

Return of Organization Exempt From Income Tax

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

2021

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 2021 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 FEDERATION OF EASTERN CONNECTICUT, INC.		D Employer identification number 23-7121362
	Doing business as		E Telephone number 860-442-8062
	Number and street (or P.O. box if mail is not delivered to street address) 28 CHANNING STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code NEW LONDON CT 06320		G Gross receipts \$ 1,534,595

F Name and address of principal officer: BARBARA SAHAGAN 28 CHANNING STREET NEW LONDON CT 06320	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
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I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.JFEC.COM**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1970** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	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)	3	28		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9		
	6 Total number of volunteers (estimate if necessary)	6	12		
	7a Total unrelated business revenue from Part VIII, column (C), line 2	7a	40,057		
b Net unrelated business taxable income from Form 990-E, Part 1, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	384,581	Current Year	670,493
	9 Program service revenue (Part VIII, line 2g)		144,351		107,003
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,905		366,037
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,544		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		562,381		1,143,533
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		398,612		397,805
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,275				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		348,137		387,026	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		746,749		784,831	
19 Revenue less expenses. Subtract line 18 from line 12		-184,368		358,702	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	1,048,987	End of Year	974,745
	21 Total liabilities (Part X, line 26)		198,000		67,460
	22 Net assets or fund balances. Subtract line 21 from line 20		850,987		907,285

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
	RACHEL LEVY Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUSAN K. JONES	SUSAN K. JONES	10/10/22	<input checked="" type="checkbox"/>	P01307594
	Firm's name ▶ HOYT, FILIPPETTI & MALAGHAN, LLC	Firm's EIN ▶ 20-1696994			
Firm's address ▶ 1041 POQUONNOCK RD GROTON, CT 06340-4211		Phone no. 860-536-9685			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

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

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **626,916** including grants of \$) (Revenue \$ **65,680**)

EDUCATIONAL, PROGRAMMING, COMMUNITY RELATIONS AND FUNDRAISING FOR THE JEWISH COMMUNITY OF EASTERN CONNECTICUT INCLUDING MAINTENANCE OF THE HOLOCAUST CENTER. SERVICES TO SENIORS INCLUDING PROGRAM TRIPS AND OUTINGS, PROVISION OF KOSHER HOT LUNCHES AND TRANSPORTATION TO APPOINTMENTS.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **626,916**

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

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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	9		
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.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
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)?	4a			X
b	If "Yes," enter the name of the foreign 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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
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?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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 on 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 28, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

RACHEL LEVY
NEW LONDON

28 CHANNING STREET

CT 06320

860-442-8062

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CARIN SAVEL EXECUTIVE DIRECTOR	40.00 0.00						X	105,000	0	0
(2) DAN BENDOR VICE PRESIDENT, MIDD	4.00 0.00	X		X				0	0	0
(3) LEONARD COHEN DIRECTOR	1.00 0.00	X						0	0	0
(4) CAROL CURLAND DIRECTOR	1.00 0.00	X						0	0	0
(5) STEVEN DAREN DIRECTOR	1.00 0.00	X						0	0	0
(6) ELLEN DELEON DIRECTOR	1.00 0.00	X						0	0	0
(7) HELEN ELPERINA VICE PRESIDENT, COMM	4.00 0.00	X		X				0	0	0
(8) ROSLYN ETRA DIRECTOR	1.00 0.00	X						0	0	0
(9) JO-EL FERNANDEZ DIRECTOR	1.00 0.00	X						0	0	0
(10) EVERT GAWENDO DIRECTOR	1.00 0.00	X						0	0	0
(11) ALLISON GLICKMAN DIRECTOR	1.00 0.00	X						0	0	0

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) JUDI GLICKSTEIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) ROSA GOLDBLATT	4.00									
SECRETARY	0.00	X		X			0	0	0	
(14) LES KERSHAR	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) ELYSE LANDESBURG	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) RONALD LEESER	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) CAREN LINDEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) ERICA MCCAFFREY	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) CARYN NOVICK	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							105,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							105,000			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) 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	1a 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		670,493				
	g Noncash contributions included in lines 1a-1f	1g	\$	209,680				
	h Total. Add lines 1a-1f			670,493				
	Program Service Revenue	2a PROGRAMMING INCOME		Business Code	66,946	66,946		
b PUBLICATIONS INCOME			511190	40,057		40,057		
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f					107,003			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,873			10,873	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b	391,062			
			c Gain or (loss)	7c	355,164			
	d Net gain or (loss)				355,164	355,164		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				1,143,533	422,110	40,057	10,873	

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 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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	105,000	45,793	55,007	4,200
7 Other salaries and wages	261,715	261,715		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,496	5,448	974	74
10 Payroll taxes	24,594	20,623	3,689	282
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,631		12,631	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,020		2,020	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	844		844	
12 Advertising and promotion	170	114	56	
13 Office expenses	31,644	21,201	10,443	
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	3,940		3,940	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,554	6,774	6,780	
23 Insurance	28,648	19,194	9,454	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PANTRY	86,563	86,563		
b PROGRAMMING EXPENSE	66,410	66,410		
c COMMON CAMPUS	40,121	40,121		
d POSTAGE	18,612	12,470	6,142	
e All other expenses	81,869	40,490	38,660	2,719
25 Total functional expenses. Add lines 1 through 24e	784,831	626,916	150,640	7,275
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	133,241	1	87,639
	2	Savings and temporary cash investments	25,653	2	235,723
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	673	4	1,038
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,451	9	6,805
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	457,673		
	10b	Less: accumulated depreciation	321,576	10c	136,097
	11	Investments—publicly traded securities	721,660	11	507,443
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,659	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,048,987	16	974,745	
Liabilities	17	Accounts payable and accrued expenses	89,773	17	49,121
	18	Grants payable		18	
	19	Deferred revenue	17,852	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	25,375	23	18,339
	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	65,000	25	
	26	Total liabilities. Add lines 17 through 25	198,000	26	67,460
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	289,908	27	292,309
	28	Net assets with donor restrictions	561,079	28	614,976
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	850,987	32	907,285
33	Total liabilities and net assets/fund balances	1,048,987	33	974,745	

