NOVEMBER 10, 2020

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.
360 AMITY ROAD
WOODBRIDGE, 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
NOVEMBER 10, 2020

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

NOVEMBER 10, 2020

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

Prepared by:
TEPLITZKY & COMPANY, P.C.
ONE BRADLEY ROAD BUILDING 600
WOODBRIDGE, 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.
**Record of Authorization to Electronically File FBARs**

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

The form 114a may be digitally signed

<table>
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<tr>
<th>Form 114a</th>
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**Part I** 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
   - JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.
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)
8. Date
9. Owner or entity TIN 452403156
10. TIN type
    - a EIN
    - b SSN/TIN
    - c Foreign

11. Spouse signature
12. Date
13. Spouse TIN
14. TIN type
    - a EIN
    - b SSN/TIN
    - c Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name
16. Preparer first name
17. Preparer M.I.
18. Preparer PTIN
19. Address
20. City
21. State
22. ZIP/postal code

ONE BRADLEY ROAD BUILDING 600 WOODBRIDGE CT 0625

23. Country code
24. Preparer’s (item 15) employer’s (Entity) name
25. Employer EIN
26. Preparer’s signature

TEPLITZKY
JEFFREY
A P00275166

**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://bsafiling.fincent.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.**

Rev. 10.7 May 21, 2015
BSA E-Filing - Report of
Foreign Bank and Financial
Accounts (FBAR)
JEWH20190001

Filing Name JEWH FOUNDATION OF GREATER NEW

Submission Type NEW

PIN NOT REQUIRED

Check here [X] 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

**Filer Information**

- **JEWISHF20190001**

**Part I**

- **Type of Filer**
  - [ ] Individual
  - [ ] Partnership
  - [x] Corporation
  - [ ] Consolidated
  - [ ] Fiduciary or Other - Enter Type

- **U.S. Taxpayer Identification Number**
  - 452403156

- **TIN Type**
  - [x] EIN

- **Foreign Identification** (Complete only if Item 3 is not applicable)
  - [ ] Passport
  - [ ] Foreign TIN
  - [ ] Other

- **Individual's Date of Birth**
  - MM/DD/YYYY

- **Last Name or Organization Name**
  - JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

- **Mailing Address (number, street, and apt. or suite no.)**
  - 360 AMITY ROAD, WOODBRIDGE, CT 06525, USA

- **Number of Financial Accounts**
  - [x] Do not complete Part II or Part III, but maintain records of the information.

- **Information on Financial Account(s) Owned Separately**
  - **Maximum Value of Account during Calendar Year**
    - 4,527
  - **Type of Account**
    - [x] Hedge Fund

- **Name of Financial Institution in Which Account is Held**
  - MASON CAPITAL C/O WALKERS

- **Account Number or Other Designation**
  - 1050979592

- **Mailing Address**
  - WALKER HOUSE, 87 MARY STREET, GEORGE TOWN, KY19001, CAYMAN ISLANDS

- **Filer Signature**
  - [x] If this report is completed by a third party preparer and complete the third party preparer section.

- **Preparer's Name**
  - TEPLITZKY JEFFREY

- **Contact Phone Number**
  - 203-387-0852

- **Mailing Address**
  - ONE BRADLEY ROAD BUILDING 6 WOODBRIDGE, CT 06525

- **Date (MM/DD/YYYY)**
  - 2019
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**Part II** Continued - Information on Financial Account(s) Owned Separately

Complete a Separate Block for Each Account Owned Separately
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 for instructions and the latest information.

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

B Check if applicable

C Name of organization

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

D Employer identification number

45-2403156

E Telephone number

203-387-2424

G Gross receipts

7,143,678.

H(a) Is this a group return

Yes ☑ No

H(b) Are all subordinates included?

Yes ☑ No

J Website:

WWW.JEWISHNEWHAVEN.ORG

K Form of organization:

Corporation ☑ Trust ☐ Association ☐ Other ☐

L Year of formation: 2011

M State of legal domicile: CT

Part I

Summary

1 Briefly describe the organization’s mission or most significant activities: THE JEWISH FOUNDATION OF GREATER NEW HAVEN, INC. SOLICITS AND MANAGES ENDOWMENT FUNDS AND PLANNED

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 ☑

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 ☑

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

5 ☑

6 Total number of volunteers (estimate if necessary)

100 ☑

7a Total unrelated business revenue from Part VIII, column (C), line 12

0 ☑

7b Net unrelated business taxable income from Form 990-T, line 39

0 ☑

8 Contributions and grants (Part VIII, line 1h)


9 Program service revenue (Part VIII, line 2g)

1,068,154. 863,353.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

500,870. 608,495.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-82,540. 18,379.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,395,030. 7,143,678.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

2,204,449. 2,520,329.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

378,018. 383,216.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0. 0.

16b Total fundraising expenses (Part IX, column (D), line 25)

72,354.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)

176,244. 207,043.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

2,758,711. 3,110,588.

19 Revenue less expenses. Subtract line 18 from line 12

816,178. 3,993,090.

20 Total assets (Part X, line 16)

50,105,834. 60,992,512.

21 Total liabilities (Part X, line 26)

11,412,171. 13,036,477.

22 Net assets or fund balances. Subtract line 21 from line 20

38,693,663. 47,956,035.

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

LISA A STANGER, PRINCIPAL OFFICER

Type or print name and title

Paid/Type preparer’s name

JEFFREY A. TEPLITZKY

Preparer’s signature

Date

Check if self-employed

PTIN

P00275166

Preparer

TEPLITZKY & COMPANY, P.C.

Firm’s EIN

45-2403156

Use Only

Firm’s address

ONE BRADLEY ROAD BUILDING 600

WOODBRIDGE, CT 06525

Phone no. 203-387-8025

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

☐ Yes ☑ No

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
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 HAVEN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 $)


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.
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A ................................................................. 1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors?
   ...................................................................................................................... 2 X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for
   public office? If "Yes," complete Schedule C, Part I ........................................... 3 X

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect
   during the tax year? If "Yes," complete Schedule C, Part II .............................. 4 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? If "Yes," complete Schedule C, Part III ........................... 5 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? If "Yes," complete Schedule D, Part I .............................. 6 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? If "Yes," complete Schedule D, Part II .................... 7 X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
   Schedule D, Part III .................................................................................................. 8 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?
   If "Yes," complete Schedule D, Part IV ................................................................. 9 X

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi
    endowments? If "Yes," complete Schedule D, Part V .............................................. 10 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? If "Yes," complete Schedule D, Part VI ................................. 11a 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? If "Yes," complete Schedule D, Part VII ............................. 11b 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? If "Yes," complete Schedule D, Part VIII ................... 11c 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? If "Yes," complete Schedule D, Part IX .................................................. 11d X
    e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ................................. 11e 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)? If "Yes," complete Schedule D, Part X ................................. 11f X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
    Schedule D, Parts XI and XII .................................................................................. 12a X
    b Was the organization included in consolidated, independent audited financial statements for the tax year?
    If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ............................... 12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ................................. 13 X

