

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.		D Employer identification number ** - *** 3156
	Doing business as		E Telephone number 203-387-2424
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code WOODBIDGE, CT 06525		G Gross receipts \$ 3,395,030.
F Name and address of principal officer: LISA A STANGER 360 AMITY ROAD, WOODBRIDGE, CT 06525		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.JEWISHNEWHAVEN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2011
M State of legal domicile: CT			

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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)	30	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6	
	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 38	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,991,968.	1,908,546.
	9	Program service revenue (Part VIII, line 2g)	3,165,998.	1,068,154.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	408,696.	500,870.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-96,052.	-82,540.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,470,610.	3,395,030.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,542,783.
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)	377,309.	378,018.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 82,022.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	270,032.	176,244.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,190,124.	2,758,711.
19		Revenue less expenses. Subtract line 18 from line 12	2,280,486.	636,319.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	52,572,293.
	21	Total liabilities (Part X, line 26)	12,014,592.	11,412,171.
	22	Net assets or fund balances. Subtract line 21 from line 20	40,557,701.	38,693,663.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date
	▶ LISA A STANGER, PRINCIPAL OFFICER		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JEFFREY A. TEPLITZKY		
	Firm's name ▶ TEPLITZKY & COMPANY, P.C.	Firm's EIN ▶ ** - *** 3156	Check if self-employed <input type="checkbox"/> PTIN P00275166
Firm's address ▶ ONE BRADLEY ROAD BUILDING 600 WOODBRIDGE, CT 06525		Phone no. 203-387-0852	

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

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 2,279,781. including grants of \$ 2,204,449.) (Revenue \$) THE JEWISH FOUNDATION WORKS WITH AREA JEWISH AGENCIES, THE JEWISH FEDERATION, AND AREA SYNAGOGUES TO SOLICIT NEW CHARITABLE ENDOWMENTS, MANAGE AND DISTRIBUTE FROM CURRENT ENDOWMENTS, AND STEWARD DONORS. THE FOUNDATION ALSO LEADS LOCAL PROJECTS AND INITIATIVES INCLUDING THE CREATE A JEWISH LEGACY INITIATIVE, WOMEN OF VISION SOCIETY, BUILD A TZEDAKAH, AND THE JEWISH SCHOLARSHIP INITIATIVE.

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

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

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

4e Total program service expenses 2,279,781.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
			20
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS, OTHER COUNTRY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	30		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	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 in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	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.			
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?			
a The organization's CEO, Executive Director, or top management official	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).			
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 Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
LISA STANGER, ESQ. - 203-387-2424
360 AMITY ROAD, WOODBRIDGE, CT 06525

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUGUST, STEPHEN INVESTMENT CHAIR	1.00	X						0.	0.	0.
(2) SKLAR, CRAIG VICE-CHAIR	1.00	X						0.	0.	0.
(3) HOOS, BETSY WOMEN'S COMMITTEE CHAIR	1.00	X						0.	0.	0.
(4) SALTZMAN, STEPHEN DEVELOPMENT CHAIR	1.00	X						0.	0.	0.
(5) RAVSKI, NORMAN FEDERATION CHAIR	1.00	X						0.	0.	0.
(6) HOOS, JEFFREY FEDERATION PRESIDENT	1.00	X						0.	0.	0.
(7) RABBI TILSEN, JON-JAY BOARD OF RABBIS APPOINTEE	1.00	X						0.	0.	0.
(8) ALDERMAN, NORMAN TRUSTEE	1.00	X						0.	0.	0.
(9) ASTRACHAN, DAVID TRUSTEE	1.00	X						0.	0.	0.
(10) BIXON, HARVEY TRUSTEE	1.00	X						0.	0.	0.
(11) CANTOR, EDWARD TRUSTEE	1.00	X						0.	0.	0.
(12) COBERN, MARTY TRUSTEE	1.00	X						0.	0.	0.
(13) COHEN, NANCY TRUSTEE	1.00	X						0.	0.	0.
(14) FELDMAN, BARRY TRUSTEE	1.00	X						0.	0.	0.
(15) FREEMAN, IAN TRUSTEE	1.00	X						0.	0.	0.
(16) FRISCH, SUZANNE TRUSTEE	1.00	X						0.	0.	0.
(17) GINSBERG, GARY TRUSTEE	1.00	X						0.	0.	0.

