

Form **990**

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 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): **12701 N SCOTTSDALE ROAD, SUITE 202**

Room/suite: _____

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: **16,202,557**

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) () (insert no.) 4947(a)(1) or 527

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

K Form of organization: Corporation Trust Association Other

L Year of formation: **2002**

M State of legal domicile: **AZ**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PHILANTHROPIC ASSET MANAGEMENT AND GRANTMAKING TO BOTH JEWISH AND SECULAR CHARITABLE ORGANIZATIONS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	328,386
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	6,731,605	4,741,680
9	Program service revenue (Part VIII, line 2g)	569,976	462,901
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,905,787	1,482,589
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,207,368	6,687,170
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,161,144	5,850,853
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	627,934	732,995
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 251,239		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	856,550	830,624
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,645,628	7,414,472
19	Revenue less expenses. Subtract line 18 from line 12	2,561,740	-727,302

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	61,457,726	65,836,724
21	Total liabilities (Part X, line 26)	6,449,528	7,602,423
22	Net assets or fund balances. Subtract line 21 from line 20	55,008,198	58,234,301

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: *[Signature]* Date: **5/30/2021**
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: *[Signature]* Date: **05/13/21** Check if self-employed PTIN: **P00450405**
Firm's name: **FESTER & CHAPMAN, PLLC** Firm's EIN: **82-1455657**
Firm's address: **9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260** Phone no.: **602-264-3077**

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:
SERVING AND SUPPORTING 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 \$ **5,850,853** including grants of \$ **5,850,853**) (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 \$ **399,668** including grants of \$) (Revenue \$ **134,515**)
MANAGEMENT: JCF MANAGES OVER 725 FUNDS ESTABLISHED BY LOCAL PHILANTHROPISTS, INCLUDING OVER 176 FUNDS RESTRICTED IN PERPETUITY, 342 FUNDS WITH OTHER RESTRICTIONS, AND 121 DONOR ADVISED FUNDS. JCF ALSO HOLDS AGENCY FUNDS FOR APPROXIMATELY 41 LOCAL JEWISH AGENCIES.

4c (Code:) (Expenses \$ **248,281** including grants of \$) (Revenue \$ **328,386**)
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 \$ **66,048** including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 6,564,850**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included 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?		

1a	16
1b	0

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

DONNA CORCORAN 12701 N. SCOTTSDALE ROAD, STE 202
SCOTTSDALE AZ 85254 480-699-1717

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				204,750	0	23,606
(2) DONNA CORCORAN CFO	40.00 0.00			X				101,000	0	18,157
(3) FRANCINE COLES DIRECTOR	1.00 0.00	X						0	0	0
(4) BRAD DIMOND TREASURER	1.00 0.00	X		X				0	0	0
(5) LEE EISINBERG CHAIR	1.00 0.00	X		X				0	0	0
(6) NORA FEINBERG DIRECTOR	1.00 0.00	X						0	0	0
(7) LORY FISCHLER DIRECTOR	1.00 0.00	X						0	0	0
(8) ALAN GOLD VICE CHAIR	1.00 0.00	X		X				0	0	0
(9) NEIL GOLDSTEIN INVESTMENT CHAIR	1.00 0.00	X		X				0	0	0
(10) RICHARD GOTTLIEB BOARD DEV. CHAIR	1.00 0.00	X		X				0	0	0
(11) VICTORIA HARRIS AUDIT CHAIR	1.00 0.00	X		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) JONATHAN HOFFER	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) REBECCA LIGHT	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) DEBORAH MILLER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(15) ANDREW PLATTNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) VIRGINIE POLSTER	1.00									
GRANTS CHAIR	0.00	X		X			0	0	0	
(17) SANDY RIFE	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) ROBERT ROOS	1.00									
IMMEDIATE PAST CHAIR	0.00	X		X			0	0	0	
(19) SADIE ROSENTHAL	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							305,750		41,763	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							305,750		41,763	

