE, 3RD FLOOR - HAMDEN, CT 06517	13-1818723		20,808.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AVODAH THE JEWISH SERVICE CORPS INC - 125 MAIDEN LANE, #8B - NEW YORK, NY 10038-5041	13-3914342		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
BRIDGEPORT RESCUE MISSION, INC. PO BOX 9057 BRIDGEPORT, CT 06601-9057	06-1362705		26,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CAMP LAURELWOOD 463 SUMMER HILL ROAD MADISON, CT 06443	06-0693092		9,050.	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) (2018)

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

Schedule I (Form 990)

45-2403156

Page 1

**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
CHILDREN'S TUMOR FOUNDATION 120 WALL STREET, 16TH FLOOR NEW YORK, NY 10005	13-2298956		7,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION B'NAI JACOB 75 RIMMON ROAD WOODBRIDGE, CT 06525	06-0646580		25,307.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION MISHKAN ISRAEL 785 RIDGE ROAD HAMDEN, CT 06517	06-0646198		9,915.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONNECTICUT PUBLIC BROADCASTING 1049 ASYLUM AVENUE HARTFORD, CT 06105-2432	06-0758938		5,420.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
EZRA ACADEMY 75 RIMMON RD WOODBRIDGE, CT 06525	06-0835136		24,388.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
FIFTH AVENUE SYNAGOGUE 5 EAST 62 STREET NEW YORK, NY 10065	13-1876346		5,746.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
HEBREW IMMIGRANT AID SOCIETY 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307		6,850.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
HOPKINS SCHOOL INC 986 FOREST ROAD NEW HAVEN, CT 06515	06-0646674		5,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JEWISH FAMILY SERVICE 1440 WHALLEY AVENUE NEW HAVEN, CT 06515	06-0646692		10,668.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

Schedule I (Form 990)

**JEWISH FOUNDATION OF GREATER NEW**

**HAVEN, INC.**

Schedule I (Form 990)

45-2403156

Page 1

**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 FEDERATION OF GREATER NEW HAVEN - 360 AMITY ROAD - WOODBIDGE, CT 06525	06-0647025		284,369.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND & GRANT FROM UNRESTRICTED FUNDS
SOUTHERN CONNECTICUT HEBREW ACADEMY - 261 DERBY AVENUE - ORANGE, CT 06477	06-0764273		24,762.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
TEMPLE EMANUEL 150 DERBY AVENUE ORANGE, CT 06477	06-0926072		80,738.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE JEWISH FEDERATIONS OF NORTH AMERICA - WALL STREET STATION, PO BOX 157 - NEW YORK, NY 10268	13-1624240		27,990.	0.			
THE NEW ISRAEL FUND 6 EAST 39TH STREET, SUITE 301 NEW YORK, NY 10016-0108	94-2607722		5,400.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE WESTVILLE SYNAGOGUE 74 WEST PROSPECT STREET NEW HAVEN, CT 06515	06-0760064		9,275.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
TRUSTEES OF PRINCETON UNIVERSITY 330 ALEXANDER STREET, PO BOX 5357 PRINCETON, NJ 08540	21-0634501		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNION FOR REFORM JUDAISM 46 BOWN ROAD, C/O DENISE BULNES WARWICK, NY 10990	13-1663143		5,600.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNIVERSITY OF PENNSYLVANIA 35TH STREET AND HAMILTON WALK, SUITE 232S - PHILADELPHIA, PA 19104	23-1352685		60,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

Schedule I (Form 990)

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

Schedule I (Form 990)