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
		Highest compensated employee	Key employee	Office	Institutional trustee	Individual trustee or director			
(27) GLICK, STEVE	1.00						0.	0.	0.
(28) LEVY, JOHN	1.00						0.	0.	0.
TRUSTEE				X					
(29) SKLARZ, MARK	1.00						0.	0.	0.
TRUSTEE				X					
(30) TRACHTEN, DAVID	1.00						0.	0.	0.
TRUSTEE				X					
(31) STANGER, LISA	40.00						0.	0.	0.
EXECUTIVE DIRECTOR					X		141,827.	0.	0.
(32) FLEISCHMAN, STEVE	1.00						0.	0.	0.
CHAIR						X			
(33) FISCHMAN, BARRY	1.00						0.	0.	0.
TRASURER					X				
Total to Part VII, Section A, line 1c									141,827.

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

Form 990 (2018)

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,908,546.			
	g Noncash contributions included in lines 1a-1f: \$		870,403.			
	h Total. Add lines 1a-1f		1,908,546.			
	Program Service Revenue	2 a INVESTMENT RETURN	Business Code 900099	1,068,154.		1,068,154.
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,068,154.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		500,870.		500,870.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER - UNRESTRICTED	900099	10,000.	10,000.			
b PRESENT VALUE ADJUSTMENT TO SPLIT	900099	-92,540.	-92,540.			
c						
d All other revenue						
e Total. Add lines 11a-11d		-82,540.				
12 Total revenue. See instructions		3,395,030.	-82,540.	0.	1,569,024.	

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

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,204,449.	2,204,449.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,827.	3,177.	109,709.	28,941.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	198,903.	4,455.	153,860.	40,588.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,381.	255.	8,804.	2,322.
10 Payroll taxes	25,907.	580.	20,040.	5,287.
11 Fees for services (non-employees):				
a Management				
b Legal	1,431.		1,431.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	55,336.		55,336.	
12 Advertising and promotion	43,313.	3,401.	38,620.	1,292.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,736.		1,736.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	63,464.	63,464.		
b UTILITIES	8,119.		4,527.	3,592.
c BANK AND PAYROLL FEES	2,845.		2,845.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,758,711.	2,279,781.	396,908.	82,022.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2018)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	93,293.	1	46,089.	
	2 Savings and temporary cash investments	5,934.	2	5,920.	
	3 Pledges and grants receivable, net	52,949.	3	28,304.	
	4 Accounts receivable, net	15,821.	4	0.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	1,306,493.	7	1,306,493.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	10,567.	9	17,658.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	73,665.			
	b Less: accumulated depreciation	64,926.			
		10,476.	10c	8,739.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	50,905,477.	12	48,511,854.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	171,283.	15	180,777.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,572,293.	16	50,105,834.		
Liabilities	17 Accounts payable and accrued expenses	105,918.	17	71,673.	
	18 Grants payable		18		
	19 Deferred revenue	4,355.	19	0.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	11,232,466.	21	10,761,185.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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	671,853.	25	579,313.	
	26 Total liabilities. Add lines 17 through 25	12,014,592.	26	11,412,171.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,485,255.	27	4,344,113.	
	28 Temporarily restricted net assets	36,072,446.	28	34,349,550.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	40,557,701.	33	38,693,663.		
34 Total liabilities and net assets/fund balances	52,572,293.	34	50,105,834.		

Form 990 (2018)

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

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,395,030.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,758,711.
3	Revenue less expenses. Subtract line 2 from line 1	3	636,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,557,701.
5	Net unrealized gains (losses) on investments	5	-2,436,791.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-63,566.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,693,663.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
THE JEWISH FEDERATION OF GREAT	** - *** 7025	7	X		447,908.	
Total					447,908.	0.