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	1,143,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	784,831
3	Revenue less expenses. Subtract line 2 from line 1	3	358,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	850,987
5	Net unrealized gains (losses) on investments	5	-302,404
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	907,285

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 on 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		X
2b	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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) ROMANA PRIMUS	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) SARAH ROGOVIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) MARTIN RUTCHIK	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) BARBARA SAHAGAN	4.00									
TREASURER	0.00	X		X			0	0	0	
(24) HELEN SAPOZHNIKOV	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) JEROME SCHWELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) SEMA STEIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(27) GABRIEL STERN	4.00									
PRESIDENT	0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(28) CINDY WEINER	1.00									
DIRECTOR	0.00	X						0	0	0
(29) SCOTT F. WOLFE	4.00									
CAMPAIGN CHAIR	0.00	X		X				0	0	0
(30) RACHEL LEVY	40.00									
EXECUTIVE DIRECTOR	0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.

Employer identification number

23-7121362

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	436,426	299,141	430,835	384,581	670,493	2,221,476
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	436,426	299,141	430,835	384,581	670,493	2,221,476
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						2,221,476

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	436,426	299,141	430,835	384,581	670,493	2,221,476
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,936	25,906	17,446	20,069	10,873	97,230
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.)	151,646	-59,982				91,664
11 Total support. Add lines 7 through 10						2,410,370

12 Gross receipts from related activities, etc. (see instructions) 12 443,200

13 First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	92.16 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	87.29 %

16a 33 1/3% support test—2021. 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 ▶

b 33 1/3% support test—2020. 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 ▶

17a 10%-facts-and-circumstances test—2021. 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 ▶

b 10%-facts-and-circumstances test—2020. 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 ▶

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 ▶

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2021. 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—2020. 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.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

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

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. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
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—provide details in Part VI)	
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 91,664**

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

2021

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.

Employer identification number

23-7121362

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	721,660	814,920	909,055	926,959	705,554
b Contributions	1,129	1,290	1,528	18,203	50,000
c Net investment earnings, gains, and losses	61,571	55,140	156,856	-36,107	171,405
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	276,917	149,690	252,519		
g End of year balance	507,443	721,660	814,920	909,055	926,959

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **22.13 %**
 - b Permanent endowment **77.87 %**
 - c Term endowment **%**
- 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 | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,000		90,000
b Buildings		258,654	246,519	12,135
c Leasehold improvements				
d Equipment		109,019	75,057	33,962
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				136,097

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	839,109
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-302,404
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	-302,404
3	Subtract line 2e from line 1	3	1,141,513
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	2,020
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	2,020
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,143,533

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	782,811
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	
3	Subtract line 2e from line 1	3	782,811
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	2,020
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	2,020
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	784,831

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 X - FIN 48 FOOTNOTE

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES ON EXEMPT FUNCTION INCOME AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FEDERATION DID NOT RECOGNIZE ANY LIABILITY FOR UNCERTAIN TAX POSITIONS AS DEFINED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

**JEWISH FEDERATION OF EASTERN
CONNECTICUT, INC.**

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

2021

Open to Public
Inspection

Employer identification number

23-7121362

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARIN SAVEL EXECUTIVE DIRECTOR	(i)	105,000	0	0	0	0	105,000	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

2021

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

CONNECTICUT, INC.

Employer identification number

23-7121362

Part I Types of Property

Table with 4 columns: (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. Row 25 shows 'Other' with 2 contributions valued at 209,680.

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

Summary questions 30a, 31, 32a, 33 with Yes/No columns. 30a, 31, and 32a are marked 'X' in the 'No' column.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.	Employer identification number	23-7121362
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FORM 990 - ORGANIZATION'S MISSION

THE FEDERATION COLLECTS CONTRIBUTIONS FROM THE PUBLIC AND DISTRIBUTES THEM TO VARIOUS AGENCIES, INDIVIDUALS AND OTHER NON-PROFIT ORGANIZATIONS TO BENEFIT THE JEWISH AND LOCAL COMMUNITY. THE FEDERATION PROVIDES DIRECT SERVICES TO SENIORS, ADULTS AND YOUTH, INCLUDING SOCIAL SERVICES, CASE MANAGEMENT AND A FOOD PANTRY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPY OF FORM 990 GIVEN TO EXECUTIVE DIRECTOR BEFORE FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
TELEPHONE	\$ 4,187	\$ 12,560	\$ 0
ALLOCATIONS	\$ 16,500	\$ 0	\$ 0
REPAIRS & MAINTENANCE	\$ 0	\$ 12,195	\$ 0
TRANSPORTATION EXPENSES	\$ 7,546	\$ 2,934	\$ 0
JANITORIAL			

Name of the organization

Employer identification number

JEWISH FEDERATION OF EASTERN

23-7121362

\$ 8,146 \$ 0 \$ 0

UTILITIES

\$ 0 \$ 6,095 \$ 0

DUES & SUBS

\$ 2,423 \$ 2,237 \$ 0

FUNDRAISING

\$ 0 \$ 0 \$ 2,719

SENIOR SERVICES

\$ 1,688 \$ 0 \$ 0

BANK FEES

\$ 0 \$ 1,481 \$ 0

PROPERTY TAXES

\$ 0 \$ 1,158 \$ 0

TOTAL

\$ 40,490 \$ 38,660 \$ 2,719

Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.	D Employer identification number 23-7121362
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 28 CHANNING STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code NEW LONDON CT 06320	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 974,745	

