

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**12701 N SCOTTSDALE ROAD, SUITE 202**  
 City or town, state or province, country, and ZIP or foreign postal code  
**SCOTTSDALE AZ 85254**

**D** Employer identification number  
**47-0874376**

**E** Telephone number  
**480-699-1717**

**G** Gross receipts\$ **22,398,960**

**F** Name and address of principal officer:  
**RICHARD KASPER**  
**12701 N. SCOTTSDALE RD, STE 202**  
**SCOTTSDALE AZ 85254**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.JCFPHOENIX.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **2002** **M** State of legal domicile: **AZ**

**H(c)** Group exemption number **u**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PHILANTHROPIC ASSET MANAGEMENT AND GRANTMAKING TO BOTH JEWISH AND SECULAR CHARITABLE ORGANIZATIONS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>394,127</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>7,177,142</b>	<b>6,731,605</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>582,199</b>	<b>569,976</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,358,215</b>	<b>1,905,787</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,117,556</b>	<b>9,207,368</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>5,585,980</b>	<b>5,161,144</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>599,383</b>	<b>627,934</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>225,432</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>982,645</b>	<b>856,550</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>7,168,008</b>	<b>6,645,628</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,949,548</b>	<b>2,561,740</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>52,238,162</b>	<b>61,457,726</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,737,067</b>	<b>6,449,528</b>
		<b>46,501,095</b>	<b>55,008,198</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
**RICHARD KASPER** **PRESIDENT AND CEO**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **RACHEL R. LOCKE, CPA** Preparer's signature: **RACHEL R. LOCKE, CPA** Date: **06/19/20** Check  if self-employed  if PTIN **P00450405**

Firm's name: **FESTER & CHAPMAN, PLLC** Firm's EIN: **82-1455657**

Firm's address: **9019 E. BAHIA DR STE 100** Phone no.: **602-264-3077**  
**SCOTTSDALE, AZ 85260**

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:

**BUILDING A PERMANENT SOURCE OF FINANCIAL SUPPORT FOR A VIBRANT, ENDURING JEWISH COMMUNITY.**

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 \$ **5,161,144** including grants of\$ **5,161,144** ) (Revenue \$ )

**JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX (JCF) PHILANTHROPISTS: JCF ASSISTS PHILANTHROPISTS IN SUPPORTING THE JEWISH AND SECULAR CAUSES THAT ARE IMPORTANT TO THEM BY AWARDING CHARITABLE ORGANIZATIONS DISTRIBUTIONS OF DOLLARS FROM JCF'S DONOR ADVISED FUNDS AND PERMANENT ENDOWMENT FUNDS. JCF CONDUCTS A NUMBER OF COMPETITIVE GRANT OPPORTUNITIES EACH YEAR. ADDITIONALLY, JCF DISTRIBUTES EMERGENCY ASSISTANCE TO COMMUNITY CAUSES AS NEEDED.**

4b (Code: ) (Expenses \$ **520,837** including grants of\$ ) (Revenue \$ **175,849** )

**MANAGEMENT: JCF MANAGES OVER 725 FUNDS ESTABLISHED BY LOCAL PHILANTHROPISTS, INCLUDING OVER 168 FUNDS RESTRICTED IN PERPETUITY, 362 FUNDS WITH OTHER RESTRICTIONS, AND 120 DONOR ADVISED FUNDS. JCF ALSO HOLDS AGENCY FUNDS FOR APPROXIMATELY 38 LOCAL JEWISH AGENCIES.**

4c (Code: ) (Expenses \$ **243,955** including grants of\$ ) (Revenue \$ **394,127** )

**JCF SPECIAL HOLDINGS: PRINTS AND DISTRIBUTES A FREE JEWISH NEWSPAPER TO THE JEWISH COMMUNITY AND OTHERS.**

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

(Expenses \$ **67,337** including grants of\$ ) (Revenue \$ )

4e Total program service expenses **u 5,993,273**

**Part IV Checklist of Required Schedules**

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

**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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 in 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?		

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

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



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD KASPER PRESIDENT AND CEO	40.00 0.00			X				199,000	0	22,842
(2) FRANCINE COLES DIRECTOR	1.00 0.00	X						0	0	0
(3) BRAD DIMOND FINANCE CHAIR	1.00 0.00	X		X				0	0	0
(4) LEE EISINBERG CHAIR	1.00 0.00	X		X				0	0	0
(5) LORY FISCHLER DIRECTOR	1.00 0.00	X						0	0	0
(6) ALAN GOLD VICE CHAIR	1.00 0.00	X		X				0	0	0
(7) NEIL GOLDSTEIN DIRECTOR	1.00 0.00	X						0	0	0
(8) NAOMI GODELL DIRECTOR	1.00 0.00	X						0	0	0
(9) RICHARD GOTTLIEB BOARD DEV. CHAIR	1.00 0.00	X		X				0	0	0
(10) VICTORIA HARRIS AUDIT CHAIR	1.00 0.00	X		X				0	0	0
(11) NEIL HILLER 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) I. JEROME HIRSCH	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) BRYAN KORT	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) NEAL KURN	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) REBECCA LIGHT	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) DEBORAH MILLER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(17) LEONARD MILLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) ANDREW PLATTNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) SANDY RIFE	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>199,000</b>		<b>22,842</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>199,000</b>		<b>22,842</b>	

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 **u1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
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? <i>If "Yes," complete Schedule J for such individual</i>	<b>X</b>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**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 **u**

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,731,605				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,471,177				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	6,731,605				
<b>Program Service Revenue</b>	<b>2a</b> PHOENIX JEWISH NEWS	Business Code	511110	394,127	394,127		
	<b>b</b> SPECIAL CAMPAIGNS AND PROGRAM		900099	131,917	131,917		
	<b>c</b> ADMINISTRATIVE FEE REVENUE		900099	43,932	43,932		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>		569,976			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>		994,876		994,876	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		14,102,503			
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales exps.	<b>7b</b>	13,191,592			
	<b>c</b> Gain or (loss)	<b>7c</b>	910,911				
	<b>d</b> Net gain or (loss)	<b>u</b>		910,911	910,911		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>8b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>9b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>		9,207,368	1,086,760	394,127	994,876	