JEWISH FOUNDATION OF GREATER NEW

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

JEWISH FOUNDATION OF GREATER NEW

Schedule A (Form 990 or 990-EZ) 2018 **HAVEN, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

JEWISH FOUNDATION OF GREATER NEW

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JEWISH FOUNDATION OF GREATER NEW

Part IV Supporting Organizations (continued)

		Yes	No
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?		X
b	A family member of a person described in (a) above?		X
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.		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

JEWISH FOUNDATION OF GREATER NEW

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

JEWISH FOUNDATION OF GREATER NEW

Schedule A (Form 990 or 990-EZ) 2018 **HAVEN, INC.**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

JEWISH FOUNDATION OF GREATER NEW

Schedule A (Form 990 or 990-EZ) 2018 HAVEN, INC.

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

PART IV, SECTION A, LINE 6

THE FOUNDATION MAKES CHARITABLE DISTRIBUTIONS TO TAX-EXEMPT

ORGANIZATIONS OTHER THAN THE JEWISH FEDERATION, ITS SUPPORTED

ORGANIZATION.

CHARITABLE DISTRIBUTIONS ARE MADE TO TAX-EXEMPT ORGANIZATIONS WHICH

HAVE BEEN DESIGNATED AS BENEFICIARIES OF RESTRICTED ENDOWMENT FUNDS,

BASED ON DONOR DESIGNATION. THESE DISTRIBUTIONS ARE BASED ON

FOUNDATION SPENDING POLICY. IN ADDITION, THE FOUNDATION MAKES

CHARITABLE DISTRIBUTIONS TO TAX-EXEMPT ORGANIZATIONS BASED ON THE

RECOMMENDATIONS OF DONOR ADVISORS OF DONOR ADVISED FUNDS. THESE

DISTRIBUTIONS MUST COMPLY WITH FOUNDATION DONOR ADVISED FUND PROCEDURES

WHICH CAREFULLY VET THE ORGANIZATION AND THE RECOMMENDED DISTRIBUTIONS

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

GRANTS TO LOCAL JEWISH SYNAGOGUES AND TAX EXEMPT ORGANIZATIONS CAN BE

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

PROCESS AND AS APPROVED BY THE GRANTS COMMITTEE.

Multiple horizontal lines for additional text input.

Name of organization JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.	Employer identification number ** - ***3156
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	383 SHS GOOGL, 406 SHS PYPL, 557 SHS CMCSA	\$ 489,515.	12/12/18
2	400 SHS COST	\$ 80,908.	12/28/18
3	779 SHS VRSK AND 670 SHS ZTS	\$ 139,789.	05/23/18
4	895 SHS VG	\$ 7,661.	12/28/18
5	50 SHS TMO	\$ 11,529.	12/18/18
6	100 SHS MO, 100 SHS XOM, 100 SHS INC	\$ 25,213.	10/03/18

Name of organization JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.	Employer identification number ** - *** 3156
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>7</u>	<u>355 PRGFX</u> _____ _____	\$ <u>25,869.</u>	<u>08/29/18</u>
<u>13</u>	<u>155 SHS AAPL</u> _____ _____	\$ <u>31,647.</u>	<u>09/14/18</u>
<u>16</u>	<u>42 SHS NVDA</u> _____ _____	\$ <u>6,132.</u>	<u>12/18/18</u>
<u>17</u>	<u>111 XLK</u> _____ _____	\$ <u>6,702.</u>	<u>12/31/18</u>
<u>20</u>	<u>37 SHS DNKN, 11 SHS TMO, 48 SHS MSFT</u> _____ _____	\$ <u>10,007.</u>	<u>12/19/18</u>
<u>21</u>	<u>60 SHS ADP</u> _____ _____	\$ <u>8,173.</u>	<u>07/19/18</u>

Name of organization JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.	Employer identification number ** - *** 3156
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	103 SHS AMGN _____ _____ _____	\$ 20,093.	11/21/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.	Employer identification number ** - *** 3156
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number ** - *** 3156

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus Yes/No questions for donor information.

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

Form with multiple sections: Purpose of easements, conservation contribution details (lines 2a-2d), monitoring and enforcement questions, and reporting requirements.