14a Did the organization maintain an office, employees, or agents outside of the United States? .................................................. 14a 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? If "Yes," complete Schedule F, Parts I and IV ........................................ 14b 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? If "Yes," complete Schedule F, Parts II and IV .............................. 15 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? If "Yes," complete Schedule F, Parts III and IV .............................. 16 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? If "Yes," complete Schedule G, Part I .............................. 17 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? If "Yes," complete Schedule G, Part II ...................................................... 18 X

19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"
    complete Schedule G, Part III .................................................................................... 19 X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .............................. 20a X
    b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ............................. 20b X

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or
    domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .............................. 21 X
### Part IV Checklist of Required Schedules (continued)

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

### 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. 

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Part V</td>
<td>Statements Regarding Other IRS Filings and Tax Compliance (continued)</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2a</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>Note:</td>
<td>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>3b</td>
<td>X</td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country ▶ CAYMAN ISLANDS, OTHER COUNTRY</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>5c</td>
<td>X</td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>7g</td>
<td>X</td>
</tr>
<tr>
<td>h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>7h</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the tax year?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>9a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>9b</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>Note:</td>
<td>See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ............. 1a 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 Enter the number of voting members included on line 1a, above, who are independent ................. 1b 34

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .................................................. 2 X

3 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? ............. 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ................................................................. 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? .......... 5 X

6 Did the organization have members or stockholders? ......................................................... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ......................... 7a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ................. 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ........................................................................ 8a X

b Each committee with authority to act on behalf of the governing body? ................. 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. · 9 X

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

10a Did the organization have local chapters, branches, or affiliates? ................................. 10a X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ................................. 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .............. 12a X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ................................. 12b X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .......... 12c X

13 Did the organization have a written whistleblower policy? ................................................. 13 X

14 Did the organization have a written document retention and destruction policy? .................. 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ................................. 15a X

b Other officers or key employees of the organization ...................................................... 15b X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15c

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ................................. 16a X

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

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 ▶ X Another's website ▶ X 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
### 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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) FLEISCHMAN, STEVE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAST CHAIR</td>
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<td></td>
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</tr>
<tr>
<td>(2) AUGUST, STEPHEN</td>
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<td>INVESTMENT CHAIR</td>
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<td>(3) HOOS, BETSY</td>
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<tr>
<td>WOMEN'S COMMITTEE CHAIR</td>
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<td>(4) SALTMAN, STEPHEN</td>
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<td>DEVELOPMENT CHAIR</td>
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<td>(5) RAVSKI, NORMAN</td>
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<td>FEDERATION CHAIR</td>
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<td>(6) HOOS, JEFFREY</td>
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<td>FEDERATION PRESIDENT</td>
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<td>(7) RABBI TILSEN, JON-JAY</td>
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<tr>
<td>BOARD OF RABBIS APPOINTEE</td>
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<tr>
<td>(8) ALDERMAN, NORMAN</td>
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<td>(9) ASTRACHAN, DAVID</td>
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<td>(10) BIXON, HARVEY</td>
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<td>(14) FELDMAN, BARRY</td>
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<td>(15) PRICE, MICHAEL</td>
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<td>(16) FRISCH, SUZANNE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
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<tr>
<td>(17) GINSBERG, GARY</td>
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<td>TRUSTEE</td>
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</table>
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
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<tbody>
<tr>
<td>(18) GREEN, ERIC</td>
<td>1.00</td>
<td>X</td>
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<td>0.</td>
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<td>TRUSTEE</td>
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<tr>
<td>(19) LEFFELL, CINDY</td>
<td>1.00</td>
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<td>(20) MARGOLIS, JOAN GLAZER</td>
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<tr>
<td>(23) REZNIK, ALAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>(24) SHANBROM, LARRY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
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<tr>
<td>(25) SKALKA, DOUGLAS</td>
<td>1.00</td>
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<td>TRUSTEE</td>
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<tr>
<td>(26) WATSKY, KAL</td>
<td>1.00</td>
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<td>0.</td>
<td>0.</td>
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<td>TRUSTEE</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>1b Subtotal</strong></td>
<td></td>
<td></td>
<td><strong>141,737.</strong></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td><strong>c Total from continuation sheets to Part VII, Section A</strong></td>
<td></td>
<td></td>
<td><strong>141,737.</strong></td>
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</tr>
<tr>
<td><strong>d Total (add lines 1b and 1c)</strong></td>
<td></td>
<td></td>
<td>141,737.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

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

3 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**

4 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**

5 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS FINANCIAL, 888 BOYLSTON STREET, STE 1010, BOSTON, MA 02199</td>
<td>INVESTMENT MANAGEMENT</td>
<td>219,129.</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) GLICK, STEVE</td>
<td>1.00</td>
<td>Trustee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
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<td>X</td>
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<td></td>
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<tr>
<td>(28) LEVY, JOHN</td>
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<td>0.</td>
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</tr>
<tr>
<td>TRUSTEE</td>
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<tr>
<td>(29) SKLARZ, MARK</td>
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<td>(30) TRACHTEN, DAVID</td>
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<tr>
<td>(31) CHAFFKIN, JEFF</td>
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<td>(32) HURWITZ, SCOTT</td>
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<td>(33) STANGER, LISA</td>
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<td>(34) FISCHMAN, BARRY</td>
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<td>(35) SKLAR, CRAIG</td>
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<td>CHAIR</td>
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Total to Part VII, Section A, line 1c ................................................. 141,737.
### Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td>1d</td>
<td></td>
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</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>5,653,451</td>
<td></td>
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<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td>1g $3,217,780</td>
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</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>$5,653,451</td>
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</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
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</thead>
<tbody>
<tr>
<td>2 a INVESTMENT RETURN</td>
<td>900099</td>
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<tr>
<td>b</td>
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<td></td>
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<tr>
<td>c</td>
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<td>d</td>
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<tr>
<td>e</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
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<td>863,353</td>
<td></td>
<td>863,353.</td>
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</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Income from investment of tax-exempt bond proceeds</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 b</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a</td>
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<tr>
<td>7 b</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a</td>
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<td>8 b</td>
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<td></td>
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<tr>
<td>8 c</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9 b</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Value Adjustment to Split</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a PRESENT VALUE ADJUSTMENT TO SPLIT</td>
<td>900099</td>
<td>18,379</td>
<td>18,379</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total revenue. See instructions</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part IX</td>
<td>Statement of Functional Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check if Schedule O contains a response or note to any line in this Part IX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</strong></td>
<td><strong>(A)</strong></td>
<td><strong>(B)</strong></td>
<td><strong>(C)</strong></td>
<td><strong>(D)</strong></td>
</tr>
<tr>
<td></td>
<td>Total expenses</td>
<td>Program service expenses</td>
<td>Management and general expenses</td>
<td>Fundraising expenses</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>2,520,329</td>
<td>2,520,329</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>141,737</td>
<td>9,116</td>
<td>110,157</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>205,460</td>
<td>13,215</td>
<td>159,681</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>9,349</td>
<td>601</td>
<td>7,266</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>26,670</td>
<td>1,715</td>
<td>20,728</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>83,948</td>
<td>50</td>
<td>81,478</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>48,489</td>
<td>2,757</td>
<td>38,401</td>
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<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>1,562</td>
<td>1,562</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>PROGRAM EXPENSES</td>
<td>61,767</td>
<td>61,767</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>UTILITIES</td>
<td>7,870</td>
<td>6,004</td>
<td>1,866</td>
</tr>
<tr>
<td>c</td>
<td>BANK AND PAYROLL FEES</td>
<td>3,407</td>
<td>3,407</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>3,110,588</td>
<td>2,609,550</td>
<td>428,684</td>
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<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
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<td></td>
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</table>