45-2403156

Page 1

**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
YALE NEW HAVEN HOSPITAL PO BOX 1849, OFFICE OF DEVELOPMENT NEW HAVEN, CT 06508	06-0646652		15,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YOUNG ISRAEL OF BAL HARBOUR 9580 ABBOTT AVE. MIAMI BEACH, FL 33154	65-0905878		23,492.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN FRIENDS OF ALYN HOSPITAL, INC - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-6100833		9,522.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CITY SEED, INC. 817 GRAND AVE NEW HAVEN, CT 06511	83-0397621		5,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION BETH EL-KESER ISRAEL 85 HARRISON ST NEW HAVEN, CT 06511	06-0672063		5,152.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION BETH SHALOM RODFE ZEDEK - 55 EAST KINGS HIGHWAY - CHESTER, CT 06412	06-1556241		104,859.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
FEDERATION FOR JEWISH PHILANTHROPY OF UPPER FAIRFIELD COUNTY - 4200 PARK AVE - BRIDGEPORT, CT 06604	06-0994563		31,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
GREAT SCIENCE FOR ALL CORP 25 HIGGINS DR MILFORD, CT 06460	81-5425100		9,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JOSEPH SLIFKA CENTER FOR JEWISH LIFE AT YALE, INC - 80 WALL ST - NEW HAVEN, CT 06511	06-1257354		25,277.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

Schedule I (Form 990)

**JEWISH FOUNDATION OF GREATER NEW**

Schedule I (Form 990)

**HAVEN, INC.**

45-2403156

Page 1

**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
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION INC - 205 ORANGE STREET - NEW HAVEN, CT 06511	06-0793269		5,800.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
PARK SLOPE JEWISH CENTER 1320 8TH AVE BROOKLYN, NY 11215	11-1969905		8,600.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
POLY PREP COUNTRY DAY SCHOOL 9216 SEVENTH AVE BROOKLYN, NY 11228	11-1630821		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
TOWERS FOUNDATION INC 18 TOWER LANE NEW HAVEN, CT 06519	06-1331831		13,519.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YOUNG MENS CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD INC - 50 STATE HOUSE SQUARE - HARTFORD, CT 06103	06-0881325		191,539.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

Schedule I (Form 990)

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

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

Employer identification number

**45-2403156**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<b>X</b>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>a</b> The organization? .....</p>	<b>5a</b>	<b>X</b>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>a</b> The organization? .....</p>	<b>6a</b>	<b>X</b>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2019







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** Employer identification number **45-2403156**

**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	92	3,217,781.	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) 2019



**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**45-2403156**

**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 7A:**

**BOARD MEMBERS OF THE JEWISH FOUNDATION OF GREATER NEW HAVEN CAN ELECT OTHER  
BOARD MEMBERS OF THE ORGANIZATION.**

**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:**

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

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

Name of the organization <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Employer identification number <b>45-2403156</b>
--	---

**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:**

**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)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

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

**2019**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.** Employer identification number **45-2403156**

**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**

Schedule R (Form 990) 2019 **HAVEN, INC.**

45-2403156 Page 3

**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.

	Yes	No
<b>1</b> 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?		
<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
(1) THE JEWISH FEDERATION OF GREATER NEW HAVEN	B	455,230.	CASH BALANCE
(2)			
(3)			
(4)			
(5)			
(6)			







**Statement of Specified Foreign Financial Assets**

Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information. Attach to your tax return.

**2019**

Department of the Treasury Internal Revenue Service

For calendar year **2019** or tax year beginning and ending

Attachment Sequence No. **175**

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 Taxpayer Identification Number (TIN) **45-2403156**

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)	
2	Maximum Value of All Deposit Accounts	\$
3	Number of Custodial Accounts (reported in Part V)	13
4	Maximum Value of All Custodial Accounts	\$ 19,010,968.
5	Were any foreign deposit or custodial accounts closed during the tax year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Other Foreign Assets Summary**

1	Number of Foreign Assets (reported in Part VI)	
2	Maximum Value of All Assets (reported in Part VI)	\$
3	Were any foreign assets acquired or sold during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **1050979592**

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 \$ **4,527.**

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
---	--	--

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

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, state or province, and country (including postal code) <b>GEORGE TOWN CAYMAN ISLANDS KY1-9001</b>	

**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).

1 Description of asset	2 Identifying number or other designation	
3 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		
4 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 _____ \$		
5 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		
6 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

7 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)	

8 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.  
**Note:** 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)	

JEWISH FOUNDATION OF GREATER NEW

45-2403156

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account  Deposit  Custodial

2 Account number or other designation  
13-057187

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 ..... \$ 0.