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of ▶ **RACHEL LEVY** Telephone number ▶ **860-442-8062**

Part I Total Unrelated Business Taxable income			
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1		-9,052
2 Reserved	2		
3 Add lines 1 and 2	3		-9,052
4 Charitable contributions (see instructions for limitation rules)	4		
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5		-9,052
6 Deduction for net operating loss. See instructions	6		0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7		-9,052
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8		1,000
9 Trusts. Section 199A deduction. See instructions	9		
10 Total deductions. Add lines 8 and 9	10		1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11		0

Part II Tax Computation			
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1		0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2		0
3 Proxy tax. See instructions	3		
4 Other tax amounts. See instructions	4		
5 Alternative minimum tax (trusts only)	5		
6 Tax on noncompliant facility income. See instructions	6		
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7		0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	
3 Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a Payments: A 2020 overpayment credited to 2021	6a	
b 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7 Total payments. Add lines 6a through 6g	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUSAN K. JONES		SUSAN K. JONES		10/10/22
	Firm's name	HOYT, FILIPPETTI & MALAGHAN, LLC			Firm's EIN
Firm's address				Phone no.	
1041 POQUONNOCK RD GROTON, CT 06340-4211				860-536-9685	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization
JEWISH FEDERATION OF EASTERN

B Employer identification number
23-7121362

C Unrelated business activity code (see instructions) ▶ **511190**

D Sequence: **1** of **1**

E Describe the unrelated trade or business ▶ **JEWISH LEADER**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement) SEE STMT 1	40,057		40,057
13	Total. Combine lines 3 through 12	40,057		40,057

Part II	Deductions Not Taken Elsewhere	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	0
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 2	14	49,109
15	Total deductions. Add lines 1 through 14	15	49,109
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-9,052
17	Deduction for net operating loss. See instructions	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-9,052

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold, 9 Do the rules of section 263A apply to the organization?

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Includes description of property (A-D), columns for rent received (A-D), and total deductions. Rows include: 1 Description of property, 2 Rent received or accrued (a, b, c), 3 Total rents received or accrued, 4 Deductions directly connected with the income, 5 Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Includes description of debt-financed property (A-D), columns for gross income and deductions (A-D), and total gross income and total allocable deductions. Rows include: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a, b, c), 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Divide line 4 by line 5, 7 Gross income reportable, 8 Total gross income, 9 Allocable deductions, 10 Total allocable deductions, 11 Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with columns A, B, C, D for listing periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

Table with 4 columns: A, B, C, D. Row 4: Advertising gain (loss). Subtract line 3 from line 2.

Table with 4 columns: A, B, C, D. Row 5: Readership costs

Table with 4 columns: A, B, C, D. Row 6: Circulation income

Table with 4 columns: A, B, C, D. Row 7: Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5.

Table with 4 columns: A, B, C, D. Row 8: Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Supplemental information section with multiple dotted lines for text entry.

Federal Statements

Jewish Leader

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
PUBLICATIONS INCOME	\$ 40,057
TOTAL	\$ 40,057

Jewish Leader

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
CASUAL LABOR	\$ 16,430
SUBSCRIPTIONS	197
POSTAGE	13,308
PRINTING	18,860
SUPPLIES	314
TOTAL	\$ 49,109

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.**

Identifying number
23-7121362

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,554

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,554
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Building 28 Channing Street	1/01/88	189,000				189,000	40	MO S/L	189,000	0
2	Furnace	1/01/92	1,571				1,571	5	MO S/L	1,571	0
3	Carpet	2/05/97	1,373				1,373	10	MO S/L	1,373	0
4	Carpet	6/21/97	1,436				1,436	10	MO S/L	1,436	0
5	Upstairs Renovation	7/01/00	4,878				4,878	10	MO S/L	4,878	0
6	Porch Siding	7/18/01	1,681				1,681	10	MO S/L	1,681	0
7	Painting	8/01/01	18,750				18,750	10	MO S/L	18,750	0
8	Security Alarm	5/15/03	2,040				2,040	5	MO S/L	2,040	0
9	Rebuild Chimneys	5/11/04	10,840				10,840	15	MO S/L	10,840	0
10	Power Backup System	8/08/06	1,713				1,713	10	MO S/L	1,713	0
11	New Furnace	2/04/07	8,100				8,100	15	MO S/L	7,515	540
12	Replacement Windows	12/18/09	15,722				15,722	40	MO S/L	4,323	393
13	Replacement Windows	1/15/10	1,550				1,550	40	MO S/L	427	39
14	Wooden Storage Cabinet	8/26/94	400				400	4	MO S/L	400	0
15	Phone System	8/21/97	2,990				2,990	10	MO S/L	2,990	0
16	Blackbaud Software	10/31/98	5,610				5,610	5	MO S/L	5,610	0
17	Computer Upgrades	11/08/00	2,995				2,995	5	MO S/L	2,995	0
18	Printer	6/28/00	557				557	5	MO S/L	557	0
19	Printer	7/15/00	250				250	5	MO S/L	250	0
20	Carpeting	7/01/97	5,066				5,066	10	MO S/L	5,066	0
21	Holocaust Center Furniture	8/10/03	9,687				9,687	7	MO S/L	9,687	0
22	Canon Copier IR 330	5/11/04	3,700				3,700	7	MO S/L	3,700	0
23	Refrigerator	9/20/05	730				730	3	MO S/L	730	0
24	Server, OP Sys, Printer	4/01/10	3,410				3,410	5	MO S/L	3,410	0
25	Printer	3/06/06	210				210	5	MO S/L	210	0
26	Shleiving & Office Furniture	3/07/06	2,031				2,031	5	MO S/L	2,031	0
27	Office Furniture	7/01/06	3,285				3,285	5	MO S/L	3,285	0
28	Bookcases	8/10/06	825				825	5	MO S/L	825	0
29	Chairs & Table	10/17/06	543				543	5	MO S/L	543	0
37	Computers	5/01/14	2,390				2,390	5	MO S/L	2,390	0
38	Laptop Computer - Marcia	3/24/15	777				777	5	MO S/L	777	0
39	Computer - Jeanine	7/11/16	640				640	5	MO S/L	576	64
40	Modem	11/15/17	1,170				1,170	7	MO S/L	529	167
41	Dodge Van Blue	8/16/19	16,365				16,365	5	MO S/L	4,364	3,273
42	Fiesta Black	8/16/19	13,497				13,497	5	MO S/L	3,599	2,700
43	Fiesta Gray	8/16/19	15,307				15,307	5	MO S/L	4,082	3,061
44	Dodge Van Red	11/06/19	16,583				16,583	5	MO S/L	3,869	3,317
46	Land 28 Channing Street	1/01/88	61,000				61,000	0	-- Land	0	0
47	Cleveland Street Land	1/01/19	29,000				29,000	0	-- Land	0	0
Total Other Depreciation			<u>457,672</u>				<u>457,672</u>			<u>308,022</u>	<u>13,554</u>
Total ACRS and Other Depreciation			<u>457,672</u>				<u>457,672</u>			<u>308,022</u>	<u>13,554</u>
Grand Totals			457,672				457,672			308,022	13,554
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>457,672</u>				<u>457,672</u>			<u>308,022</u>	<u>13,554</u>