Check here [ ] if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
<th>Liabilities</th>
<th></th>
<th>Net Assets or Fund Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td>(A)</td>
<td>(B)</td>
<td>(A)</td>
</tr>
<tr>
<td><strong>Part X - Balance Sheet</strong></td>
<td></td>
<td><strong>Beginning of year</strong></td>
<td><strong>End of year</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>46,089.</td>
<td>34,833.</td>
<td>10,761,185.</td>
</tr>
<tr>
<td><strong>Check if Schedule O contains a response or note to any line in this Part X</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>46,089.</td>
<td>34,833.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>5,920.</td>
<td>5,926.</td>
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</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>28,304.</td>
<td>2,101,487.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>1,306,493.</td>
<td>1,306,493.</td>
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</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>17,658.</td>
<td>95,449.</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>74,678.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>8,739.</td>
<td>8,190.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>48,511,854.</td>
<td>57,245,207.</td>
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</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>180,777.</td>
<td>194,927.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>50,105,834.</td>
<td>60,992,512.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>10,761,185.</td>
<td>12,400,080.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>579,313.</td>
<td>560,934.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>4,344,113.</td>
<td>4,849,492.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>34,349,550.</td>
<td>43,106,543.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>38,693,663.</td>
<td>47,956,035.</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>50,105,834.</td>
<td>60,992,512.</td>
<td></td>
</tr>
</tbody>
</table>
### Part XI - Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>$7,143,678</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>$3,110,588</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>$4,033,090</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>$38,693,663</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>$5,229,281</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>$0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>$47,956,035</td>
</tr>
</tbody>
</table>

### Part XII - Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:  Cash</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td></td>
<td>Accrual</td>
<td>![x]</td>
<td>![ ]</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

2a. Were the organization’s financial statements compiled or reviewed by an independent accountant?

2b. Were the organization’s financial statements audited by an independent accountant?

2c. 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?

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?

3b. 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.

Form 990 (2019)
**Public Charity Status and Public Support**

**2019**

○ Go to 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: Reason for Public Charity Status

(All organizations must complete this part. See instructions.)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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:</td>
</tr>
<tr>
<td>10</td>
<td>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.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above fees instructions)</th>
<th>(iv) Amount of monetary support (see instructions)</th>
<th>(v) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE JEWISH FEDERATION OF GREAT</td>
<td>06-0647025</td>
<td>7</td>
<td>X</td>
<td>455,230.</td>
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</tbody>
</table>

**Total**: 455,230. 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot; )</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>organization’s benefit and either paid to</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
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</tr>
<tr>
<td>furnished by a governmental unit to the</td>
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</tr>
<tr>
<td>organization without charge</td>
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<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions</td>
<td></td>
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<tr>
<td>by each person (other than a governmental</td>
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</tr>
<tr>
<td>unit or publicly supported organization)</td>
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</tr>
<tr>
<td>included on line 1 that exceeds 2% of the</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>amount shown on line 11,</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>column (f)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 Public support. Subtract line 5 from</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>line 4</td>
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</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest,</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received on securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loans, rents, royalties, and income from</td>
<td></td>
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</tr>
<tr>
<td>similar sources</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business</td>
<td></td>
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<tr>
<td>activities, whether or not the business</td>
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</tr>
<tr>
<td>is regularly carried on</td>
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<tr>
<td>10 Other income. Do not include gain or</td>
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</tr>
<tr>
<td>loss from the sale of capital</td>
<td></td>
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</tr>
<tr>
<td>assets (Explain in Part VI)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
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<tr>
<td>etc. (see instructions)</td>
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<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is</td>
<td></td>
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</tr>
<tr>
<td>for the organization’s first, second,</td>
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<tr>
<td>third, fourth, or fifth tax year as a</td>
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</tr>
<tr>
<td>section 501(c)(3) organization, check this</td>
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<tr>
<td>box and stop here</td>
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</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>line 6, column (f) divided by line 11,</td>
<td></td>
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<tr>
<td>column (f)</td>
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<tr>
<td>15 Public support percentage from 2018</td>
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<td>15</td>
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</tr>
<tr>
<td>Schedule A, Part II, line 14</td>
<td></td>
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</tr>
<tr>
<td>16a 33 1/3% support test - 2019. If the</td>
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<tr>
<td>organization did not check the box on</td>
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</tr>
<tr>
<td>line 13, and line 14 is 33 1/3% or more,</td>
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<td>check this box and stop here. The</td>
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<tr>
<td>organization qualifies as a publicly</td>
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<tr>
<td>supported organization</td>
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<tr>
<td>16b 33 1/3% support test - 2018. If the</td>
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<td>organization did not check the box on</td>
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<tr>
<td>line 13 or 16a, and line 15 is 33 1/3% or</td>
<td></td>
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<td>more, check this box and stop here. The</td>
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<td>organization qualifies as a publicly</td>
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<td>supported organization</td>
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<tr>
<td>17a 10% - facts-and-circumstances test -</td>
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</tr>
<tr>
<td>2019. If the organization did not check</td>
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<tr>
<td>the box on line 13, 16a, or 16b, and line</td>
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<tr>
<td>14 is 10% or more, and if the organization</td>
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<tr>
<td>meets the &quot;facts-and-circumstances&quot; test,</td>
<td></td>
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<tr>
<td>check this box and stop here. Explain in</td>
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<tr>
<td>Part VI how the organization meets the</td>
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<tr>
<td>&quot;facts-and-circumstances&quot; test. The</td>
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<tr>
<td>organization qualifies as a publicly</td>
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<tr>
<td>supported organization</td>
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<tr>
<td>17b 10% - facts-and-circumstances test -</td>
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<td>2018. If the organization did not check</td>
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<tr>
<td>the box on line 13, 16a, 16b, or 17a, and</td>
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<tr>
<td>line 15 is 10% or more, and if the</td>
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<tr>
<td>organization meets the &quot;facts-and-</td>
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<tr>
<td>circumstances&quot; test, check this box and</td>
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<tr>
<td>stop here. Explain in Part VI how the</td>
<td></td>
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</tr>
<tr>
<td>organization meets the &quot;facts-and-</td>
<td></td>
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</tr>
<tr>
<td>circumstances&quot; test. The organization</td>
<td></td>
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</tr>
<tr>
<td>qualifies as a publicly supported</td>
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<tr>
<td>organization</td>
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</tr>
<tr>
<td>18 Private foundation, if the organization</td>
<td></td>
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</tr>
<tr>
<td>did not check the box on line 13, 16a,</td>
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</tr>
<tr>
<td>16b, 17a, or 17b, check this box and see</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>instructions</td>
<td></td>
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</tr>
</tbody>
</table>
**JEWISH FOUNDATION OF GREATER NEW YORK**