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.

Form with questions regarding reporting of art and historical treasures, including revenue and asset inclusion details.

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
 b Scholarly research
 c Preservation for future generations
 d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,296,378.	31,313,848.	31,006,566.	31,724,851.	28,748,343.
b Contributions	993,960.	343,838.	613,860.	687,925.	5,080,243.
c Net investment earnings, gains, and losses	-843,580.	4,048,465.	1,102,567.	-1,183,715.	270,380.
d Grants or scholarships	998,043.	1,080,413.	1,150,575.	113,096.	2,163,680.
e Other expenditures for facilities and programs	7,724.	5,418.	12,006.	7,491.	7,754.
f Administrative expenses	324,422.	323,942.	246,564.	101,907.	202,681.
g End of year balance	33,116,569.	34,296,378.	31,313,848.	31,006,566.	31,724,851.

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

- a Board designated or quasi-endowment 9.16 %
 b Permanent endowment 75.14 %
 c Temporarily restricted endowment 15.70 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		73,665.	64,926.	8,739.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,739.

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND CASH EQUIVALENTS	859,809.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS & EXCHANGE		
(C) TRADED FUNDS	28,945,965.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	3,979,095.	END-OF-YEAR MARKET VALUE
(E) LIMITED PARTNERSHIPS	4,875,347.	END-OF-YEAR MARKET VALUE
(F) CREDIT SECURITIES	8,571,876.	END-OF-YEAR MARKET VALUE
(G) OTHER ASSETS	1,279,762.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	48,511,854.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER SPLIT INTEREST	
(3) AGREEMENTS	579,313.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	579,313.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Schedule D (Form 990) 2018

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

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

1	Total revenue, gains, and other support per audited financial statements	1	894,673.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-2,436,791.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	-2,436,791.
3	Subtract line 2e from line 1	3	3,331,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,566.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	63,566.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,395,030.

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

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

1	Total expenses and losses per audited financial statements	1	2,758,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,758,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,758,711.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

THE INDIVIDUAL CHARITABLE FUNDS OF THE FOUNDATION ARE ADMINISTERED IN

JEWISH FOUNDATION OF GREATER NEW
HAVEN, INC.

Schedule D (Form 990) 2018

** - ***3156 Page 5

Part XIII Supplemental Information (continued)

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

PART X, LINE 2:

MANAGEMENT HAS ADOPTED THE PROVISIONS OF FASB ASC 740 INCOME TAXES, RELATING TO TAX UNCERTAINTIES. AT DECEMBER 31, 2018 AND 2017, THERE ARE NO UNCERTAIN TAX POSITIONS. THE FOUNDATION WILL CONTINUE TO EVALUATE UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE STANDARDS.

SCHEDULE D, PART X

SCHEDULE D, PART X - CHARITABLE GIFT ANNUITIES AND CHARITABLE REMAINDER TRUSTS PROGRAMS. REFUNDABLE ADVANCES: AS PART OF OUR AGENCY AND SYNAGOGUES ENDOWMENT PROGRAM, THE FOUNDATION HOLDS, ADMINISTERS AND MANAGES CERTAIN CHARITABLE ENDOWMENT FUNDS ESTABLISHED AND OWNED BY

Schedule D (Form 990) 2018

JEWISH FOUNDATION OF GREATER NEW
HAVEN, INC.

Part XIII Supplemental Information (continued)

BENEFICIARY AGENCIES OF THE FOUNDATION AND LOCAL SYNAGOGUES AND JEWISH ORGANIZATIONS AS PART OF A COMMINGLED INVESTMENT POOL. THESE FUNDS ARE TREATED AS ASSETS AND LIABILITIES ON THE BOOKS OF THE FOUNDATION.