**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	5,151,144	5,151,144		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
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	199,000	101,377	43,092	54,531
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	322,090	164,082	69,746	88,262
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,638	15,586	7,354	6,698
9 Other employee benefits	40,627	21,366	10,080	9,181
10 Payroll taxes	36,579	18,635	7,921	10,023
11 Fees for services (nonemployees):				
a Management	312,151	167,621	133,152	11,378
b Legal				
c Accounting	23,871		23,871	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	79,175	55,335	20,084	3,756
12 Advertising and promotion	46,330		46,330	
13 Office expenses	97,728	84,259	9,820	3,649
14 Information technology	36,396	16,496	11,171	8,729
15 Royalties				
16 Occupancy	52,472	20,603	23,005	8,864
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,670	98,071	3,823	10,776
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,202	9,202		
23 Insurance	29,197	10,998	11,017	7,182
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MISCELLANEOUS</b>	26,354	21,033	5,151	170
b <b>LIFE INSURANCE PREMIUMS</b>	26,170	26,170		
c <b>DUES AND PUBLICATIONS</b>	4,834	1,295	1,306	2,233
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,645,628	5,993,273	426,923	225,432
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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>1,783,386</b>	<b>1</b>	<b>2,925,753</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>75,893</b>	<b>9</b>	<b>88,027</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>240,197</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>197,907</b>	<b>45,879</b>	<b>10c</b> <b>42,290</b>
	<b>11</b> Investments—publicly traded securities .....	<b>49,118,571</b>	<b>11</b>	<b>57,105,209</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>1,214,433</b>	<b>15</b>	<b>1,296,447</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>52,238,162</b>	<b>16</b>	<b>61,457,726</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>168,784</b>	<b>17</b>	<b>60,400</b>
	<b>18</b> Grants payable .....	<b>53,298</b>	<b>18</b>	<b>112,087</b>
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	<b>5,398,561</b>	<b>21</b>	<b>6,160,431</b>
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	<b>116,424</b>	<b>25</b>	<b>116,610</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>5,737,067</b>	<b>26</b>	<b>6,449,528</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>17,651,785</b>	<b>27</b>	<b>21,601,989</b>
	<b>28</b> Net assets with donor restrictions .....	<b>28,849,310</b>	<b>28</b>	<b>33,406,209</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	<b>46,501,095</b>	<b>32</b>	<b>55,008,198</b>
<b>33</b> Total liabilities and net assets/fund balances .....	<b>52,238,162</b>	<b>33</b>	<b>61,457,726</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>9,207,368</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>6,645,628</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,561,740</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>46,501,095</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>5,945,363</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>55,008,198</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) ROBERT ROOS	1.00									
IMMEDIATE PAST CHAIR	0.00	X		X			0	0	0	
(21) SADIE ROSENTHAL	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) DEAN SCHEINERT	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) DONALD SCHON	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) SARAH WARNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) DAVID WEINER	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) BETH JO ZEITZER	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u**

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

**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 **u**

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Employer identification number **47-0874376**

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

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

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

**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) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,494,747	6,759,066	7,903,332	7,177,142	6,731,605	35,065,892
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6,494,747	6,759,066	7,903,332	7,177,142	6,731,605	35,065,892
<b>5</b> 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)						1,010,173
<b>6</b> Public support. Subtract line 5 from line 4.						34,055,719

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	6,494,747	6,759,066	7,903,332	7,177,142	6,731,605	35,065,892
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	873,903	808,122	635,845	1,051,395	994,876	4,364,141
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					419	419
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						39,430,452
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	430,045
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.37%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	81.36%
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

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

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

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

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

**u** Attach to Form 990, Form 990-EZ, or Form 990-PF.  
**u** Go to *www.irs.gov/Form990* for the latest information.

Name of the organization <b>JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX</b>	Employer identification number <b>47-0874376</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization

Employer identification number

**JEWISH COMMUNITY FOUNDATION OF**

**47-0874376**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 550,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,021,950	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 252,909	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 551,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 601,942	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 423,527	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**JEWISH COMMUNITY FOUNDATION OF**

**47-0874376**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ 674,730	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ 356,346	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	..... ..... .....	\$ 147,216	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**JEWISH COMMUNITY FOUNDATION OF**

**47-0874376**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SHARES OF PUBLICLY TRADED STOCK	\$ 1,021,950	
3	SHARES OF PUBLICLY TRADED STOCK	\$ 252,909	
7	SHARES OF PUBLICLY TRADED STOCK	\$ 674,730	
8	SHARES OF PUBLICLY TRADED STOCK	\$ 298,459	
9	SHARES OF PUBLICLY TRADED STOCK	\$ 147,216	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

47-0874376

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 Total number at end of year, Aggregate value of contributions, Aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage, and various questions about monitoring and reporting.

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: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance .....	24,687,682	26,182,428	21,751,451	20,685,464	22,037,994
<b>b</b> Contributions .....	861,445	1,539,246	2,988,288	1,312,527	491,762
<b>c</b> Net investment earnings, gains, and losses .....	4,213,765	-1,486,706	3,123,359	1,080,379	-615,858
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	1,421,334	1,547,286	1,597,471	1,326,919	1,228,434
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	28,341,558	24,687,682	26,265,627	21,751,451	20,685,464

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** .....
  - b** Permanent endowment **u** **88.88** %
  - c** Term endowment **u** **11.12** %
- 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       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations .....  |     | <b>X</b> |
| <b>(ii)</b> Related organizations .....   |     | <b>X</b> |
| <b>b</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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		61,560	26,463	35,097
<b>d</b> Equipment .....		91,428	86,908	4,520
<b>e</b> Other .....		87,209	84,536	2,673
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>42,290</b>

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... <b>u</b>		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CHARITABLE GIFT ANNUITIES</b>	<b>116,610</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... <b>u</b>	<b>116,610</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>15,152,731</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>5,945,363</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>5,945,363</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>9,207,368</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>9,207,368</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>6,645,628</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>6,645,628</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>6,645,628</b>

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION**

JCF MANAGES FUNDS AS AN AGENT FOR OTHER NOT-FOR-PROFIT ORGANIZATIONS. AS AGENT, JCF ESTABLISHES, MANAGES, AND INVESTS THE FUNDS IN THE ORGANIZATION'S NAME.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

JCF'S ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED BY DONORS AND WILL BE USED TO FUND FUTURE GRANTS AND OTHER EXEMPT PURPOSE EXPENDITURES.

**PART X - FIN 48 FOOTNOTE**

JCF RECOGNIZES UNCERTAIN TAX POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL NOT BE

**Part XIII Supplemental Information** *(continued)*

SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AT DECEMBER 31, 2018 AND 2017, JCF HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. PHOENIX JEWISH NEWS, LLC AND JCF HOLDINGS, LLC ARE DISREGARDED ENTITIES FOR TAX REPORTING PURPOSES. JCF IS SUBJECT TO UNRELATED BUSINESS INCOME TAX FROM NET ADVERTISING REVENUE GENERATED BY PHOENIX JEWISH NEWS, LLC.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047  
**2019**  
**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Employer identification number **47-0874376**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ABT PERFORMING ARTS ASSOCIATION, 7701 W. PARADISE LANE PEORIA AZ 85382	IN 87-0794123	3	11,400				OPERATIONAL SUPPORT
(2)	ACT ONE 910 E. OSBORN RD PHOENIX AZ 85014	45-3560706	3	28,500				OPERATIONAL SUPPORT
(3)	AHAVAS TORAH - THE SCOTTSDALE TORAH 13402 N. SCOTTSDALE RD SCOTTSDALE AZ 85254	13-3181154	3	9,404				OPERATIONAL SUPPORT
(4)	ALEXANDER MUSS HIGH SCHOOL IN ISRAE 78 RANDALL AVENUE ROCKVILLE CENTRE NY 11570	59-0173782	3	24,900				OPERATIONAL SUPPORT
(5)	ALLIANCE FOR MIDDLE EAST PEACE INC. 3534 N. LAKE SHORE DR. CHICAGO IL 60657	20-5879279	3	25,000				OPERATIONAL SUPPORT
(6)	ALPHA EPSILON PI FOUNDATION 8815 WESLEYAN ROAD INDIANAPOLIS IN 46268	13-6141078	3	8,850				OPERATIONAL SUPPORT
(7)	AMERICAN COMMITTEE FOR THE WEIZMANN 633 THIRD AVENUE NEW YORK NY 10017	13-1623886	3	34,391				OPERATIONAL SUPPORT
(8)	AMERICAN FRIENDS OF MAGEN DAVID ADO 20 W. 36TH STREET NEW YORK NY 10018	13-1790719	3	7,226				OPERATIONAL SUPPORT
(9)	AMERICAN FRIENDS OF ORR SHALOM 3708 ENTERPRISE DR. JANESVILLE WI 53546	13-3502817	3	12,000				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 138**