**HAVEN, INC.**

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

45-2403156 Page 3

**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) 2015 2016 2017 2018 2019 Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 Total. Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

7b 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

7c Add lines 7a and 7b

8 Public support. (Subtract line 7c from lines 6)

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 2015 2016 2017 2018 2019 Total

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

10c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

13 Total support. (Add lines 9, 10c, 11, and 12)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))

16 Public support percentage from 2018 Schedule A, Part III, line 15

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

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))

18 Investment income percentage from 2018 Schedule A, Part III, line 17

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

19b 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

932023 09-25-19
Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

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

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(3)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including:

(i) the names and EIN numbers of the supported organizations added, substituted, or removed;
(ii) the reasons for each such action;
(iii) the authority under the organization's organizing document authorizing such action; and
(iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (2) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (3) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Schedule A (Form 990 or 990-EZ) 2019

JEWS FOUNDATION OF GREATER NEW

HAVEN, INC. 45-2403156

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
   organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax
   year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
   organization's governing documents in effect on the date of notification, to the extent not previously provided?
   1 Yes No

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.
   a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
      the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
      those supported organizations and explain how these activities directly furthered their exempt purposes,
      how the organization was responsive to those supported organizations, and how the organization determined
      that these activities constituted substantially all of its activities.
      2a Yes No

   b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more
      of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the
      reasons for the organization's position that its supported organization(s) would have engaged in these
      activities but for the organization's involvement.
      2b Yes No

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
      trustees of each of the supported organizations? Provide details in Part VI.
      3a Yes No

   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
      of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
      3b Yes No

932025 09-25-19

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

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

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2019
<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4 Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5 Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6 Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7 Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9 Distributable amount for 2019 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10 Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2019 (reasonable cause required: explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2019 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2019 from Section D, line 7:</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2019 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Attachment to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2019

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

Employer identification number
45-2403156

Organization type (check one):

Filings of: Section:

Form 990 or 990-EZ

X 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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923451 11-05-19
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>404 SHS HD, 1800 SHS AAPL</td>
<td>$600,391</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SHARES- 511 UNH, 65 MA, 225 APD, MA180, 398ZTS</td>
<td>$302,508</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1000 SHS VG, 91 SHS ABG</td>
<td>$24,018</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>25 SHS TMO</td>
<td>$7,987</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>745 SHS PRGFS</td>
<td>$49,245</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>100 SHS AAPL</td>
<td>$33,924</td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>13</td>
<td>500 SHS BSX, 30 SHS EQIX</td>
<td>$35,590</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>SHS'S- 745 PRGFX, 90 UTX, 150 XOM, 110 UTX, 150 XOM, 10 AAPL</td>
<td>$50,597</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>234 SHS XLK</td>
<td>$20,255</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>50 SHS AMY, 50 SHS VG</td>
<td>$19,716</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>98 SHS UH</td>
<td>$20,183</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>VARIOUS SHARES AND BONDS</td>
<td>$2,050,952</td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
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</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
**SCHEDULE D**

**Supplemental Financial Statements**

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

Attach to Form 990.

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

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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td>230</td>
<td>14</td>
</tr>
<tr>
<td>2 Aggregate value of contributions to (during year)</td>
<td>1,634,296.</td>
<td>51,177.</td>
</tr>
<tr>
<td>3 Aggregate value of grants from (during year)</td>
<td>1,290,209.</td>
<td>59,975.</td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td>8,525,680.</td>
<td>774,520.</td>
</tr>
</tbody>
</table>

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?  

- [X] Yes  
- [ ] No

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?  

- [X] Yes  
- [ ] No

### Part II

Conservation Easements.

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

<table>
<thead>
<tr>
<th>Purpose(s) of conservation easements held by the organization (check all that apply).</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] Preservation of land for public use (for example, recreation or education)</td>
</tr>
<tr>
<td>- [ ] Preservation of a historically important land area</td>
</tr>
<tr>
<td>- [ ] Preservation of a certified historic structure</td>
</tr>
<tr>
<td>- [ ] Preservation of open space</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

<table>
<thead>
<tr>
<th>Number of states where property subject to conservation easement is located</th>
</tr>
</thead>
</table>

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  

- [X] Yes  
- [ ] No

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

<table>
<thead>
<tr>
<th>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</th>
</tr>
</thead>
</table>

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)?  

- [X] Yes  
- [ ] No

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.

1b 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 $  

LHA  

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

Schedule D (Form 990) 2019
<table>
<thead>
<tr>
<th>Part III</th>
<th>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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):</td>
<td></td>
</tr>
<tr>
<td>a ☐ Public exhibition</td>
<td>d ☐ Loan or exchange program</td>
</tr>
<tr>
<td>b ☐ Scholarly research</td>
<td>e ☐ Other</td>
</tr>
<tr>
<td>c ☐ Preservation for future generations</td>
<td></td>
</tr>
<tr>
<td>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part IV</th>
<th>Escrow and Custodial Arrangements. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; explain the arrangement in Part XIII and complete the following table:</td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
<tr>
<td>2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part V</th>
<th>Endowment Funds. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 10.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Beginning of year balance</td>
<td>(a) Current year</td>
</tr>
<tr>
<td>1b Contributions</td>
<td>33,116,569</td>
</tr>
<tr>
<td>1c Net investment earnings, gains, and losses</td>
<td>3,928,814</td>
</tr>
<tr>
<td>1d Grants or scholarships</td>
<td>4,544,220</td>
</tr>
<tr>
<td>1e Other expenditures for facilities and programs</td>
<td>1,072,987</td>
</tr>
<tr>
<td>1f Administrative expenses</td>
<td>7,970</td>
</tr>
<tr>
<td>1g End of year balance</td>
<td>34,296,378</td>
</tr>
<tr>
<td>2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</td>
<td></td>
</tr>
<tr>
<td>a Board designated or quasi-endowment</td>
<td>9.53 %</td>
</tr>
<tr>
<td>b Permanent endowment</td>
<td>72.66 %</td>
</tr>
<tr>
<td>c Term endowment</td>
<td>18.13 %</td>
</tr>
<tr>
<td>The percentages on lines 2a, 2b, and 2c should equal 100%.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Land, Buildings, and Equipment. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of property</td>
<td>(a) Cost or other basis (investment)</td>
</tr>
<tr>
<td>1a Land</td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>74,678</td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
</tr>
<tr>
<td>Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</td>
<td>8,190</td>
</tr>
</tbody>
</table>

Schedule D (Form 990) 2019

933052 10-02-19
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) CASH AND CASH EQUIVALENTS</td>
<td>1,062,638.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) MUTUAL FUNDS &amp; EXCHANGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) TRADED FUNDS</td>
<td>32,345,194.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(D) HEDGE FUNDS</td>
<td>4,255,443.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(E) LIMITED PARTNERSHIPS</td>
<td>9,365,583.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(F) CREDIT SECURITIES</td>
<td>9,145,935.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(G) OTHER ASSETS</td>
<td>1,070,414.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td>57,245,207.</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(2)</td>
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<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
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</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IX** Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
<tr>
<td>(2) LIABILITIES UNDER SPLIT INTEREST</td>
</tr>
<tr>
<td>(3) AGREEMENTS</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
<tr>
<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
</tr>
</tbody>
</table>