CT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
Other Depreciation:								
1	Building 28 Channing Street	1/01/88	189,000	189,000	155,925	4,725	0	-4,725
2	Furnace	1/01/92	1,571	1,571	1,571	0	0	0
3	Carpet	2/05/97	1,373	1,373	1,373	0	0	0
4	Carpet	6/21/97	1,436	1,436	1,436	0	0	0
5	Upstairs Renovation	7/01/00	4,878	4,878	4,878	0	0	0
6	Porch Siding	7/18/01	1,681	1,681	1,681	0	0	0
7	Painting	8/01/01	18,750	18,750	18,750	0	0	0
8	Security Alarm	5/15/03	2,040	2,040	2,040	0	0	0
9	Rebuild Chimneys	5/11/04	10,840	10,840	10,840	0	0	0
10	Power Backup System	8/08/06	1,713	1,713	1,713	0	0	0
11	New Furnace	2/04/07	8,100	8,100	7,515	540	540	0
12	Replacement Windows	12/18/09	15,722	15,722	4,324	393	393	0
13	Replacement Windows	1/15/10	1,550	1,550	426	39	39	0
14	Wooden Storage Cabinet	8/26/94	400	400	400	0	0	0
15	Phone System	8/21/97	2,990	2,990	2,990	0	0	0
16	Blackbaud Software	10/31/98	5,610	5,610	5,610	0	0	0
17	Computer Upgrades	11/08/00	2,995	2,995	2,995	0	0	0
18	Printer	6/28/00	557	557	557	0	0	0
19	Printer	7/15/00	250	250	250	0	0	0
20	Carpeting	7/01/97	5,066	5,066	5,066	0	0	0
21	Holocaust Center Furniture	8/10/03	9,687	9,687	9,687	0	0	0
22	Canon Copier IR 330	5/11/04	3,700	3,700	3,700	0	0	0
23	Refrigerator	9/20/05	730	730	730	0	0	0
24	Server, OP Sys, Printer	4/01/10	3,410	3,410	3,410	0	0	0
25	Printer	3/06/06	210	210	210	0	0	0
26	Shleiving & Office Furniture	3/07/06	2,031	2,031	2,031	0	0	0
27	Office Furniture	7/01/06	3,285	3,285	3,285	0	0	0
28	Bookcases	8/10/06	825	825	825	0	0	0
29	Chairs & Table	10/17/06	543	543	543	0	0	0
37	Computers	5/01/14	2,390	2,390	2,390	0	0	0
38	Laptop Computer - Marcia	3/24/15	777	777	777	0	0	0
39	Computer - Jeanine	7/11/16	640	640	576	64	64	0
40	Modem	11/15/17	1,170	1,170	529	167	167	0
41	Dodge Van Blue	8/16/19	16,365	16,365	4,364	3,273	3,273	0
42	Fiesta Black	8/16/19	13,497	13,497	3,599	2,700	2,700	0
43	Fiesta Gray	8/16/19	15,307	15,307	4,082	3,061	3,061	0
44	Dodge Van Red	11/06/19	16,583	16,583	3,869	3,317	3,317	0
46	Land 28 Channing Street	1/01/88	61,000	61,000	0	0	0	0
47	Cleveland Street Land	1/01/19	29,000	29,000	0	0	0	0
Total Other Depreciation			<u>457,672</u>	<u>457,672</u>	<u>274,947</u>	<u>18,279</u>	<u>13,554</u>	<u>-4,725</u>
Total ACRS and Other Depreciation			<u>457,672</u>	<u>457,672</u>	<u>274,947</u>	<u>18,279</u>	<u>13,554</u>	<u>-4,725</u>
Grand Totals			457,672	457,672	274,947	18,279	13,554	-4,725
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>457,672</u>	<u>457,672</u>	<u>274,947</u>	<u>18,279</u>	<u>13,554</u>	<u>-4,725</u>