3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN FRIENDS OF TEL AVIV UNIVER 39 BROADWAY NEW YORK NY 10006-3702	13-1996126	3	7,850				OPERATIONAL SUPPORT
(2)	AMERICAN FRIENDS OF TOMER DEVORAH 3316 W. COLUMBIA AVE. LINCOLNWOOD IL 60712	20-3445337	3	10,000				OPERATIONAL SUPPORT
(3)	AMERICAN HEART ASSOCIATION 2929 S. 48TH STREET TEMPE AZ 85282	13-5613797	3	19,778				OPERATIONAL SUPPORT
(4)	AMERICAN ISRAEL EDUCATION FOUNDATIO 251 H STREET NW WASHINGTON DC 20001	52-1623781	3	100,000				OPERATIONAL SUPPORT
(5)	AMERICAN JEWISH JOINT DISTRIBUTION 220 E. 42ND ST. NEW YORK NY 10017	13-1656634	3	8,933				OPERATIONAL SUPPORT
(6)	AMERICAN PRAIRIE RESERVE 7 E. BEALL STREET BOZEMAN MT 59715	81-0541893	3	10,000				OPERATIONAL SUPPORT
(7)	AMERICAN SOCIETY FOR TECHNION 4079 GOVERNOR DRIVE SAN DIEGO CA 92122	13-0434195	3	9,791				OPERATIONAL SUPPORT
(8)	ANTI-DEFAMATION LEAGUE OF B'NAI B'R 605 THIRD AVE NEW YORK NY 10158	13-1818723	3	20,342				OPERATIONAL SUPPORT
(9)	ANYTOWN LEADERSHIP PROGRAM 1601 N. 7TH ST. PHOENIX AZ 85006	47-2617651	3	6,098				OPERATIONAL SUPPORT

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

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

Schedule I (Form 990) (2019)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA ANIMAL WELFARE LEAGUE 25 N. 40TH PLACE PHOENIX AZ 85034	23-7149453	3	30,200				OPERATIONAL SUPPORT
(2)	ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK PHOENIX AZ 85016	86-0348306	3	57,750				OPERATIONAL SUPPORT
(3)	ARIZONA HELPING HANDS 3110 E. THUNDERBIRD ROAD PHOENIX AZ 85032	86-0935988	3	11,205				OPERATIONAL SUPPORT
(4)	ARIZONA JEWISH HISTORICAL SOCIETY 122 E. CULVER STREET PHOENIX AZ 85004	86-0410245	3	36,902				OPERATIONAL SUPPORT
(5)	ARIZONA MUSICFEST PO BOX 25455 SCOTTSDALE AZ 85255	86-1034396	3	30,500				OPERATIONAL SUPPORT
(6)	ARIZONA OPERA 1636 N. CENTRAL AVE PHOENIX AZ 85004	23-7169261	3	42,056				OPERATIONAL SUPPORT
(7)	ARIZONA THEATRE COMPANY - TUCSON PO BOX 1631 TUCSON AZ 85702	86-0211777	3	8,245				OPERATIONAL SUPPORT
(8)	ARIZONA WOMEN'S EDUCATION & ENTREPR 868 E. UNIVERSITY DR. MESA AZ 85203	86-0412509	3	25,000				OPERATIONAL SUPPORT
(9)	ASU FOUNDATION PO BOX 2260 TEMPE AZ 85280	86-6051042	3	18,227				OPERATIONAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BALLET ARIZONA 2835 E. WASHINGTON ST. PHOENIX AZ 85034	86-0367773	3	5,400				OPERATIONAL SUPPORT
(2)	BANNER ALZHEIMER'S FOUNDATION 2901 N. CENTRAL AVE PHOENIX AZ 85012	20-4862361	3	22,206				OPERATIONAL SUPPORT
(3)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVE PHOENIX AZ 85012	94-2545356	3	31,500				OPERATIONAL SUPPORT
(4)	BARROW NEUROLOGICAL FOUNDATION 124 W. THOMAS RD PHOENIX AZ 85013	86-0174371	3	17,500				OPERATIONAL SUPPORT
(5)	BETH EL CONGREGATION 1118 W. GLENDALE AVE. PHOENIX AZ 85021	86-0098914	3	39,434				OPERATIONAL SUPPORT
(6)	B'NAI BRITH YOUTH ORGANIZATION 800 8TH STREET WASHINGTON DC 20001	31-1794932	3	8,884				OPERATIONAL SUPPORT
(7)	BOARD OF VISITORS 6245 N. 24TH PARKWAY PHOENIX AZ 85016	86-6052766	3	23,350				OPERATIONAL SUPPORT
(8)	BOYS & GIRLS CLUBS-SCOTTSDALE 10533 EAST LAKEVIEW DRIVE SCOTTSDALE AZ 85258	86-0133718	3	25,000				OPERATIONAL SUPPORT
(9)	BRING CHANGE TO MIND - BC2M 1556 SANSOME STREET SAN FRANCISCO CA 94104	01-0974537	3	7,500				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
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Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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(1)	BROPHY COLLEGE PREPARATORY 4701 N. CENTRAL AVENUE PHOENIX AZ 85012-1797	86-0119984	3	62,775				OPERATIONAL SUPPORT
(2)	BUREAU OF JEWISH EDUCATION 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0560654	3	57,815				OPERATIONAL SUPPORT
(3)	CAMP RAMAH 17525 VENTURA BLVD. #310 ENCINO CA 91316	95-1843131	3	11,224				OPERATIONAL SUPPORT
(4)	CENTRAL FUND OF ISRAEL 980 AVE. OF THE AMERICAS 3RD FL NEW YORK NY 10018	13-2992985	3	22,576				OPERATIONAL SUPPORT
(5)	CHABAD WEST VALLEY 7942 W. BELL ROAD GLENDALE AZ 85308	20-0541723	3	17,500				OPERATIONAL SUPPORT
(6)	CHALLENGED ATHLETES FOUNDATION 9591 WAPLES ST SAN DIEGO CA 92121	33-0739596	3	5,500				OPERATIONAL SUPPORT
(7)	CONGREGATION BETH ISRAEL 10460 N. 56TH STREET SCOTTSDALE AZ 85253	86-0113949	3	135,660				OPERATIONAL SUPPORT
(8)	CONGREGATION BETH TEFILLAH 6529 E. SHEA BLVD. SCOTTSDALE AZ 85254	47-5046861	3	102,050				OPERATIONAL SUPPORT
(9)	CONGREGATION OR TZION 16415 N. 90TH ST SCOTTSDALE AZ 85260	35-2187429	3	32,743				OPERATIONAL SUPPORT