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

PART V, LINE 4:

THE INDIVIDUAL CHARTIABLE FUNDS OF THE FOUNDATION ARE ADMINISTERED IN
ACCORDANCE WITH THE TERMS OF THE GIFT INSTRUMENTS CREATING THEM AND
ACCORDING TO THE PROCEDURES FOR THE OPERATION OF ENDOWMENT FUNDS WHICH WAS
ADOPTED BY THE JEWISH FOUNDATION. UNRESTRICTED COMMUNITY FUNDS ARE USED TO
OPERATE THE JEWISH FOUNDATION AND ARE ALSO ALLOCATED, BY THE JEWISH
FOUNDATION'S PLANNING AND ALLOCATIONS COMMITTEE, TO EDUCATIONAL, RELIGIOUS
AND SOCIAL SERVICE JEWISH AGENCIES AND ORGANIZATIONS IN GREATER NEW HAVEN.
GRANTS FROM DONOR ADVISED FUNDS (WHICH CAN ONLY BE MADE TO 501(C)3 PUBLIC
CHARITIES THAT ARE NOT SUPPORTING OR PRIVATE FOUNDATIONS THEMSELVES) ARE
MADE UPON THE RECOMMENDATION OF DONORS AND MUST BE VETTED AND APPROVED BY
THE JEWISH FOUNDATION FOLLOWING THE PROCEDURES FOR OPERATION OF DONOR
ADvised FUNDS WHICH WERE ADOPTED BY THE JEWISH FOUNDATION OF GREATER NEW
HAVEN. TWICE EACH YEAR THE FOUNDATION DISTRIBUTES A LIST OF SELECTED
FUNDING REQUESTS TO FUND ADVISORS OF DONOR ADVISED FUNDS THAT INCLUDES A
BROAD RANGE OF CHARITABLE PROJECTS. DISTRIBUTIONS FROM DESIGNATED FUNDS
ARE MADE TO CARRY OUT THE CHARITABLE INTENTIONS EXPRESSED BY THE DONORS AT
THE TIME THE GIFTS WERE MADE.

PART X, LINE 2:
MANAGEMENT HAS ADOPTED THE PROVISIONS OF FASB ASC 740 INCOME TAXES,
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
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.
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</td>
<td>45-2403156</td>
</tr>
</tbody>
</table>

**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? [X] 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.

<table>
<thead>
<tr>
<th>[a] Name and address of organization or government</th>
<th>[b] EIN</th>
<th>[c] IRC section (if applicable)</th>
<th>[d] Amount of cash grant</th>
<th>[e] Amount of non-cash assistance</th>
<th>[f] Method of valuation (book, FMV, appraisals, other)</th>
<th>[g] Description of non-cash assistance</th>
<th>[h] Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN FRIENDS OF JORDAN RIVER VILLAGE FOUNDRY - 244 MADISON AVENUE, SUITE 402 - NEW YORK, NY 10016</td>
<td>36-4558884</td>
<td>12,000</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, 11TH FLOOR NEW YORK, NY 10018-7904</td>
<td>22-2584370</td>
<td>10,000</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTI-DEFAMATION LEAGUE OF CONNECTICUT - 1552 WHITNEY AVENUE, 3RD FLOOR - HAMDEN, CT 06517</td>
<td>13-1810723</td>
<td>20,808</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVODAS THE JEWISH SERVICE CORPS INC - 125 MAIDEN LANE, #86 - NEW YORK, NY 10038-5041</td>
<td>13-3914342</td>
<td>5,000</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRIDGEPORT RESCUE MISSION, INC. PO BOX 9057 BRIDGEPORT, CT 06601-9057</td>
<td>06-1262705</td>
<td>26,000</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMP LAURELWOOD 463 SUMMER HILL ROAD MADISON, CT 06443</td>
<td>06-0693099</td>
<td>20,000</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
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</tbody>
</table>