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.

(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  
CITCO FUND SERVICES B.V.

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.  
KAYA FLAMBOYAN 9, P.O. BOX 4774

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

1 Type of account  Deposit  Custodial

2 Account number or other designation  
SS2674

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 ..... \$ 729,038.

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.

(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  
PRIVATE EQUITY VI OFFSHORE, L.

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.  
27 HOSPITAL ROAD

9 City or town, province or state, and country (including postal code)  
GRAND CAYMAN KY1-9008  
CAYMAN ISLANDS

1 Type of account  Deposit  Custodial

2 Account number or other designation  
C750-0217

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 ..... \$ 22,140.

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.

(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  
ARCHSTONE OFFSHORE FUND, LTD

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.  
KAYA FLAMBOYAN 9, P.O. BOX 4774

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

**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>C750-0217</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>13,377.</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>OZ OVERSEAS FUND II, LTD</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>45 MARKET STREET</b>		
9 City or town, province or state, and country (including postal code) <b>GRAND CAYMAN KY1-1107</b> <b>CAYMAN ISLANDS</b>		

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>80003212016</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>2,160,696.</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>SCS OPPORTUNITIES FUND, LTD</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>64 EARTH CLOSE</b>		
9 City or town, province or state, and country (including postal code) <b>GRAND CAYMAN KY1-1107</b> <b>CAYMAN ISLANDS</b>		

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>80003212081</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>2,092,204.</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>SCS SPECIAL SITUATIONS FUND</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>64 EARTH CLOSE</b>		
9 City or town, province or state, and country (including postal code) <b>GRAND CAYMAN KY1-1107</b> <b>CAYMAN ISLANDS</b>		

Last Name or Organization Name

JEWISH FOUNDATION OF GREATER NEW

Identification Number

45-2403156

Form 8938

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account [ ] Deposit [X] Custodial 2 Account number or other designation 80006038808

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 \$ 4,210,679.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [ ] Yes [X] 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 SCS PRIVATE EQUITY IV, LP 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. 64 EARTH CLOSE

9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-1107 CAYMAN ISLANDS

1 Type of account [ ] Deposit [X] Custodial 2 Account number or other designation 8000106038774

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 \$ 2,340,114.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [ ] Yes [X] 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 SCS PRIVATE EQUITY V, LP 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. 64 EARTH CLOSE

9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-1107 CAYMAN ISLANDS

1 Type of account [ ] Deposit [X] Custodial 2 Account number or other designation SS2859

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 \$ 335,609.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [ ] Yes [X] 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 PRIVATE CO-INVESTMENT OPPORTUN 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. 27 HOSPITAL ROAD

9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-9008 CAYMAN ISLANDS

**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>SS4107</b>
3 Check all that apply a <input checked="" 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>414,607.</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>PRIVATE CREDIT STRATEGIES III</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>64 EARTH CLOSE</b>		
9 City or town, province or state, and country (including postal code) <b>GRAND CAYMAN KY1-1107 CAYMAN ISLANDS</b>		

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>193235-20010</b>
3 Check all that apply a <input checked="" 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>1,350,122.</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>NORTHERN TRUST INT'L FUND</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>52-62 TOWNSEND STREET</b>		
9 City or town, province or state, and country (including postal code) <b>DUBLIN IRELAND</b>		

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation <b>SS3738</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>5,337,855.</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>SCS MULTI-SECTOR CREDIT OFFSHO</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>64 EARTH CLOSE, P.O. BOX 715</b>		
9 City or town, province or state, and country (including postal code) <b>GRAND CAYMAN KY1-1107 CAYMAN ISLANDS</b>		



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</b>	Taxpayer identification number (TIN) <b>45-2403156</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>	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** 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

3a 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 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.
c <b>Balance due.</b> 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.