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u** Attach to Form 990.  
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OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

Name of the organization **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Employer identification number **47-0874376**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CONGREGATION TIFERETH ISRAEL OF SAN 6660 COWLES MOUNTAIN BOULEVARD SAN DIEGO CA 92119	95-6006197	3	11,880				OPERATIONAL SUPPORT
(2)	CORTNEY'S PLACE 7000 E. SHEA BLVD SCOTTSDALE AZ 85254	42-1745079	3	6,300				OPERATIONAL SUPPORT
(3)	DESERT BOTANICAL GARDEN 1201 N GALVIN PARKWAY PHOENIX AZ 85008	86-0136925	3	28,100				OPERATIONAL SUPPORT
(4)	EAST VALLEY JEWISH COMMUNITY CENTER 908 N. ALMA SCHOOL ROAD CHANDLER AZ 85224	86-0618301	3	47,866				OPERATIONAL SUPPORT
(5)	FAITH ON WHEELS INTERNATIONAL MINIS 13232 N. 54TH DRIVE GLENDALE AZ 85304	47-4418700	3	6,000				OPERATIONAL SUPPORT
(6)	FOOTHILLS ANIMAL RESCUE, INC. 10197 E. BELL ROAD SCOTTSDALE AZ 85260	86-0789269	3	10,033				OPERATIONAL SUPPORT
(7)	FREE ARTS FOR ABUSED CHILDREN 352 E. CAMELBACK ROAD PHOENIX AZ 85012	86-0739613	3	25,000				OPERATIONAL SUPPORT
(8)	FRESH START WOMEN'S FOUNDATION 1130 E. MCDOWELL PHOENIX AZ 85006	86-0762610	3	12,000				OPERATIONAL SUPPORT
(9)	FRIENDS OF PUBLIC RADIO ARIZONA/KBA 2323 W. 14TH ST. 4TH FLOOR TEMPE AZ 85281	01-0579687	3	6,706				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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(1)	FRIENDSHIP CIRCLE 6892 W. MAPLE RD. WEST BLOOMFIELD MI 48322	38-3613944	3	10,000				OPERATIONAL SUPPORT
(2)	FRIENDSHIP CIRCLE 2110 E. LINCOLN DRIVE PHOENIX AZ 85016	86-0441056	3	5,098				OPERATIONAL SUPPORT
(3)	GESHER DISABILITY RESOURCES 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0626273	3	38,243				OPERATIONAL SUPPORT
(4)	GONZAGA UNIVERSITY SCHOOL OF LAW 721 N. CINCINNATI ST. SPOKANE WA 99220	FO 23-7052227	3	10,000				OPERATIONAL SUPPORT
(5)	HERBERGER THEATER CENTER 222 E. MONROE PHOENIX AZ 85004	86-0477969	3	7,200				OPERATIONAL SUPPORT
(6)	HILLEL AT ARIZONA STATE UNIVERSITY 1012 SOUTH MILL AVENUE TEMPE AZ 85281	86-6053859	3	76,519				OPERATIONAL SUPPORT
(7)	HONOR HEALTH FOUNDATION 8125 N. HAYDEN RD. SCOTTSDALE AZ 85258	74-2355411	3	5,485				OPERATIONAL SUPPORT
(8)	HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX AZ 85014	86-0338886	3	6,354				OPERATIONAL SUPPORT
(9)	J STREET EDUCATION FUND 1828 L STREET NW WASHINGTON DC 20036	20-2777557	3	35,000				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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(1)	JEWISH ARIZONANS ON CAMPUS 6740 E. VOLTAIRE AVE. SCOTTSDALE AZ 85254	26-1614122	3	21,180				OPERATIONAL SUPPORT
(2)	JEWISH COMMUNITY ASSOCIATION 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	45-3910992	3	606,068				OPERATIONAL SUPPORT
(3)	JEWISH COMMUNITY RELATIONS COUNCIL 12701 N. SCOTTSDALE RD SCOTTSDALE AZ 85254	82-1553383	3	34,200				OPERATIONAL SUPPORT
(4)	JEWISH ENSEMBLE THEATRE 1124 E. WEST MAPLE ROAD WALLED LAKE MI 48390	38-2861818	3	22,000				OPERATIONAL SUPPORT
(5)	JEWISH FAMILY & CHILDREN'S SERVICE 4747 N. 7TH STREET PHOENIX AZ 85014	86-0096781	3	192,786				OPERATIONAL SUPPORT
(6)	JEWISH FAMILY SERVICE OF SAN DIEGO JOAN & IRWIN JACOBS CAMPUS, TURK SAN DIEGO CA 92123	95-1644024	3	6,000				OPERATIONAL SUPPORT
(7)	JEWISH FEDERATION OF GREATER PHOENIX 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	45-3910992	3	444,886				OPERATIONAL SUPPORT
(8)	JEWISH NATIONAL FUND 78 RANDALL AVE. ROCKVILLE CENTRE NY 11570	13-1659627	3	327,148				OPERATIONAL SUPPORT
(9)	JEWISH TUITION ORGANIZATION 12701 N SCOTTSDALE RD SCOTTSDALE AZ 85254	86-0970081	3	36,237				OPERATIONAL SUPPORT

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

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(1)	LAUNCH PAD TEEN CENTER 302 GROVE ST. PRESCOTT AZ 86301	46-5601468	3	10,000				OPERATIONAL SUPPORT
(2)	LAWRENCE FAMILY JEWISH COMMUNITY 4126 EXECUTIVE DRIVE LA JOLLA CA 92037	95-1985474	3	8,360				OPERATIONAL SUPPORT
(3)	LOWELL OBSERVATORY 1400 W. MARS HILL ROAD FLAGSTAFF AZ 86001	86-0098918	3	15,000				OPERATIONAL SUPPORT
(4)	MAGGIE'S PLACE, INC. P.O. BOX 1102 PHOENIX AZ 85001	86-0972675	3	25,000				OPERATIONAL SUPPORT
(5)	MERKOS CHABAD - LUBAVITCH ORGANIZAT 2110 E. LINCOLN DRIVE PHOENIX AZ 85016	86-0441056	3	23,646				OPERATIONAL SUPPORT
(6)	MINKOFF CENTER FOR JEWISH GENETICS 12701 N. SCOTTSDALE RD. SCOTTSDALE AZ 85254	20-8139446	3	82,680				OPERATIONAL SUPPORT
(7)	MINNEAPOLIS JEWISH FEDERATION 13100 WAYZATA BLVD. MINNETONKA MN 55305	41-0693866	3	5,044				OPERATIONAL SUPPORT
(8)	MIRACLE LEAGUE OF ARIZONA 11130 E. CHOLLA ST. SCOTTSDALE AZ 85259	20-2742885	3	30,089				OPERATIONAL SUPPORT
(9)	MIZEL INSTITUTE 4350 S. MONACO ST. DENVER CO 80237	68-0561084	3	10,000				OPERATIONAL SUPPORT