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
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
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<tbody>
<tr>
<td>CHILDREN'S TUNOR FOUNDATION</td>
<td>120 WALL STREET, 16TH FLOOR NEW YORK, NY 10005</td>
<td>13-2298956</td>
<td>7,500</td>
<td>0.</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>CONGREGATION B'MAI JACOB</td>
<td>75 KINNON ROAD WOODBRIDGE, CT 06525</td>
<td>06-0646580</td>
<td>25,307</td>
<td>0.</td>
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<td>FROM DONOR ADVISED FUND</td>
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<td>CONGREGATION MISKHAN ISRAEL</td>
<td>755 RIDGE ROAD HAMDEN, CT 06517</td>
<td>06-0646198</td>
<td>9,915</td>
<td>0.</td>
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<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>CONNECTICUT PUBLIC BROADCASTING</td>
<td>1049 ASYLUM AVENUE HARTFORD, CT 06105-2432</td>
<td>06-0758938</td>
<td>5,420</td>
<td>0.</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>ESEA ACADEMY</td>
<td>75 KINNON RD WOODBRIDGE, CT 06525</td>
<td>06-0835136</td>
<td>24,388</td>
<td>0.</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>FIFTH AVENUE SYNAGOGUE</td>
<td>5 EAST 62 STREET NEW YORK, NY 10065</td>
<td>13-1876346</td>
<td>5,746</td>
<td>0.</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>JEWISH IMMIGRANT AID SOCIETY</td>
<td>1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910</td>
<td>13-5633307</td>
<td>6,850</td>
<td>0.</td>
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<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>HOPKINS SCHOOL INC</td>
<td>986 FOREST ROAD NEW HAVEN, CT 06515</td>
<td>06-0646674</td>
<td>5,500</td>
<td>0.</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>JEWISH FAMILY SERVICE</td>
<td>1440 WHALLEY AVENUE NEW HAVEN, CT 06515</td>
<td>06-0646692</td>
<td>10,668</td>
<td>0.</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.</td>
<td></td>
<td></td>
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<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND &amp; GRANT FROM UNRESTRICTED FUNDS</td>
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<tr>
<td>HAVEN - 360 AMITY ROAD - WOODBRIDGE, CT 06525</td>
<td>06-0647025</td>
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<td>284,369.00</td>
<td>0.00</td>
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<tr>
<td>SOUTHERN CONNECTICUT HEBREW ACADEMY - 261 DERBY AVENUE - ORANGE, CT 06477</td>
<td>06-0764273</td>
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<td>24,782.00</td>
<td>0.00</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>TEMPLE EMANUEL</td>
<td>150 DERBY AVENUE</td>
<td>ORANGE, CT 06477</td>
<td>06-0926072</td>
<td>80,738.00</td>
<td>0.00</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>THE JEWISH FEDERATIONS OF NORTH AMERICA - WALL STREET STATION, PO BOX 157 - NEW YORK, NY 10268</td>
<td>13-1624240</td>
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<td>27,990.00</td>
<td>0.00</td>
<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>THE NEW ISRAEL FUND</td>
<td>6 EAST 39TH STREET, SUITE 301</td>
<td>NEW YORK, NY 10016-0108</td>
<td>94-2607772</td>
<td>5,600.00</td>
<td>0.00</td>
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<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>THE WESTVILLE SYNAGOGUE</td>
<td>74 WEST PROSPECT STREET</td>
<td>NEW HAVEN, CT 06515</td>
<td>06-0760064</td>
<td>9,275.00</td>
<td>0.00</td>
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<td>FROM DONOR ADVISED FUND</td>
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<td>TRUSTEES OF PRINCETON UNIVERSITY</td>
<td>330 ALEXANDER STREET, PO BOX 5357</td>
<td>PRINCETON, NJ 08540</td>
<td>21-0634501</td>
<td>10,000.00</td>
<td>0.00</td>
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<td>FROM DONOR ADVISED FUND</td>
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<td>UNION FOR REFORM JUDAISM</td>
<td>46 DOW ROAD, C/O DENISE BULNES</td>
<td>WARMICE, NY 10990</td>
<td>13-1663143</td>
<td>5,600.00</td>
<td>0.00</td>
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<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>UNIVERSITY OF PENNSYLVANIA</td>
<td>35TH STREET AND HAMILTON WALK, SUITE 2328 - PHILADELPHIA, PA</td>
<td>19104</td>
<td>23-1352685</td>
<td>60,000.00</td>
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<td>CHARITABLE DISTRIBUTION</td>
<td>FROM DONOR ADVISED FUND</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>YALE NEW HAVEN HOSPITAL PO BOX 1849, OFFICE OF DEVELOPMENT NEW HAVEN, CT 06508</td>
<td>06-0646552</td>
<td>0</td>
<td>15,500</td>
<td>0</td>
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<tr>
<td>YOUNG ISRAEL OF BAL HARBOUR 9580 ABBOTT AVE, MIAMI BEACH, FL 33154</td>
<td>65-0950878</td>
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<td>23,492</td>
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<td>AMERICAN FRIENDS OF ALYN HOSPITAL, INC - 122 EAST 42ND STREET - NEW YORK, NY 10168</td>
<td>13-6100833</td>
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<td>9,522</td>
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<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<tr>
<td>CITY SEED, INC. 817 GRAND AVE NEW HAVEN, CT 06511</td>
<td>03-0397621</td>
<td>0</td>
<td>5,500</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<td>CONGREGATION BETH EL-KESER ISRAEL 85 HARRISON ST NEW HAVEN, CT 06511</td>
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<td>CONGREGATION BETH SHALOM RODEF ZEDEK - 55 EAST KINGS HIGHWAY - CHESTER, CT 06412</td>
<td>06-1556241</td>
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<td>104,859</td>
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<td>FEDERATION FOR JEWISH PHILANTHROPY OF UPPER FAIRFIELD COUNTY - 4200 PARK AVE - BRIDGEPORT, CT 06604</td>
<td>06-0994563</td>
<td>0</td>
<td>31,800</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<tr>
<td>GREAT SCIENCE FOR ALL CORP 25 HIGGINS DR MILFORD, CT 06460</td>
<td>81-5425100</td>
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<td>0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<tr>
<td>JOSEPH SLIFKA CENTER FOR JEWISH LIFE AT YALE, INC - 80 WALL ST - NEW HAVEN, CT 06511</td>
<td>06-1257354</td>
<td>0</td>
<td>25,277</td>
<td>0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
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<td>NEW HAVEN LEGAL ASSISTANCE ASSOCIATION INC - 265 ORANGE STREET - NEW HAVEN, CT 06511</td>
<td>06-0793269</td>
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<td>5,800.0</td>
<td>0.0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<tr>
<td>PARK SLOPE JEWISH CENTER 1320 8TH AVE BROOKLYN, NY 11215</td>
<td>11-1969905</td>
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<td>9,000.0</td>
<td>0.0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLY PREP COUNTRY DAY SCHOOL 916 SEVENTH AVE BROOKLYN, NY 11220</td>
<td>11-1630821</td>
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<td>10,000.0</td>
<td>0.0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<tr>
<td>TOWERS FOUNDATION INC 18 TOWER LANE NEW HAVEN, CT 06519</td>
<td>06-1331831</td>
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<td>13,519.0</td>
<td>0.0</td>
<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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<td></td>
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<tr>
<td>YOUNG MENS CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD INC - 50 STATE HOUSE SQUARE - HARTFORD, CT 06122</td>
<td>06-0881325</td>
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<td>191,539.0</td>
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<td>CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND</td>
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</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### 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.
## Part I | Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing allowance or residence for personal use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payments for business use of personal residence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health or social club dues or initiation fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement of all of the expenses described above? If &quot;No,&quot; complete Part III to explain.</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent compensation consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Form 990 of other organizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Written employment contract</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation survey or study</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Approval by the board or compensation committee</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
</tr>
<tr>
<td>5</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>The organization?</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Any related organization?</td>
</tr>
<tr>
<td>6</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>The organization?</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Any related organization?</td>
</tr>
<tr>
<td>7</td>
<td>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 &quot;Yes,&quot; describe in Part III.</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>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 53.4956-4(a)(3)? If &quot;Yes,&quot; describe in Part III</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4956-6(c)?</td>
<td>9</td>
</tr>
</tbody>
</table>
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>A</th>
<th>Name and Title</th>
<th>B</th>
<th>Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>C</th>
<th>Retirement and other deferred compensation</th>
<th>D</th>
<th>Nontaxable benefits</th>
<th>E</th>
<th>Total of columns (B)(i)-(D)</th>
<th>F</th>
<th>Compensation in column (E) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
<td>(i) Base compensation</td>
<td>(ii) Bonus &amp; incentive compensation</td>
<td>(iii) Other reportable compensation</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>(i)</td>
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<td>(i)</td>
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Schedule J (Form 990) 2019

032112 10-21-19
## Noncash Contributions

**SCHEDULE M**

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<td>3</td>
<td>Art - Fractional interests</td>
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<tr>
<td>4</td>
<td>Books and publications</td>
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<td>5</td>
<td>Clothing and household goods</td>
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<td>6</td>
<td>Cars and other vehicles</td>
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<td>7</td>
<td>Boats and planes</td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 92</td>
<td>3,217,781. BROKERAGE STATEMENTS</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
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<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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<td>16</td>
<td>Real estate - Commercial</td>
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<td>17</td>
<td>Real estate - Other</td>
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<td>18</td>
<td>Collectibles</td>
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<tr>
<td>19</td>
<td>Food inventory</td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<td>24</td>
<td>Archeological artifacts</td>
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<td>25</td>
<td>Other ▶ ( ___________________________________________ )</td>
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<td>26</td>
<td>Other ▶ ( ___________________________________________ )</td>
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<td>27</td>
<td>Other ▶ ( ___________________________________________ )</td>
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<td>28</td>
<td>Other ▶ ( ___________________________________________ )</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>30a</th>
<th>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?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b If &quot;Yes,&quot; describe the arrangement in Part II.</td>
<td>30a</td>
<td>X</td>
</tr>
</tbody>
</table>