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF DRAMATIC ARTS 120 MADISON AVENUE NEW YORK, NY 10016	** - *** 9660		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE FOUNDATION - 244 MADISON AVENUE, SUITE 482 - NEW YORK, NY 10016	** - *** 8884		12,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN FRIENDS OF TIFERET CENTER 843 JEFFERSON STREET WOODMERE, NY 11598-2324	** - *** 0007		9,200.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, 11TH FLOOR NEW YORK, NY 10018-7904	** - *** 4370		13,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
ANTI-DEFAMATION LEAGUE OF CONNECTICUT - 1952 WHITNEY AVENUE, 3RD FLOOR - HAMDEN, CT 06517	** - *** 8723		75,566.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
ASPETUCK LAND TRUST, INC. PO BOX 444 WESTPORT, CT 06881-0444	** - *** 8827		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

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

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

Schedule I (Form 990) (2018)

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVODAH THE JEWISH SERVICE CORP INC - 125 MAIDEN LANE, #8B - NEW YORK, NY 10038-5041	**--***4342		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
BRIDGEPORT RESCUE MISSION, INC. PO BOX 9057 BRIDGEPORT, CT 06601-9057	**--***2705		31,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CAMP LAURELWOOD 463 SUMMER HILL ROAD MADISON, CT 06443	**--***3092		9,380.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CHABAD JEWISH CENTER OF BALDANTYNE 8632 BRYANT FARMS ROAD CHARLOTTE, NC 28277	**--***2114		5,400.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CHABAD OF THE SHORELINE 800 VILLAGE WALK #327 GUILFORD, CT 06437	**--***9865		6,250.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CHILDREN'S TUMOR FOUNDATION 120 WALT STREET, 16TH FLOOR NEW YORK, NY 10005	**--***8956		8,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604-1302	**--***3159		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION B'NAI JACOB 75 RIMMON ROAD WOODBRIEGE, CT 06525	**--***6580		15,546.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
CONGREGATION MISHKAN ISRAEL 785 RIDGE ROAD HAMDEN, CT 06517	**--***6198		8,225.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PUBLIC BROADCASTING 1049 ASYLUM AVENUE HARTFORD, CT 06105-2432	**--***8938		5,220.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
EZRA ACADEMY 75 RIMMON RD WOODBIDGE, CT 06525	**--***5136		44,281.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
FIFTH AVENUE SYNAGOGUE 5 EAST 62 STREET NEW YORK, NY 10065	**--***6346		6,178.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
GOODSPEED OPERA HOUSE FOUNDATION PO BOX A EAST HADDAM, CT 06423	**--***9314		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
HAROLD GRINSPON FOUNDATION - PU LIBRARY - 67 HUNT STREET, SUITE #100 - AGAWAM, MA 01001	**--***4759		17,637.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
HEBREW IMMIGRANT AID SOCIETY 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	**--***3307		6,100.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
HOPKINS SCHOOL INC 986 FOREST ROAD NEW HAVEN, CT 06515	**--***6674		9,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JEWISH COMMUNITY CENTER 360 AMITY ROAD WOODBIDGE, CT 06525	**--***6758		86,104.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
JEWISH FAMILY SERVICE 1440 WHALLEY AVENUE NEW HAVEN, CT 06515	**--***6692		9,847.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

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

Schedule I (Form 990)

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Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER NEW HAVEN - 360 AMITY ROAD - WOODBRIDGE, CT 06525	**-***7025		134,031.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND & GRANT FROM UNRESTRICTED FUNDS
JEWISH HIGH SCHOOL OF CONNECTICUT 1937 W. MAIN STREET STAMFORD, CT 06902	**-***2939		10,035.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
MELVIN J. BERMAN HEBREW ACADEMY 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	**-***8371		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
MERKAZ COMMUNITY HIGH SCHOOL FOR JUDAIC STUDIES INC. - 2835 PARK AVE - BRIDGEPORT, CT 06604	**-***5565		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
OPERATION FUEL, INC. 75 CHARTER OAK AVENUE, SUITE 2-240 HARTFORD, CT 06106	**-***3091		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
OPERATION HOPE OF FAIRFIELD INC 636 OLD POST ROAD FAIRFIELD, CT 06824	**-***3489		10,100.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVENUE HAMDEN, CT 06518	**-***6701		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
SOUTHERN CONNECTICUT HEBREW ACADEMY - 261 DERBY AVENUE - ORANGE, CT 06477	**-***4273		86,063.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
TEMPLE BETH TIKVAH 196 DURHAM RD. MADISON, CT 06443	**-***2064		14,208.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