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(1)	MUSEUM OF NORTHERN ARIZONA 3101 N. FORT VALLEY ROAD FLAGSTAFF AZ 86001	86-0098920	3	24,000				OPERATIONAL SUPPORT
(2)	NATIONAL COUNCIL OF JEWISH WOMEN 2055 L STREET NW WASHINGTON DC 20036	13-1641076	3	7,108				OPERATIONAL SUPPORT
(3)	NEW ISRAEL FUND 6 E. 39TH ST NEW YORK NY 10016	94-2607722	3	10,180				OPERATIONAL SUPPORT
(4)	NEW SHUL 7825 E. PARADISE LN SCOTTSDALE AZ 85260	73-1645783	3	12,160				OPERATIONAL SUPPORT
(5)	NEW WAY ACADEMY 5048 E. OAK ST. PHOENIX AZ 85008	86-0215781	3	10,000				OPERATIONAL SUPPORT
(6)	NORTHERN ARIZONA UNIVERSITY FOUNDAT PO BOX 4094 FLAGSTAFF AZ 86011	86-0193726	3	12,500				OPERATIONAL SUPPORT
(7)	OPERA AMERICA, INC. 330 SEVENTH AVE. NEW YORK NY 10001	23-7099904	3	10,000				OPERATIONAL SUPPORT
(8)	OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST. LOUIS MO 63119	43-0821958	3	6,000				OPERATIONAL SUPPORT
(9)	P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 630 THIRD AVENUE NEW YORK NY 10017	13-6104086	3	62,447				OPERATIONAL SUPPORT

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Schedule I (Form 990) (2019)



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(1)	PARDES JEWISH DAY SCHOOL 12753 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0969657	3	56,848				OPERATIONAL SUPPORT
(2)	PHOENIX ART MUSEUM 1625 N. CENTRAL AVENUE PHOENIX AZ 85004-1685	86-0765761	3	6,065				OPERATIONAL SUPPORT
(3)	PHOENIX COMMUNITY KOLLEL 3640 WEST LINCOLN ST. PHOENIX AZ 85009	86-0964706	3	21,235				OPERATIONAL SUPPORT
(4)	PHOENIX HEBREW ACADEMY 515 E. BETHANY HOME ROAD PHOENIX AZ 85012	86-0199058	3	7,303				OPERATIONAL SUPPORT
(5)	PHOENIX HOLOCAUST ASSOCIATION 12701 N. SCOTTSDALE RD. SCOTTSDALE AZ 85254	86-0517079	3	40,880				OPERATIONAL SUPPORT
(6)	PHOENIX JEWISH FREE LOAN ASSOCIATIO 3443 N. CENTRAL AVE PHOENIX AZ 85012	86-6052446	3	12,038				OPERATIONAL SUPPORT
(7)	PHOENIX SYMPHONY 1 N 1ST ST PHOENIX AZ 85004	86-6000134	3	22,600				OPERATIONAL SUPPORT
(8)	PLANNED PARENTHOOD ARIZONA 4751 N. 15TH ST. PHOENIX AZ 85014	86-0146520	3	32,452				OPERATIONAL SUPPORT
(9)	RAMAH ISRAEL SEMINAR 3080 BROADWAY NEW YORK NY 10027	13-6161110	3	8,000				OPERATIONAL SUPPORT

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(1)	RED ROCKS MUSIC FESTIVAL 11640 N. TATUM BLVD. PHOENIX AZ 85028	86-1035975	3	10,000				OPERATIONAL SUPPORT
(2)	ROCHESTER INSTITUTE OF TECHNOLOGY 116 LOMB MEMORIAL DRIVE ROCHESTER NY 14623	16-0743140	3	10,000				OPERATIONAL SUPPORT
(3)	ROSIE'S HOUSE PO BOX 13446 PHOENIX AZ 85002-3446	86-0650451	3	18,197				OPERATIONAL SUPPORT
(4)	SEDONA INTERNATIONAL FILM FESTIVAL 2030 W. STATE ROUTE 89A SEDONA AZ 86336	20-0351857	3	6,000				OPERATIONAL SUPPORT
(5)	SHIR HADASH 11 E 86TH STREET NEW YORK NY 10028	13-4045616	3	20,000				OPERATIONAL SUPPORT
(6)	SOUTHWEST AUTISM RESEARCH AND RESOU 300 N 18TH ST PHOENIX AZ 85006-4103	31-1496646	3	10,700				OPERATIONAL SUPPORT
(7)	ST. MARY'S FOOD BANK 2831 N 31ST AVENUE PHOENIX AZ 85009-1518	23-7353532	3	9,450				OPERATIONAL SUPPORT
(8)	SWIFT YOUTH FOUNDATION 16099 N. 82ND ST. SCOTTSDALE AZ 85260	86-0793061	3	20,319				OPERATIONAL SUPPORT
(9)	TEMPLE BETH SHOLOM OF THE EAST VALL 3400 N DOBSON RD CHANDLER AZ 85224	86-0209884	3	12,974				OPERATIONAL SUPPORT

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(1)	TEMPLE CHAI 4645 E. MARILYN ROAD PHOENIX AZ 85032	94-2381671	3	87,604				OPERATIONAL SUPPORT
(2)	TEMPLE EMANUEL OF TEMPE 5801 S. RURAL ROAD TEMPE AZ 85283	94-2394624	3	10,912				OPERATIONAL SUPPORT
(3)	TEMPLE KOL AMI 15030 N. 64TH ST. SCOTTSDALE AZ 85254	86-0617591	3	27,731				OPERATIONAL SUPPORT
(4)	TEMPLE SOLEL 6805 E. MCDONALD DRIVE PARADISE VALLEY AZ 85253	86-0223187	3	23,300				OPERATIONAL SUPPORT
(5)	U.S. MIDDLE EAST PROJECT 641 LEXINGTON AVENUE NEW YORK NY 10022	41-2213721	3	50,000				OPERATIONAL SUPPORT
(6)	UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK NY 10017	13-1663143	3	8,706				OPERATIONAL SUPPORT
(7)	UNITED JEWISH FEDERATION OF SAN DIEGO 4950 MURPHY CANYON RD. SAN DIEGO CA 92123	95-1319015	3	10,236				OPERATIONAL SUPPORT
(8)	UNIVERSITY OF ARIZONA FOUNDATION 1130 E. HELEN STREET PO BOX 210108 TUCSON AZ 85721-0108	45-5322674	3	10,000				OPERATIONAL SUPPORT
(9)	US FRIENDS OF THE VAN LEER JERUSALEM 6324 N. 24TH ST. ARLINGTON VA 22207	20-5813075	3	10,818				OPERATIONAL SUPPORT