JFEC Jewish Federation of Eastern

23-7121362

FYE: 12/31/2021

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building 28 Channing Street	1/01/88	189,000	0	0
2	Furnace	1/01/92	1,571	0	0
3	Carpet	2/05/97	1,373	0	0
4	Carpet	6/21/97	1,436	0	0
5	Upstairs Renovation	7/01/00	4,878	0	0
6	Porch Siding	7/18/01	1,681	0	0
7	Painting	8/01/01	18,750	0	0
8	Security Alarm	5/15/03	2,040	0	0
9	Rebuild Chimneys	5/11/04	10,840	0	0
10	Power Backup System	8/08/06	1,713	0	0
11	New Furnace	2/04/07	8,100	45	0
12	Replacement Windows	12/18/09	15,722	394	0
13	Replacement Windows	1/15/10	1,550	39	0
14	Wooden Storage Cabinet	8/26/94	400	0	0
15	Phone System	8/21/97	2,990	0	0
16	Blackbaud Software	10/31/98	5,610	0	0
17	Computer Upgrades	11/08/00	2,995	0	0
18	Printer	6/28/00	557	0	0
19	Printer	7/15/00	250	0	0
20	Carpeting	7/01/97	5,066	0	0
21	Holocaust Center Furniture	8/10/03	9,687	0	0
22	Canon Copier IR 330	5/11/04	3,700	0	0
23	Refrigerator	9/20/05	730	0	0
24	Server, OP Sys, Printer	4/01/10	3,410	0	0
25	Printer	3/06/06	210	0	0
26	Shleving & Office Furniture	3/07/06	2,031	0	0
27	Office Furniture	7/01/06	3,285	0	0
28	Bookcases	8/10/06	825	0	0
29	Chairs & Table	10/17/06	543	0	0
37	Computers	5/01/14	2,390	0	0
38	Laptop Computer - Marcia	3/24/15	777	0	0
39	Computer - Jeanine	7/11/16	640	0	0
40	Modem	11/15/17	1,170	168	0
41	Dodge Van Blue	8/16/19	16,365	3,273	0
42	Fiesta Black	8/16/19	13,497	2,699	0
43	Fiesta Gray	8/16/19	15,307	3,062	0
44	Dodge Van Red	11/06/19	16,583	3,317	0
46	Land 28 Channing Street	1/01/88	61,000	0	0
47	Cleveland Street Land	1/01/19	29,000	0	0
Total Other Depreciation			<u>457,672</u>	<u>12,997</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>457,672</u>	<u>12,997</u>	<u>0</u>
Grand Totals			<u>457,672</u>	<u>12,997</u>	<u>0</u>

Asset	Description	Date In Service	Cost	CT
Other Depreciation:				
1	Building 28 Channing Street	1/01/88	189,000	4,725
2	Furnace	1/01/92	1,571	0
3	Carpet	2/05/97	1,373	0
4	Carpet	6/21/97	1,436	0
5	Upstairs Renovation	7/01/00	4,878	0
6	Porch Siding	7/18/01	1,681	0
7	Painting	8/01/01	18,750	0
8	Security Alarm	5/15/03	2,040	0
9	Rebuild Chimneys	5/11/04	10,840	0
10	Power Backup System	8/08/06	1,713	0
11	New Furnace	2/04/07	8,100	45
12	Replacement Windows	12/18/09	15,722	393
13	Replacement Windows	1/15/10	1,550	39
14	Wooden Storage Cabinet	8/26/94	400	0
15	Phone System	8/21/97	2,990	0
16	Blackbaud Software	10/31/98	5,610	0
17	Computer Upgrades	11/08/00	2,995	0
18	Printer	6/28/00	557	0
19	Printer	7/15/00	250	0
20	Carpeting	7/01/97	5,066	0
21	Holocaust Center Furniture	8/10/03	9,687	0
22	Canon Copier IR 330	5/11/04	3,700	0
23	Refrigerator	9/20/05	730	0
24	Server, OP Sys, Printer	4/01/10	3,410	0
25	Printer	3/06/06	210	0
26	Shleving & Office Furniture	3/07/06	2,031	0
27	Office Furniture	7/01/06	3,285	0
28	Bookcases	8/10/06	825	0
29	Chairs & Table	10/17/06	543	0
37	Computers	5/01/14	2,390	0
38	Laptop Computer - Marcia	3/24/15	777	0
39	Computer - Jeanine	7/11/16	640	0
40	Modem	11/15/17	1,170	168
41	Dodge Van Blue	8/16/19	16,365	3,273
42	Fiesta Black	8/16/19	13,497	2,699
43	Fiesta Gray	8/16/19	15,307	3,062
44	Dodge Van Red	11/06/19	16,583	3,317
46	Land 28 Channing Street	1/01/88	61,000	0
47	Cleveland Street Land	1/01/19	29,000	0
	Total Other Depreciation		<u>457,672</u>	<u>17,721</u>
	Total ACRS and Other Depreciation		<u>457,672</u>	<u>17,721</u>
	Grand Totals		<u>457,672</u>	<u>17,721</u>

Form 990-T	Business Income Activity Summary	2021
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Name JEWISH FEDERATION OF EASTERN	Taxpayer Identification Number 23-7121362
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Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|--------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | E. _____ |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. _____ |
| G. Pre-2018 Net Operating Losses Carried Forward | G. _____ |

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. JEWISH LEADER	511190	1. -9,052
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. -9,052

Form 990-T	Schedule A Loss Carryover Calculation	2021
Description JEWISH LEADER		

Name JEWISH FEDERATION OF EASTERN	Taxpayer Identification Number 23-7121362
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Unincorporated Business Income Tax Code: **511190** Activity: **OTHER PUBLISHERS (EXCEPT INTERNE**

Each activity may carryforward losses after 2018

1 Activity income	1	40,057
2 Activity deductions	2	49,109
3 Activities income or loss, after deductions	3	-9,052
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4)	7	
8 If line 3 is less than zero, enter that amount here as a positive number	8	9,052
9 Total loss carried forward to 2022 (Add lines 7 and 8)	9	9,052

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1
E2 Prior year activity losses included on Schedule A, Line 17	E2

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning _____, ending _____		

Name **JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.** Taxpayer Identification Number **23-7121362**