Schedule I (Form 990)

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANUEL 150 DERBY AVENUE ORANGE, CT 06477	**-***6072		57,229.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE AMERICAN THEATER WING 230 WEST 41ST STREET, SUITE 501 NEW YORK, NY 10036	**-***3906		9,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE JEWISH FEDERATIONS OF NORTH AMERICA - WALL STREET STATION, PO BOX 157 - NEW YORK, NY 10268	**-***4240		26,640.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND & GRANT FROM UNRESTRICTED FUNDS
THE NEW ISRAEL FUND 6 EAST 39TH STREET, SUITE 301 NEW YORK, NY 10016-0108	**-***7722		5,246.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
THE WESTVILLE SYNAGOGUE 74 WEST PROSPECT STREET NEW HAVEN, CT 06515	**-***0064		7,765.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
TRUSTEES OF PRINCETON UNIVERSITY 330 ALEXANDER STREET, PO BOX 5357 PRINCETON, NJ 08540	**-***4501		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UCONN HILLET 54 NORTH EAGLEVILLE ROAD STORRS, CT 06268	**-***1635		5,734.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNION FOR REFORM JUDAISM 46 BOWN ROAD, C/O DENISE BULNES WARWICK, NY 10990	**-***3143		35,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
UNIVERSITY OF PENNSYLVANIA 35TH STREET AND HAMILTON WALK, SUITE 232S - PHILADELPHIA, PA 19104	**-***2685		5,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE NEW HAVEN HOSPITAL PO BOX 1849, OFFICE OF DEVELOPMENT NEW HAVEN, CT 06508	**-***6652		37,500.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YALE PEABODY MUSEUM OF NATURAL HISTORY - 170 WHITNEY AVENUE - NEW HAVEN, CT 06511	**-***6973		10,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YOUNG ISRAEL OF BAL HARBOUR 9580 ABBOTT AVE. MIAMI BEACH, FL 33154	**-***5878		5,176.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND
YOUNG JUDAEA GLOBAL INC 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018	**-***0858		20,000.	0.			CHARITABLE DISTRIBUTION FROM DONOR ADVISED FUND

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE FOUNDATION BOARD APPROVES DISTRIBUTIONS FROM DONOR ADVISED FUNDS AS RECOMMENDED BY DONOR ADVISORS. ALL GRANTS MUST BE FOR CHARITABLE PURPOSES AND TO A 501(C)3 US PUBLIC CHARITY. FOUNDATION STAFF REVIEWS ALL DISTRIBUTIONS AND FOLLOWS UP IN WRITING WITH RECIPIENT ORGANIZATIONS TO CONFIRM USE OF FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Employer identification number

**** - *** 3156**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2018

JEWISH FOUNDATION OF GREATER NEW

Schedule J (Form 990) 2018

HAVEN, INC.

-*3156

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)						
	(ii)						
	(i)						
	(ii)						
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JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	35	870,403.	BROKERAGE STATEMENTS
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ()				
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

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

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

JEWISH FOUNDATION OF GREATER NEW

Schedule M (Form 990) 2018 HAVEN, INC.

** - *** 3156

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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

JEWISH FOUNDATION OF GREATER NEW
HAVEN, INC.

Employer identification number
-*3156

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

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

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 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:

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

Employer identification number ** - *** 3156

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

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

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

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

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

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018
Open to Public
Inspection

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

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

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

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

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

JEWISH FOUNDATION OF GREATER NEW

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

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

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

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

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

Schedule R (Form 990) 2018

-*3156 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE JEWISH FEDERATION OF GREATER NEW HAVEN	B	447,908.	CASH BALANCE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

For calendar year **2018** or tax year beginning _____ and ending _____

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

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

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

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

a Name _____ b TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

1 Number of Deposit Accounts (reported in Part V) _____
 2 Maximum Value of All Deposit Accounts \$ _____
 3 Number of Custodial Accounts (reported in Part V) _____ **14**
 4 Maximum Value of All Custodial Accounts \$ **15,818,154.**
 5 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