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE, SW WASHINGTON DC 20024	52-1309391	3	67,586				OPERATIONAL SUPPORT
(2)	VALLEY BEIT MIDRASH 4645 E. MARILYN ROAD PHOENIX AZ 85032	45-5443715	3	73,806				OPERATIONAL SUPPORT
(3)	VALLEY OF THE SUN JEWISH COMMUNITY 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0622258		231,886				OPERATIONAL SUPPORT
(4)	VALLEY YOUTH THEATRE 807 NORTH THIRD STREET PHOENIX AZ 85004	86-0641978		20,100				OPERATIONAL SUPPORT
(5)	WINGS OF RESCUE 6303 OWL WAY LIVERMORE CA 94551	45-3343408		10,000				OPERATIONAL SUPPORT
(6)	WOMEN'S LEADERSHIP INSTITUTE 7825 E. PARADISE LANE SCOTTSDALE AZ 85260	27-3905817		52,016				OPERATIONAL SUPPORT
(7)	ZETA BETA TAU FOUNDATION INC. 3905 VINCENNES ROAD INDIANAPOLIS IN 46268	80-0244485		10,000				OPERATIONAL SUPPORT
(8)								
(9)								

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 DEAN TEACHING SCHOLARSHIP	2	10,000			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 EACH ORGANIZATION ACCEPTING A DONOR ADVISED GRANT MUST SUBMIT WRITTEN  
 ACKNOWLEDGEMENT THAT THE DISTRIBUTION WILL NOT BE PROVIDED FOR THE BENEFIT  
 OR PRIVILEGE OF THE ORIGINAL ADVISING DONOR, NOR REPRESENT THE PAYMENT OF  
 ANY PLEDGE OR OTHER FINANCIAL OBLIGATION. EACH ORGANIZATION ACCEPTING  
 ENDOWMENT FUND GRANTS FOR RESTRICTED PURPOSES MUST SUBMIT WRITTEN REPORTS  
 ON THE APPLICATION OF THE FUNDS GRANTED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF  
GREATER PHOENIX**

Employer identification number

**47-0874376**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD KASPER PRESIDENT AND CEO	(i)	199,000	0	0	9,959	12,883	221,842	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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF  
GREATER PHOENIX**

Employer identification number

**47-0874376**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art .....				
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities — Publicly traded	<b>X</b>	<b>62</b>	<b>3,471,177</b>	<b>STOCK EXCHANGE VALUE</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( .....				
26 Other <b>u</b> ( .....				
27 Other <b>u</b> ( .....				
28 Other <b>u</b> ( .....				

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

**29**

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization <b>JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX</b>	Employer identification number <b>47-0874376</b>
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**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**YOUTH PHILANTHROPY: JCF ALSO TRAINS, COACHES, AND MENTORS PROFESSIONAL AND VOLUNTEER LEADERS OF THE LOCAL JEWISH COMMUNITY AND LOCAL JEWISH COMMUNAL ORGANIZATIONS TO ASSIST THE GROWTH OF JEWISH AGENCIES AND SYNAGOGUES TO HELP THEM BECOME MORE EFFECTIVE.**

**JEWISH COMMUNITY PROGRAMS: JCF ALSO PROVIDES OVERSIGHT TO TWO COMMUNITY WIDE PROGRAMS: TU B'AV WEEKEND AND AGE ADVANTAGE EXCHANGE. THE TU B'AV WEEKEND PROGRAM IS A DESIGNATED WEEKEND WITH PLANNED ACTIVITIES FOR JEWISH SINGLES TO MEET AND MINGLE. THE AGE ADVANTAGE EXCHANGE IS AN INITIATIVE TO EXPAND ACCESS TO VITAL SERVICES, ACTIVITIES AND ENRICHMENT OPPORTUNITIES FOR THE VALLEY'S JEWISH SENIORS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**THE FORM 990 IS PREPARED BY JCF'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. BEFORE FILING, THE RETURN IS CAREFULLY REVIEWED BY MANAGEMENT WITH ALL NECESSARY MODIFICATIONS BEING INCORPORATED INTO THE DOCUMENT BEFORE FILING. JCF'S DIRECTOR OF FINANCE AND OPERATIONS AND THE FINANCE CHAIR WILL REVIEW AND APPROVE THE FORM 990. THE FULL BOARD OF DIRECTORS WILL HAVE A DRAFT OF THE PUBLIC INSPECTION COPY OF THE FORM 9090 FOR THEIR REVIEW. THE FINAL VERSION OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT ONE OF ITS REGULAR MEETINGS FOR BOARD APPROVAL PRIOR TO FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

Name of the organization

Employer identification number

JEWISH COMMUNITY FOUNDATION OF

47-0874376

JCF HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, VOLUNTEERS, KEY EMPLOYEES, AND THEIR RELATIVES. AS PER THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST. ANY MATTER OF QUESTION OR INTERPRETATION THAT ARISES RELATING TO THE CONFLICT OF INTEREST POLICY IS REFERRED TO THE BOARD CHAIR FOR DECISION AND/OR FOR REFERRAL TO THE BOARD OF DIRECTORS FOR DECISION WHERE APPROPRIATE. ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON A CONFLICT OF INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS OR STATING THAT THERE ARE NONE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE COMPENSATION FOR JCF'S PRESIDENT IS DETERMINED UTILIZING REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION-MAKING PROCESS. THE PROCESS WAS LAST UNDERTAKEN IN 2017.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
JCF'S PRESIDENT DETERMINES THE COMPENSATION OF OTHER KEY EMPLOYEES UTILIZING COMPARABILITY DATA AND WITHIN THE ESTABLISHED BUDGETARY GUIDELINES ESTABLISHED BY THE BOARD OF DIRECTORS. THE PROCESS WAS LAST UNDERTAKEN IN 2017.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF  
GREATER PHOENIX**

Employer identification number

**47-0874376**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JCF SPECIAL HOLDINGS, LLC 12701 N. SCOTTSDALE ROAD, STE 202 SCOTTSDALE AZ 85254	HOLDING CO	AZ			JCF OF GPHX
(2) PHOENIX JEWISH NEWS 12701 N. SCOTTSDALE ROAD, STE 202 SCOTTSDALE AZ 85254	PRINT NEWS	AZ	453,848	49,646	JCF HLDGS
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d	
<b>e</b> Loans or loan guarantees by related organization(s)	1e	
<b>f</b> Dividends from related organization(s)	1f	
<b>g</b> Sale of assets to related organization(s)	1g	
<b>h</b> Purchase of assets from related organization(s)	1h	
<b>i</b> Exchange of assets with related organization(s)	1i	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	1l	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
<b>o</b> Sharing of paid employees with related organization(s)	1o	
<b>p</b> Reimbursement paid to related organization(s) for expenses	1p	
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	
<b>r</b> Other transfer of cash or property to related organization(s)	1r	
<b>s</b> Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
<b>(1)</b> .....													
<b>(2)</b> .....													
<b>(3)</b> .....													
<b>(4)</b> .....													
<b>(5)</b> .....													
<b>(6)</b> .....													
<b>(7)</b> .....													
<b>(8)</b> .....													
<b>(9)</b> .....													
<b>(10)</b> .....													
<b>(11)</b> .....													