		2020	2021	Differences
R e v e n u e	1. Contributions, gifts, grants	384,581	670,493	285,912
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	144,351	107,003	-37,348
	5. Investment income	20,069	10,873	-9,196
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	10,836	355,164	344,328
	8. Net income or (loss) from fundraising events	2,544		-2,544
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	562,381	1,143,533	581,152
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	116,255		-116,255
	16. Salaries, other compensation, and employee benefits	282,357	397,805	115,448
	17. Professional fundraising fees			
	18. Other professional fees	4,975	15,495	10,520
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	13,654	13,554	-100
	21. Other expenses	329,508	357,977	28,469
	22. Total expenses. Add lines 13 through 21	746,749	784,831	38,082
	23. Excess or (Deficit). Subtract line 22 from line 12	-184,368	358,702	543,070
O t h e r I n f o r m a t i o n	24. Total exempt revenue	562,381	1,143,533	581,152
	25. Total unrelated revenue		40,057	40,057
	26. Total excludable revenue	175,256	432,983	257,727
	27. Total assets	1,048,987	974,745	-74,242
	28. Total liabilities	198,000	67,460	-130,540
	29. Retained earnings	850,987	907,285	56,298
	30. Number of voting members of governing body	28	28	
	31. Number of independent voting members of governing body	28	28	
	32. Number of employees	10	9	
	33. Number of volunteers	7	12	

Form 990	Tax Return History	2021
Name JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.		Employer Identification Number 23-7121362

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants			430,835	384,581	670,493	
Membership dues						
Program service revenue			206,251	144,351	107,003	
Capital gain or loss				10,836	355,164	
Investment income			17,445	20,069	10,873	
Fundraising revenue (income/loss)			-18,768	2,544		
Gaming revenue (income/loss)						
Other revenue						
Total revenue			635,763	562,381	1,143,533	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			64,655	116,255		
Other compensation			354,923	282,357	397,805	
Professional fees			9,982	4,975	15,495	
Occupancy costs						
Depreciation and depletion			11,634	13,654	13,554	
Other expenses			391,213	329,508	357,977	
Total expenses			832,407	746,749	784,831	
Excess or (Deficit)			-196,644	-184,368	358,702	
Total exempt revenue			635,763	562,381	1,143,533	
Total unrelated revenue					40,057	
Total excludable revenue			223,696	175,256	432,983	
Total Assets			1,072,717	1,048,987	974,745	
Total Liabilities			73,304	198,000	67,460	
Net Fund Balances			999,413	850,987	907,285	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 39		14			
TOTAL	\$ <u>39</u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 10,834		14			
TOTAL	\$ <u>10,834</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 844	\$	\$ 844	\$
TOTAL	\$ 844	\$ 0	\$ 844	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 16,747	\$ 4,187	\$ 12,560	\$
ALLOCATIONS	16,500	16,500		
REPAIRS & MAINTENANCE	12,195		12,195	
TRANSPORTATION EXPENSES	10,480	7,546	2,934	
JANITORIAL	8,146	8,146		
UTILITIES	6,095		6,095	
DUES & SUBS	4,660	2,423	2,237	
FUNDRAISING	2,719			2,719
SENIOR SERVICES	1,688	1,688		
BANK FEES	1,481		1,481	
PROPERTY TAXES	1,158		1,158	
TOTAL	\$ 81,869	\$ 40,490	\$ 38,660	\$ 2,719

JFEC Jewish Federation of Eastern
23-7121362
FYE: 12/31/2021

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS AND GRANTS	\$ 460,813
PPP LOAN FORGIVENESS	130,000
DONATED FOOD AND SUPPLIES	79,680
TOTAL	<u>\$ 670,493</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 39
	10,834
TOTAL	<u>\$ 10,873</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
PUBLICATIONS INCOME	\$ 40,057
LESS: DEDUCTIONS	-50,109
TOTAL	<u>\$ -10,052</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAMMING INCOME	\$ 66,946
KRISPY KREME FUNDRAISER	
TOTAL	<u>\$ 66,946</u>

Hoyt, Filippetti & Malaghan, LLC
1041 Poquonnock Rd
Groton, CT 06340-4211

Jewish Federation of Eastern
Connecticut, Inc.
28 Channing Street
New London, CT 06320
|||||

Form CT-990T Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

**JEWISH FEDERATION OF EASTERN
CONNECTICUT, INC.**

23-7121362

Income

Federal unrelated business income _____
 Federal Net operating loss deduction _____
 Federal deduction for state taxes _____
 Refund / credit of CT tax _____

Unrelated business taxable income _____

Apportionment percentage 1.000000 %

Apportioned UBTI _____
 Operating loss carryover _____

Taxable income _____

Taxes / Credits / Payments

Tax on taxable income _____
 Electronic data processing credit _____

Tax

Paid with extension _____
 Estimated tax payments _____
 Other payments _____

Total payments _____

Net tax due _____

Adjustments

Failure to file penalty _____
 Failure to pay penalty _____
 Interest on late payments _____
 Estimated tax penalty _____
 Overpayment applied to next year's estimated tax _____

Total adjustments _____

Balance due _____

Refund _____

Next Year's Estimates

1st quarter _____
 2nd quarter _____
 3rd quarter _____
 4th quarter _____
Total _____

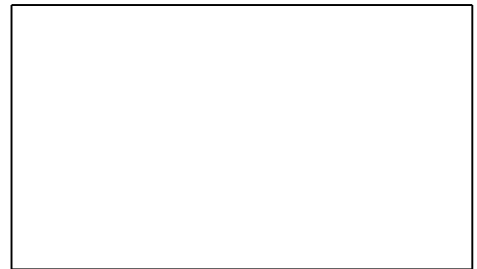
Miscellaneous Information

Amended return
 CT-990T return / extended due date 05/16/22

Registration Application Information

Filing fee 50
 Late filing fee due _____
Total 50

Amended return
 Return / extended due date 11/30/22



**STATE OF CONNECTICUT
 FULL REQUIREMENT INITIAL CHARITY REGISTRATION APPLICATION**

Any organization that solicits contributions for charitable purposes must register with the Department of Consumer Protection prior to the commencement of solicitation and must remain registered at all times during which it solicits funds in Connecticut.