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

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

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

Part IV Excepted Specified Foreign Financial Assets (see instructions)

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

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

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

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

1 Type of account Deposit Custodial 2 Account number or other designation ***0187**

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 \$ **926,847.**

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

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

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

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

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

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

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

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation **N089	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input checked="" type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained CRESTWOOD CAPITAL INTERNATIONAL		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. PARERAWEG #45			
9 City or town, province or state, and country (including postal code) WILLEMSTAD CURACAO			

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****9592	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 4,527.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained MASON CAPITAL C/O WALKERS		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. WALKER HOUSE, 87 MARY STREET			
9 City or town, province or state, and country (including postal code) GEORGE TOWN KY1-9001 CAYMAN ISLANDS			

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****7187	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input checked="" type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year \$ 0.			
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained CITCO FUND SERVICES B.V.		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. KAYA FLAMBOYAN 9, P.O. BOX 4774			
9 City or town, province or state, and country (including postal code) WILLEMSTAD CURACAO			

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *0933	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year		\$ 52,196.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained ANCHORAGE CAPITAL PARTNERS OFF		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 78 SIR JOHN ROGERSON'S QUAY			
9 City or town, province or state, and country (including postal code) DUBLIN IRELAND			

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****0217	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year		\$ 507,718.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained ARCHSTONE OFFSHORE FUND, LTD		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. KAYA FLAMBOYAN 9, P.O. BOX 4774			
9 City or town, province or state, and country (including postal code) WILLEMSTAD CURACAO			

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****0217	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year		\$ 71,006.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained OZ OVERSEAS FUND II, LTD		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 45 MARKET STREET			
9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-1107 CAYMAN ISLANDS			

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****2016	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year		\$ 2,058,118.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained SCS OPPORTUNITIES FUND, LTD		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 64 EARTH CLOSE			
9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-1107 CAYMAN ISLANDS			

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****2081	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year		\$ 2,040,197.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained SCS SPECIAL SITUATIONS FUND		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 64 EARTH CLOSE			
9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-1107 CAYMAN ISLANDS			

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****8808	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year		\$ 2,722,961.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained SCS PRIVATE EQUITY IV, LP		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 64 EARTH CLOSE			
9 City or town, province or state, and country (including postal code) GRAND CAYMAN KY1-1107 CAYMAN ISLANDS			

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial	2 Account number or other designation *****8774
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3 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 1,034,972.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained SCS PRIVATE EQUITY V, LP	b Global Intermediary Identification Number (GIIN) (Optional)
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8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

64 EARTH CLOSE

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

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial	2 Account number or other designation *****8774
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3 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 4,790,243.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained SCS MULTI-SECTOR CREDIT OFFSHO	b Global Intermediary Identification Number (GIIN) (Optional)
---	---

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

64 EARTH CLOSE

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

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial	2 Account number or other designation **4107
--	---

3 Check all that apply	a <input checked="" type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 259,247.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained PRIVATE CREDIT STRATEGIES III	b Global Intermediary Identification Number (GIIN) (Optional)
--	---

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

64 EARTH CLOSE

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

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account <input type="checkbox"/> Deposit <input checked="" type="checkbox"/> Custodial		2 Account number or other designation *****0010
3 Check all that apply a <input checked="" type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year \$ 1,350,122.		
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained NORTHERN TRUST INT'L FUND		b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 52-62 TOWNSEND STREET		
9 City or town, province or state, and country (including postal code) DUBLIN IRELAND		

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

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

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar
year ended 12/31
2018
Amended

Part I Filer information JEWISHF20180001

2 Type of filer

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

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

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

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

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year **926,847.**

16 Type of account a Bank b Securities c Other - Enter type below **HEDGE FUND**

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

18 Account number or other designation *****

19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held
89 NEXUS WAY, CAMANA BAY PO BOX 31106