Form **990-T**

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://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**  Check box if address changed

**B** Exempt under section  
 501(c) ( 3 )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**12701 N SCOTTSDALE ROAD, SUITE 202**

City or town, state or province, country, and ZIP or foreign postal code  
**SCOTTSDALE AZ 85254**

**D Employer identification number**  
(Employees' trust, see instructions.)  
**47-0874376**

**E Unrelated business activity code**  
(See instructions.)  
**511110**

**C** Book value of all assets at end of year  
**61,457,726**

**F** Group exemption number (See instructions.)     

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

**H** Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here  
ADVERTISING  
 Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** 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.

**J** The books are in care of DONNA CORCORAN Telephone number 480-699-1717

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		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	394,127	392,708
12	Other income (See instructions; attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	394,127	392,708

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	0
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	<b>Total deductions.</b> Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	1,419
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	1,419

**Part III Total Unrelated Business Taxable income**

<b>32</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>32</b>	<b>1,419</b>
<b>33</b>	Amounts paid for disallowed fringes	<b>33</b>	
<b>34</b>	Charitable contributions (see instructions for limitation rules)	<b>34</b>	
<b>35</b>	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	<b>35</b>	<b>1,419</b>
<b>36</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>36</b>	<b>1,419</b>
<b>37</b>	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<b>37</b>	<b>0</b>
<b>38</b>	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<b>38</b>	<b>1,000</b>
<b>39</b>	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	<b>39</b>	<b>0</b>

**Part IV Tax Computation**

<b>40</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	<b>40</b>	
<b>41</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>41</b>	
<b>42</b>	<b>Proxy tax.</b> See instructions	<b>42</b>	
<b>43</b>	Alternative minimum tax (trusts only)	<b>43</b>	
<b>44</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>44</b>	
<b>45</b>	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<b>45</b>	<b>0</b>

**Part V Tax and Payments**

<b>46a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>46a</b>	
<b>b</b>	Other credits (see instructions)	<b>46b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>46c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>46d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 46a through 46d	<b>46e</b>	
<b>47</b>	Subtract line 46e from line 45	<b>47</b>	
<b>48</b>	Other taxes. 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 (att. sch.)	<b>48</b>	
<b>49</b>	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	<b>49</b>	<b>0</b>
<b>50</b>	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	<b>50</b>	
<b>51a</b>	Payments: A 2018 overpayment credited to 2019	<b>51a</b>	
<b>b</b>	2019 estimated tax payments	<b>51b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>51c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>51d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>51e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>51f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>51g</b>	
<b>52</b>	<b>Total payments.</b> Add lines 51a through 51g	<b>52</b>	
<b>53</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed <b>u</b>	<b>54</b>	<b>0</b>
<b>55</b>	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid <b>u</b>	<b>55</b>	
<b>56</b>	Enter the amount of line 55 you want: Credited to 2020 estimated tax <b>u</b> Refunded <b>u</b>	<b>56</b>	

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

<b>57</b>	At any time during the 2019 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 <b>u</b>	Yes	No
<b>58</b>	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
<b>59</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b>		

**Sign Here u** 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.

**u PRESIDENT AND CEO**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RACHEL R. LOCKE, CPA</b>	Preparer's signature <b>RACHEL R. LOCKE, CPA</b>	Date <b>06/19/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00450405</b>
	Firm's name } <b>FESTER &amp; CHAPMAN, PLLC</b>	Firm's EIN } <b>82-1455657</b>			
	Firm's address } <b>9019 E. BAHIA DR STE 100</b>	Phone no. } <b>602-264-3077</b>			
		} <b>SCOTTSDALE, AZ 85260</b>			

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation **u**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b> <b>No</b>
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

<b>1.</b> Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b)</b> Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>u</b>		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 <b>u</b>			<b>u</b>	

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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) <b>N/A</b>					
(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)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>PHOENIX JEWISH NEWS</b>	<b>394,127</b>	<b>392,708</b>	<b>1,419</b>			
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ..... <b>u</b>						
<b>Totals, Part II (lines 1-5)</b> ..... <b>u</b>	Enter here and on page 1, Part I, line 11, col. (A). <b>394,127</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>392,708</b>				Enter here and on page 1, Part II, line 26.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

Name(s) shown on return **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Identifying number **47-0874376**

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	1,020,000
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	2,550,000
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 2018 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 2020. 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	9,202

**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 2019	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"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 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 2019 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	<b>Total.</b> 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	9,202
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.

DAA

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	fixed assets	1/01/15	240,197			240,197	5 MO S/L	188,705	9,202
	<b>Total Other Depreciation</b>		<u>240,197</u>			<u>240,197</u>		<u>188,705</u>	<u>9,202</u>
	<b>Total ACRS and Other Depreciation</b>		<u>240,197</u>			<u>240,197</u>		<u>188,705</u>	<u>9,202</u>
	<b>Grand Totals</b>		240,197			240,197		188,705	9,202
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>240,197</u>			<u>240,197</u>		<u>188,705</u>	<u>9,202</u>



**AZ Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
<b>Other Depreciation:</b>								
	1 fixed assets	1/01/15	240,197	240,197	188,705	9,202	9,202	0
	<b>Total Other Depreciation</b>		240,197	240,197	188,705	9,202	9,202	0
	<b>Total ACRS and Other Depreciation</b>		240,197	240,197	188,705	9,202	9,202	0
	<b>Grand Totals</b>		240,197	240,197	188,705	9,202	9,202	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		240,197	240,197	188,705	9,202	9,202	0

**AMT Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>										
	1 fixed assets	1/01/15	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		0				0		0	0
	<b>Total ACRS and Other Depreciation</b>		0				0		0	0
	<b>Grand Totals</b>		0				0		0	0
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Net Grand Totals</b>		0				0		0	0

# Depreciation Adjustment Report

FYE: 12/31/2019

## 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**

**Future Depreciation Report** **FYE: 12/31/20**

FYE: 12/31/2019

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Other Depreciation:</u></b>					
1	fixed assets	1/01/15	<u>240,197</u>	<u>42,290</u>	<u>0</u>
	<b>Total Other Depreciation</b>		<u>240,197</u>	<u>42,290</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>240,197</u>	<u>42,290</u>	<u>0</u>
	<b>Grand Totals</b>		<u>240,197</u>	<u>42,290</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AZ</u>
<b><u>Other Depreciation:</u></b>				
1	fixed assets	1/01/15	<u>240,197</u>	<u>42,290</u>
	<b>Total Other Depreciation</b>		<u>240,197</u>	<u>42,290</u>
	<b>Total ACRS and Other Depreciation</b>		<u>240,197</u>	<u>42,290</u>
	<b>Grand Totals</b>		<u>240,197</u>	<u>42,290</u>