Mail Registration Fee & Application to: Dept. of Consumer Protection
Attn: Public Charities Unit
450 Columbus Blvd. Suite 801
Hartford, CT 06103

Non-refundable Registration fee: \$50.00
 Make payment payable to:
Treasurer, State of Connecticut

= **All required information must be completed before application will be processed. See page 3 for Instructions to questions.**
 = **Do not** use this registration application to **renew** or **reinstate** a charitable organization registration

Section 1

Full legal name of the registering organization: JEWISH FEDERATION OF EASTERN CONNECTICUT, INC.			
Physical Address 28 CHANNING STREET	City NEW LONDON	State CT	Zip Code 06320
Telephone Number (w/area code) 860-442-8062	FEIN # 23-7121362	Email Address CARIN.SAVEL@JFEC.COM	
Names, other than the name given above, under which funds will be solicited. (Attach a sheet if needed):			
Client Copy			
Mailing Address (if different than above)			
In Care of:		Telephone Number (w/area code)	
Street Address	City	State	Zip Code

Section 2

Fiscal year end or the date your fiscal year will end (mm/dd/yy) _____ <i>If you do not provide a date, we will use December 31.</i> <i>If you have not yet completed your first fiscal year end, no financial documents are required with your application</i>
Where and date of when the organization was legally established? State: _____ Date: _____
Purpose of organization: SEE STATEMENT 1 _____ (attach a sheet if needed).

Section 3

What is the organization's IRS Tax Exempt Status? (Check only one answer):
<input checked="" type="checkbox"/> Exempt status approved. Provide copy of IRS Federal Tax Exemption Letter. Indicate, Exempt 501 (c) code <u>3</u> and date of determination _____.
<input type="checkbox"/> Exempt status pending. Provide copy of the filed IRS form 1023 or 1024. Indicate pending, Exempt 501 (c) code _____ and date of application _____.
<input type="checkbox"/> Not exempt. Will you be applying for tax exempt status? <input type="checkbox"/> Yes <input type="checkbox"/> No

JEWISH FEDERATION OF EASTERN
Section 4

If yes is indicated for any questions 10 through 21, attach a detailed explanation on a separate sheet and indicate the number your answer(s) apply to for each line item, as required.

- 10. If the organization is not exempt, has it ever applied for exemption? Yes No Never applied for exemption
- 11. If the organization is not exempt, has the organization ever been previously exempt? Yes No Never applied for exemption
- 12. Has an IRS tax exemption been refused, changed, revoked or modified? Yes No Never applied for exemption
- 13. Has there been any change in the organization's tax status with the IRS? Yes No Never applied for exemption
- 14. Has the organization solicited contributions in Connecticut during any year prior to submission of this application?
 Yes No If **yes**, include a copy of the organization's most recently filed IRS 990, 990 EZ, 990 N or 990 PF and audit if required for such prior year in which the organization solicited in Connecticut, but was not registered.
- 15. Has the organization ever registered as a charity in Connecticut? Yes No
 If **yes**, provide registration number(s) _____
- 16. Has the organization whose registration expired in Connecticut, solicited contributions in Connecticut during any year since its registration expired? Yes No

Questions 17 through 21 applies to the organization, any of its officers, directors, board members as well as fundraising staff or employees:

- 17. Been enjoined or otherwise prohibited by a government agency / court from soliciting? Yes No
- 18. Had a registration denied or revoked? Yes No
- 19. Been subject of proceedings regarding any solicitation or registration? Yes No
- 20. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No
- 21. Have any of the organization's officers, directors or principal executives been convicted of a misdemeanor or felony?
 Yes No

22. List the name, address & phone number of the organization's **Primary financial institution**: _____

23. **Provide the name, title, address (street & P.O.) and telephone number of the signatory of this application below.

I, _____ hereby certify under penalty of false statements that I am authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of my knowledge.

10/10/22
 Signature & Date

28 CHANNING STREET
 Address

RACHEL LEVY
 Print Name

 Address

EXECUTIVE DIRECTOR
 Title (Occupation)

NEW LONDON
 Town/City

860-442-8062
 Daytime Phone Number

CT 06320
 State & Zip Code

State Law requires one signature

990T1221V011022



Form CT-990T
Connecticut Unrelated Business
Income Tax Return
 (Rev. 12/21)

2021

Enter Income Year, Beginning: ▶ **01/01/21** and Ending: ▶ **12/31/21**

JEWISH FEDERATION OF EASTERN

CT Tax Reg. # ▶

28 CHANNING STREET

FEIN ▶ **237121362**

NEW LONDON

CT 06320 -

Check All Applicable Boxes:

- ▶ Organization is annualizing its income
- Change of:
 - ▶ Mailing address ▶ Closing month (Attach explanation)
 - Return status:
 - ▶ Amended return ▶ Initial return ▶ Final return
 - If final return:
 - ▶ Dissolved ▶ Withdrawn ▶ Merged/reorganized: Enter survivor's CT Tax Reg. #

Type of organization:

▶ Corporation ▶ 401(a) or 408(a) trust

▶ Other trust ▶ Other: Explain

1. Date unrelated trade or business began in Connecticut:
2. Nature of unrelated trade or business income activity:
3. Corporation only: Enter state of corporation: **CT**

Date of organization:

Date qualified in Connecticut if not incorporated in Connecticut:

Client Copy

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Signature of officer or fiduciary

Title

Date

EXECUTIVE DI

Print name of officer or fiduciary

Telephone number

RACHEL LEVY

8604428062

Email address of officer

▶ **CARIN.SAVEL@JFEC.COM**

Paid preparer's signature

Date

Preparer's PTIN

SUSAN K. JONES

10102022

P01307594

Firm's name, address, and ZIP code

May DRS contact the preparer shown below about this return?