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

<table>
<thead>
<tr>
<th>32a</th>
<th>Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b If &quot;Yes,&quot; describe in Part II.</td>
<td>32a</td>
<td>X</td>
</tr>
</tbody>
</table>

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
Part II  **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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:
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 AVAILABLE 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 AVAILABLE TO THE PUBLIC
**Part I**

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

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

**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 170(b)(1) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE JEWISH FEDERATION OF GREATER NEW HAVEN</td>
<td>PLANNING PROGRAMMING AND FUNDRAISING FOR THE JEWISH</td>
<td>CONNECTICUT</td>
<td>501(C)(3)</td>
<td></td>
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<td>Yes No</td>
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<tr>
<td>05-0647025, 360 AMITY ROAD, WOODBRIDGE, CT</td>
<td>05525 COMMUNITY OF SOUTHERN CT</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019
### Part III
Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Transamines status?</th>
<th>Code V-UJI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(i) General partners?</th>
<th>(j) Percentage ownership</th>
</tr>
</thead>
<tbody>
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<td>Yes/No</td>
<td>Yes/No</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Transamines status?</th>
<th>(j) Code V-UJI amount in box 20 of Schedule K-1 (Form 1065)</th>
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<td>Yes/No</td>
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</tbody>
</table>

Schedule R (Form 990) 2019
JEWISH FOUNDATION OF GREATER NEW 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 |
|---|---|-----|--|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |   |   |
| 1a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X |   |
| 1b | Gift, grant, or capital contribution to related organization(s) | X |   |
| 1c | Gift, grant, or capital contribution from related organization(s) | X |   |
| 1d | Loans or loan guarantees to or for related organization(s) | X |   |
| 1e | Loans or loan guarantees by related organization(s) | X |   |
| 1f | Dividends from related organization(s) | X |   |
| 1g | Sale of assets to related organization(s) | X |   |
| 1h | Purchase of assets from related organization(s) | X |   |
| 1i | Exchange of assets with related organization(s) | X |   |
| 1j | Lease of facilities, equipment, or other assets to related organization(s) | X |   |
| 1k | Lease of facilities, equipment, or other assets from related organization(s) | X |   |
| 1l | Performance of services or membership or fundraising solicitations for related organization(s) | X |   |
| 1m | Performance of services or membership or fundraising solicitations by related organization(s) | X |   |
| 1n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X |   |
| 1o | Sharing of paid employees with related organization(s) | X |   |
| 1p | Reimbursement paid to related organization(s) for expenses | X |   |
| 1q | Reimbursement paid by related organization(s) for expenses | X |   |
| 1r | Other transfer of cash or property to related organization(s) | X |   |
| 1s | 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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (e.g.)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) THE JEWISH FEDERATION OF GREATER NEW HAVEN</td>
<td>B</td>
<td>455,230</td>
<td>CASH BALANCE</td>
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</table>

Schedule R (Form 990) 2019922182 09-19-19
Part VI  Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (Yes/No)</th>
<th>(e) Share of total income</th>
<th>(f) Share of end-of-year assets</th>
<th>(h) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(i) General partners</th>
<th>(k) Percentage ownership</th>
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Form 8938

Statement of Specified Foreign Financial Assets

For calendar year 2019 or tax year beginning and ending __________

If you have attached continuation statements, check here [X] 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. 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) ____________________________

4 Maximum Value of All Custodial Accounts $ 19,010,968.

5 Were any foreign deposit or custodial accounts closed during the tax year? [X] Yes [ ] 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? [X] Yes [ ] No

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

<table>
<thead>
<tr>
<th>(a) Asset Category</th>
<th>(b) Tax Item</th>
<th>(c) Amount reported on form or schedule</th>
<th>(d) Form and line</th>
<th>(e) Schedule and line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Foreign Deposit and Custodial Accounts</td>
<td>1a Interest</td>
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<td>1b Dividends</td>
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<td>1c Royalties</td>
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<td>1d Other income</td>
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<td>1e Gains (losses)</td>
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<td>1f Deductions</td>
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<td></td>
<td>1g Credits</td>
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<tr>
<td>2 Other Foreign Assets</td>
<td>2a Interest</td>
<td>$</td>
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<td></td>
<td>2b Dividends</td>
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<td>2c Royalties</td>
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<td></td>
<td>2g Credits</td>
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</tbody>
</table>

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 8686

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 [X] Custodial
   2 Account number or other designation

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? [X] Yes [ ] No

6 If you answered "Yes" to line 5, complete all that apply.

<table>
<thead>
<tr>
<th>(a) Foreign currency in which account maintained</th>
<th>(b) Foreign currency exchange rate used to convert to U.S. dollars</th>
<th>(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</th>
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</thead>
</table>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

923021 12-18-19 Form 8938 (2019)
**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
  - MASON CAPITAL C/O WALKERS

- **8** Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
  - WALKER HOUSE, 87 MARY STREET

- **9** City or town, state or province, and country (including postal code)
  - GEORGE TOWN CAYMAN ISLANDS KY1-9001

**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** Check if asset jointly owned with spouse
   - **d** 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** $0 - $50,000
   - **b** $50,001 - $100,000
   - **c** $100,001 - $150,000
   - **d** $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?**
   - **□** Yes  □ 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)** Partnership
     - **(2)** Corporation
     - **(3)** Trust
     - **(4)** 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
       - **□** Issuer
       - **□** Counterparty
   - **b** Type of issuer or counterparty
     - **(1)** Individual
     - **(2)** Partnership
     - **(3)** Corporation
     - **(4)** Trust
     - **(5)** Estate
   - **c** Check if issuer or counterparty is a
     - **□** U.S. person
     - **□** 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)
<table>
<thead>
<tr>
<th>Part V  Foreign Deposit and Custodial Accounts (see instructions)</th>
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<tbody>
<tr>
<td>1. Type of account</td>
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<td>2. Account number or other designation</td>
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<td>3. Check all that apply</td>
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<tr>
<td>4. Maximum value of account during tax year</td>
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<tr>
<td>5. Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
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<tr>
<td>6. If you answered “Yes” to line 5, complete all that apply.</td>
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<tr>
<td>7a. Name of financial institution in which account is maintained</td>
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<td>8. Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</td>
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<td>4. Maximum value of account during tax year</td>
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### JEWISH FOUNDATION OF GREATER NEW YORK

**Identification Number**: 45-2403156

#### Part V: Foreign Deposit and Custodial Accounts (see instructions)

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<td>Type of account</td>
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<td>[X] Custodial</td>
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<td>2</td>
<td>Account number or other designation</td>
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<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
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</tbody>
</table>

7a Name of financial institution in which account is maintained: **OZ OVERSEAS FUND II, LTD**

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

**45 MARKET STREET**

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

**GRAND CAYMAN**

**KY1-1107**

**CAYMAN ISLANDS**

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<td>$2,160,696.</td>
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<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
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<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
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</tbody>
</table>

7a Name of financial institution in which account is maintained: **SCS OPPORTUNITIES FUND, LTD**