Form <b>990-T</b>	Net Operating Loss Carryover Worksheet for Pre-2018 Losses	2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name <b>JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX</b>	Employer Identification Number <b>47-0874376</b>
---	---

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 12/31/99					
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	-40,227		40,227	1,419	38,808
NOL carryover available to current year			40,227		
Current year	1,419			419	
NOL carryover available to next year					38,808

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

Name **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Taxpayer Identification Number **47-0874376**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	7,177,142	6,731,605	-445,537
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....	582,199	569,976	-12,223
	5. Investment income .....	1,051,395	994,876	-56,519
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....	2,306,820	910,911	-1,395,909
	8. Net income or (loss) from fundraising events .....			
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>11,117,556</b>	<b>9,207,368</b>	<b>-1,910,188</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	5,585,980	5,161,144	-424,836
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....	204,099	199,000	-5,099
	16. Salaries, other compensation, and employee benefits .....	395,284	428,934	33,650
	17. Professional fundraising fees .....			
	18. Other professional fees .....	464,020	415,197	-48,823
	19. Occupancy, rent, utilities, and maintenance .....	67,230	52,472	-14,758
	20. Depreciation and Depletion .....	5,890	9,202	3,312
	21. Other expenses .....	445,505	379,679	-65,826
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>7,168,008</b>	<b>6,645,628</b>	<b>-522,380</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>3,949,548</b>	<b>2,561,740</b>	<b>-1,387,808</b>
<b>Other Information</b>	24. Total exempt revenue .....	11,117,556	9,207,368	-1,910,188
	25. Total unrelated revenue .....	448,374	394,127	-54,247
	26. Total excludable revenue .....	3,492,040	2,081,636	-1,410,404
	27. Total assets .....	52,238,162	61,457,726	9,219,564
	28. Total liabilities .....	5,737,067	6,449,528	712,461
	29. Retained earnings .....	46,501,095	55,008,198	8,507,103
	30. Number of voting members of governing body .....	23	23	
	31. Number of independent voting members of governing body .....	23	23	
	32. Number of employees .....	6	6	
	33. Number of volunteers .....	50	50	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

Name **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Taxpayer Identification Number **47-0874376**

		2018	2019	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rent income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Income from controlled organizations (net of expense)	6.			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	-96,605	1,419	98,024
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-96,605</b>	<b>1,419</b>	<b>98,024</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. <b>Total deductions.</b> Add lines 12 through 22	23.			
	24. <b>Net income (990T/first activity);</b> Subtract line 23 from 11	24.	-96,605	1,419	98,024
	25. Number of unrelated business activities for this return	25.	1	1	
	26. Unrelated business taxable income from all trades	26.	-96,605	1,419	98,024
	27. Disallowed employee fringe benefits	27.			
	28. Charitable contributions	28.			
	29. <b>Taxable income before NOL loss</b>	29.		1,419	1,419
	30. Net operating loss (pre-2018)	30.		1,419	1,419
	31. Specific deduction	31.	1,000	1,000	
	<b>32. Unrelated business taxable income.</b>	<b>32.</b>			
	<b>Tax &amp; Credits</b>	33. Income tax (corporate or trust)	33.		
34. Proxy tax		34.			
35. Other taxes		35.			
36. <b>Total taxes</b>		36.			
37. Other credits		37.			
38. General business credit		38.			
39. Credit for prior year minimum tax		39.			
40. <b>Total credits</b>		40.			
41. <b>Net tax after credits</b>		41.			
42. Recapture taxes and 965 tax		42.			
<b>43. Total Taxes</b>		<b>43.</b>			
<b>Due/Refund</b>	44. Prior year overpayment and estimated tax payments	44.			
	45. Payment made with extension	45.			
	46. Backup withholding and foreign withholding	46.			
	47. Other payments	47.			
	48. <b>Total payments</b>	48.			
	49. <b>Balance due/(Overpayment)</b>	49.			
	50. Overpayment applied to next year	50.			
	51. Penalties	51.			
	<b>52. Total due/(Refund)</b>	<b>52.</b>			



Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
Name <b>JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX</b>		Employer Identification Number <b>47-0874376</b>

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants .....			7,946,915	7,177,142	6,731,605	
Membership dues .....						
Program service revenue .....			623,921	582,199	569,976	
Capital gain or loss .....			380,009	2,306,820	910,911	
Investment income .....			635,845	1,051,395	994,876	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....			<b>9,586,690</b>	<b>11,117,556</b>	<b>9,207,368</b>	
Grants and similar amounts paid .....			4,854,134	5,585,980	5,161,144	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			197,763	204,099	199,000	
Other compensation .....			403,573	395,284	428,934	
Professional fees .....			483,851	464,020	415,197	
Occupancy costs .....			78,055	67,230	52,472	
Depreciation and depletion .....			15,972	5,890	9,202	
Other expenses .....			353,804	445,505	379,679	
<b>Total expenses</b> .....			<b>6,387,152</b>	<b>7,168,008</b>	<b>6,645,628</b>	
<b>Excess or (Deficit)</b> .....			<b>3,199,538</b>	<b>3,949,548</b>	<b>2,561,740</b>	
Total exempt revenue .....			9,586,690	11,117,556	9,207,368	
Total unrelated revenue .....			503,550	448,374	394,127	
Total excludable revenue .....			1,136,225	3,492,040	2,081,636	
Total Assets .....			55,003,028	52,238,162	61,457,726	
Total Liabilities .....			5,901,536	5,737,067	6,449,528	
Net Fund Balances .....			49,101,492	46,501,095	55,008,198	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
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Name <b>JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX</b>	Employer Identification Number <b>47-0874376</b>
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\* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....			-40,227	-96,605	1,419	
<b>Total trade or business income.</b> .....			<b>-40,227</b>	<b>-96,605</b>	<b>1,419</b>	
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
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Name <b>JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX</b>	Employer Identification Number <b>47-0874376</b>
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	2015	2016	2017	2018	2019	2020
Other deductions .....						
Net income (990T/first activity) .....			-40,227	-96,605	1,419	
UBTI from all trades .....	0	0	0	0	1,419	
Taxable employee fringe benefits .....						
Charitable contributions .....						
Net operating loss deduction .....					1,419	
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....						
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 994,876		14			
TOTAL	<u>\$ 994,876</u>					

### Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 76,026	\$ 53,644	\$ 18,741	\$ 3,641
PHOENIX JEWISH NEWS FREELANCE EXPENSE	3,149	1,691	1,343	115
TOTAL	<u>\$ 79,175</u>	<u>\$ 55,335</u>	<u>\$ 20,084</u>	<u>\$ 3,756</u>

#### Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
PHOENIX JEWISH NEWS	\$ 1,419
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ 419</u>