Firm's FEIN

HOYT, FILIPPETTI & MALAGHAN, LLC
1041 POQUONNOCK RD
GROTON, CT 06340-4211

20-169699

Telephone number

8605369685

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– Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service –

Computation of Income

1. Federal unrelated business taxable income from 2021 federal Form 990-T	1. ▶	
2. Federal net operating loss deduction claimed on 2021 federal Form 990-T	2. ▶	
3. Federal deduction for Connecticut tax on unrelated business taxable income	3. ▶	
4. Total: Add Lines 1, 2, and 3.	4. ▶	
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5. ▶	
6. Unrelated business taxable income: Subtract Line 5 from Line 4.	6. ▶	0

Computation of Tax

1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3.	1. ▶	
2. Apportionment fraction from <i>Schedule A</i> , Line 5 on Page 3. Carry to six places.	2. ▶	1.000000
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2.	3. ▶	
4. Operating loss carryover from <i>Schedule B</i> , Line 21 on Page 4. Do not exceed 50% of Line 3.	4. ▶	0
5. Income subject to tax: Subtract Line 4 from Line 3.	5. ▶	0
6. Tax: Multiply Line 5 by 7.5% (.075).	6. ▶	0

Computation of Amount Payable

1. Tax: Include surtax if applicable.	1. ▶	
2. <i>Reserved for future use</i>	2.	
3. Total Tax: Enter the amount from Line 1.	3. ▶	
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1.	4. ▶	
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5. ▶	0
6a. Paid with application for extension from Form CT-990T EXT	6a. ▶	
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b. ▶	
6c. Overpayment from prior year	6c. ▶	
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.	6. ▶	
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.	7. ▶	0
8a. Penalty	8a. ▶	0
8b. Interest	8b. ▶	0
8c. Form CT-1120I Interest	8c. ▶	
8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c.	8.	
9a. Amount to be credited to 2022 estimated tax	9a. ▶	
9b. Amount to be refunded	9b. ▶	
9. Total credited and refunded	9.	
9c. Acct. type: Ck ▶ Sv ▶ 9d. Rout. # ▶ 9e. Acct. # ▶		
9f. Will this refund go to a bank account outside the U.S.? ▶ 9g. Bank name ▶		
10. Balance due with this return: Add Line 7 and Line 8.	10. ▶	0 .00

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Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1a. Inventories			
	1b. Tangible property	40,253	40,253	
	1c. Real property	102,621	102,621	
	1d. Capitalized rent			
	1. Total	142,874	142,874	1.000000
Receipts	2a. Sales of tangibles	107,003	107,003	
	2b. Services			
	2c. Rentals			
	2d. Other	10,873	10,873	
	2. Total	117,876	117,876	1.000000
Wages, salaries, and other compensation	3. Total	0		
	4. Total: Add Lines 1, 2, and 3 in Column C.			2.000000
	5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and on Page 2, Computation of Tax, Line 2.			1.000000

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Schedule B — Connecticut Apportioned Operating Loss Carryover Applied to 2020

1. 2001 Connecticut net operating loss available for use in 2021	1.	
2. 2002 Connecticut net operating loss available for use in 2021	2.	
3. 2003 Connecticut net operating loss available for use in 2021	3.	
4. 2004 Connecticut net operating loss available for use in 2021	4.	
5. 2005 Connecticut net operating loss available for use in 2021	5.	
6. 2006 Connecticut net operating loss available for use in 2021	6.	
7. 2007 Connecticut net operating loss available for use in 2021	7.	
8. 2008 Connecticut net operating loss available for use in 2021	8.	
9. 2009 Connecticut net operating loss available for use in 2021	9.	
10. 2010 Connecticut net operating loss available for use in 2021	10.	
11. 2011 Connecticut net operating loss available for use in 2021	11.	
12. 2012 Connecticut net operating loss available for use in 2021	12.	
13. 2013 Connecticut net operating loss available for use in 2021	13.	
14. 2014 Connecticut net operating loss available for use in 2021	14.	
15. 2015 Connecticut net operating loss available for use in 2021	15.	
16. 2016 Connecticut net operating loss available for use in 2021	16.	0
17. 2017 Connecticut net operating loss available for use in 2021	17.	0
18. 2018 Connecticut net operating loss available for use in 2021	18.	0
19. 2019 Connecticut net operating loss available for use in 2021	19.	0
20. 2020 Connecticut net operating loss available for use in 2021	20.	0
21. Total: Add Lines 1 through 20. Enter here and on <i>Computation of Tax</i> , Line 4. Do not exceed 50% of <i>Computation of Tax</i> , Line 3.	21.	0

Schedule C — Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero.	1.	
2. Add back specific claimed on 2021 federal Form 990-T	2.	
3. Subtotal: Add Line 1 and Line 2.	3.	
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.	
5. 2021 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	0

990T1221V041022

Statement 1 - Initial Registration Application, Line 8 - Purpose of Organization

Description

THE FEDERATION COLLECTS CONTRIBUTIONS FROM THE PUBLIC AND DISTRIBUTES THEM TO VARIOUS AGENCIES, INDIVIDUALS AND OTHER NON-PROFIT ORGANIZATIONS TO BENEFIT THE JEWISH AND LOCAL COMMUNITY. THE FEDERATION PROVIDES DIRECT SERVICES TO SENIORS, ADULTS AND YOUTH, INCLUDING SOCIAL SERVICES, CASE MANAGEMENT AND A FOOD PANTRY.