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**

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<td>Check all that apply</td>
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<td></td>
<td>c</td>
<td>Account jointly owned with spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>No tax item reported in Part III with respect to this asset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,092,204.</td>
</tr>
<tr>
<td>5</td>
<td>Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>6</td>
<td>If you answered &quot;Yes&quot; to line 5, complete all that apply.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(1) Foreign currency in which account is maintained</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
</tr>
</tbody>
</table>

7a Name of financial institution in which account is maintained: **SCS SPECIAL SITUATIONS FUND**

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**
### JEWISH FOUNDATION OF GREATER NEW YORK

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

<table>
<thead>
<tr>
<th>1</th>
<th>Type of account</th>
<th>Deposit</th>
<th>Custodial</th>
<th>2</th>
<th>Account number or other designation</th>
<th>8000603808</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Check all that apply</td>
<td>Account opened during tax year</td>
<td>Account closed during tax year</td>
<td>Account jointly owned with spouse</td>
<td>No tax item reported in Part III with respect to this asset</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
<td>$4,210,679.</td>
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<tr>
<td>5</td>
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<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>If you answered “Yes” to line 5, complete all that apply.</td>
<td>(1) Foreign currency in which account is maintained</td>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
<td>b Global Intermediary Identification Number (GIIN) (Optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCS PRIVATE EQUITY IV, LP**

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**

<table>
<thead>
<tr>
<th>1</th>
<th>Type of account</th>
<th>Deposit</th>
<th>Custodial</th>
<th>2</th>
<th>Account number or other designation</th>
<th>8000106038774</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Check all that apply</td>
<td>Account opened during tax year</td>
<td>Account closed during tax year</td>
<td>Account jointly owned with spouse</td>
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<tr>
<td>4</td>
<td>Maximum value of account during tax year</td>
<td>$2,340,114.</td>
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<td>5</td>
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<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>If you answered “Yes” to line 5, complete all that apply.</td>
<td>(1) Foreign currency in which account is maintained</td>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
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</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
<td>b Global Intermediary Identification Number (GIIN) (Optional)</td>
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</tr>
</tbody>
</table>

**SCS PRIVATE EQUITY V, LP**

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**

<table>
<thead>
<tr>
<th>1</th>
<th>Type of account</th>
<th>Deposit</th>
<th>Custodial</th>
<th>2</th>
<th>Account number or other designation</th>
<th>SS2859</th>
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</thead>
<tbody>
<tr>
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<td>Account opened during tax year</td>
<td>Account closed during tax year</td>
<td>Account jointly owned with spouse</td>
<td>No tax item reported in Part III with respect to this asset</td>
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<td>4</td>
<td>Maximum value of account during tax year</td>
<td>$335,609.</td>
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<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>If you answered “Yes” to line 5, complete all that apply.</td>
<td>(1) Foreign currency in which account is maintained</td>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department’s Bureau of the Fiscal Service</td>
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</tr>
<tr>
<td>7a</td>
<td>Name of financial institution in which account is maintained</td>
<td>b Global Intermediary Identification Number (GIIN) (Optional)</td>
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<td></td>
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</tr>
</tbody>
</table>

**PRIVATE CO-INVESTMENT OPPORTUN**

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**

923031 04-01-19
<table>
<thead>
<tr>
<th>Last Name or Organization Name</th>
<th>Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEWISH FOUNDATION OF GREATER NEW</td>
<td>45-2403156</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Type of account</th>
<th>2 Account number or other designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Custodial</td>
<td>SS4107</td>
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<thead>
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<th>4 Maximum value of account during tax year $</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Account opened during tax year</td>
<td>414,607</td>
</tr>
<tr>
<td>☑ Account jointly owned with spouse</td>
<td></td>
</tr>
<tr>
<td>☑ No tax item reported in Part III with respect to this asset</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</th>
<th>☑ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ No</td>
</tr>
</tbody>
</table>

If you answered "Yes" to line 5, complete all that apply.

<table>
<thead>
<tr>
<th>6 If you answered &quot;Yes&quot; to line 5, complete all that apply.</th>
<th>7a Name of financial institution in which account is maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Foreign currency in which account is maintained</td>
<td>☑ Global Intermediary Identification Number (GIIN) (Optional)</td>
</tr>
<tr>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
<td></td>
</tr>
<tr>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 EARTH CLOSE</td>
</tr>
<tr>
<td>GRAND CAYMAN ISLANDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Type of account</th>
<th>2 Account number or other designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Custodial</td>
<td>193235-20010</td>
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</table>

<table>
<thead>
<tr>
<th>3 Check all that apply</th>
<th>4 Maximum value of account during tax year $</th>
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<tbody>
<tr>
<td>☑ Account opened during tax year</td>
<td>1,350,122</td>
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<tr>
<td>☑ Account jointly owned with spouse</td>
<td></td>
</tr>
<tr>
<td>☑ No tax item reported in Part III with respect to this asset</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</th>
<th>☑ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ No</td>
</tr>
</tbody>
</table>

If you answered "Yes" to line 5, complete all that apply.

<table>
<thead>
<tr>
<th>6 If you answered &quot;Yes&quot; to line 5, complete all that apply.</th>
<th>7a Name of financial institution in which account is maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Foreign currency in which account is maintained</td>
<td>☑ Global Intermediary Identification Number (GIIN) (Optional)</td>
</tr>
<tr>
<td>(2) Foreign currency exchange rate used to convert to U.S. dollars</td>
<td></td>
</tr>
<tr>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>52-62 TOWNSEND STREET</td>
</tr>
<tr>
<td>DUBLIN IRELAND</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Type of account</th>
<th>2 Account number or other designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Custodial</td>
<td>SS3738</td>
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</table>

<table>
<thead>
<tr>
<th>3 Check all that apply</th>
<th>4 Maximum value of account during tax year $</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Account opened during tax year</td>
<td>5,337,855</td>
</tr>
<tr>
<td>☑ Account jointly owned with spouse</td>
<td></td>
</tr>
<tr>
<td>☑ No tax item reported in Part III with respect to this asset</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?</th>
<th>☑ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ No</td>
</tr>
</tbody>
</table>

If you answered "Yes" to line 5, complete all that apply.

<table>
<thead>
<tr>
<th>6 If you answered &quot;Yes&quot; to line 5, complete all that apply.</th>
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<tbody>
<tr>
<td>(1) Foreign currency in which account is maintained</td>
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<tr>
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<tr>
<td>(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 EARTH CLOSE, P.O. BOX 715</td>
</tr>
<tr>
<td>GRAND CAYMAN ISLANDS</td>
</tr>
</tbody>
</table>
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Go to 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.

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.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Taxpayer identification number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JEWISH FOUNDATION OF GREATER NEWHAVEN, INC.</td>
<td>45-2403156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>File by the due date for filing your return. See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
</tr>
<tr>
<td>360 AMITY ROAD</td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
</tr>
<tr>
<td>WOODBRIDGE, CT 06525</td>
</tr>
</tbody>
</table>

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

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

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 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. 3a $ 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. 3b $ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c $ 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.