20 City GEORGE TOWN	21 State, if known	22 Foreign postal code, if known KY11205	23 Country CAYMAN ISLANDS
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Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

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

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

FORM 114

Complete a Separate Block for Each Account Owned Separately

1 Filing for calendar year <u>2018</u>		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>452403156</u>		6 Last Name or Organization Name JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.		
15 Maximum value of account during calendar year		15a Amount Unknown <input checked="" type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND			
17 Name of Financial Institution in which account is held CRESTWOOD CAPITAL INTERNATIONAL						
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PARERAWEG #45				
20 City WILLEMSTAD	21 State, if known	22 ZIP/Postal Code, if known	23 Country CURACAO			
15 Maximum value of account during calendar year <u>4,527.</u>		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND			
17 Name of Financial Institution in which account is held MASON CAPITAL C/O WALKERS						
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held WALKER HOUSE, 87 MARY STREET				
20 City GEORGE TOWN	21 State, if known	22 ZIP/Postal Code, if known KY19001	23 Country CAYMAN ISLANDS			
15 Maximum value of account during calendar year		15a Amount Unknown <input checked="" type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below INFLATION HEDGE			
17 Name of Financial Institution in which account is held CITCO FUND SERVICES B.V.						
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held KAYA FLAMBOYAN 9, P.O. BOX 4774				
20 City WILLEMSTAD	21 State, if known	22 ZIP/Postal Code, if known	23 Country CURACAO			
15 Maximum value of account during calendar year <u>52,196.</u>		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND			
17 Name of Financial Institution in which account is held ANCHORAGE CAPITAL PARTNERS OFF						
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 78 SIR JOHN ROGERSON'S QUAY				
20 City DUBLIN	21 State, if known	22 ZIP/Postal Code, if known	23 Country IRELAND			
15 Maximum value of account during calendar year <u>507,718.</u>		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND			
17 Name of Financial Institution in which account is held ARCHSTONE OFFSHORE FUND, LTD						
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held KAYA FLAMBOYAN 9, P.O. BOX 4774				
20 City WILLEMSTAD	21 State, if known	22 ZIP/Postal Code, if known	23 Country CURACAO			
15 Maximum value of account during calendar year <u>71,006.</u>		15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND			
17 Name of Financial Institution in which account is held OZ OVERSEAS FUND II, LTD						
18 Account number or other designation *****		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 45 MARKET STREET				
20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS			

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

1 Filing for calendar year <u>2018</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 452403156	6 Last Name or Organization Name JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.
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15 Maximum value of account during calendar year 2,058,118.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	--	--

17 Name of Financial Institution in which account is held SCS OPPORTUNITIES FUND, LTD			
---	--	--	--

18 Account number or other designation *****	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year 2,040,197.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	--	--

17 Name of Financial Institution in which account is held SCS SPECIAL SITUATIONS FUND			
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18 Account number or other designation *****	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year 2,722,961.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	--	--

17 Name of Financial Institution in which account is held SCS PRIVATE EQUITY IV, LP			
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18 Account number or other designation *****	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year 1,034,972.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
---	--	--

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

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

20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year 4,790,243.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
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17 Name of Financial Institution in which account is held SCS MULTI-SECTOR CREDIT OFFSHO			
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18 Account number or other designation *****	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year 259,247.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below HEDGE FUND
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17 Name of Financial Institution in which account is held PRIVATE CREDIT STRATEGIES III			
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18 Account number or other designation *****	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 64 EARTH CLOSE		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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Part II Continued - Information on Financial Account(s) Owned Separately

FORM 114

Complete a Separate Block for Each Account Owned Separately

1 Filing for calendar year <u>2018</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 452403156	6 Last Name or Organization Name JEWISH FOUNDATION OF GREATER NEW HAVEN, INC.
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15 Maximum value of account during calendar year 1,350,122.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below MUTUAL FUND
--	---	--

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

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

20 City DUBLIN	21 State, if known	22 ZIP/Postal Code, if known	23 Country IRELAND
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of Financial Institution in which account is held
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18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 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.

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

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

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

LISA STANGER, ESQ.

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

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** 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.