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 **2**

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

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,741,680				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,730,381				
	h Total. Add lines 1a-1f		4,741,680				
Program Service Revenue	2a PHOENIX JEWISH NEWS	Business Code 511110	328,386		328,386		
	b SPECIAL CAMPAIGNS AND PROGRAM	900099	85,008	85,008			
	c ADMINISTRATIVE FEE REVENUE	900099	49,507	49,507			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		462,901				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,036,340			1,036,340	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,961,636				
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b	9,515,387				
	c Gain or (loss)	7c	446,249				
	d Net gain or (loss)		446,249	446,249			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,687,170	580,764	328,386	1,036,340	

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	5,850,853	5,850,853		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,513	104,598	138,309	104,606
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	260,993	78,556	103,876	78,561
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,058	9,046	14,306	6,706
9 Other employee benefits	52,992	15,949	25,222	11,821
10 Payroll taxes	41,439	12,473	16,493	12,473
11 Fees for services (nonemployees):				
a Management	300,297	150,106	150,177	14
b Legal				
c Accounting	52,275		52,275	
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.)	6,778	5,315	914	549
12 Advertising and promotion	29,560		29,560	
13 Office expenses	83,235	72,732	7,487	3,016
14 Information technology	36,166	12,650	15,061	8,455
15 Royalties				
16 Occupancy	54,953	22,506	24,407	8,040
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,140	50,731	685	4,724
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,881	4,158	4,158	3,565
23 Insurance	30,003	10,796	12,012	7,195
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 LIFE INSURANCE PREMIUMS	141,521	141,521		
b MISCELLANEOUS	24,732	21,705	2,809	218
c DUES AND PUBLICATIONS	3,083	1,155	632	1,296
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,414,472	6,564,850	598,383	251,239
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,925,753	1	1,053,956
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,027	9	78,743
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 272,247		
	b Less: accumulated depreciation	10b 208,757	42,290	10c 63,490
	11 Investments—publicly traded securities	57,105,209	11	63,166,011
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,296,447	15	1,474,524
16 Total assets. Add lines 1 through 15 (must equal line 33)	61,457,726	16	65,836,724	
Liabilities	17 Accounts payable and accrued expenses	60,400	17	85,171
	18 Grants payable	112,087	18	27,863
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,160,431	21	7,263,968
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	116,610	25	225,421
	26 Total liabilities. Add lines 17 through 25	6,449,528	26	7,602,423
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,601,989	27	21,488,558
	28 Net assets with donor restrictions	33,406,209	28	36,745,743
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	55,008,198	32	58,234,301
33 Total liabilities and net assets/fund balances	61,457,726	33	65,836,724	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,687,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,414,472
3	Revenue less expenses. Subtract line 2 from line 1	3	-727,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,008,198
5	Net unrealized gains (losses) on investments	5	3,953,405
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	58,234,301

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,759,066	7,903,332	7,177,142	6,731,605	4,741,680	33,312,825
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,759,066	7,903,332	7,177,142	6,731,605	4,741,680	33,312,825
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						343,204
6 Public support. Subtract line 5 from line 4						32,969,621

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,759,066	7,903,332	7,177,142	6,731,605	4,741,680	33,312,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	808,122	635,845	1,051,395	994,876	1,036,340	4,526,578
9 Net income from unrelated business activities, whether or not the business is regularly carried on				419		419
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						37,839,822

12 Gross receipts from related activities, etc. (see instructions) 12 564,560

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	87.13 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	86.37 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Table with 2 columns: Section D - Distributions and Current Year. Rows 1-10 detailing distribution types and amounts.

Table with 4 columns: Section E - Distribution Allocations, (i) Excess Distributions, (ii) Underdistributions Pre-2020, and (iii) Distributable Amount for 2020. Rows 1-28 detailing allocation details.

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

Schedule of Contributors

OMB No. 1545-0047
2020

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

Name of the organization
JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

Employer identification number
47-0874376

Organization type (check one):

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

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		\$ 1,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 245,201	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 200,180	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 269,511	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

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		\$ 203,537	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 157,024	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 150,779	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 150,506	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 135,756	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 128,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

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
13	\$ 100,000	Person <input checked="" 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.)
	\$	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

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

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	\$ 111,817	
6	SHARES OF PUBLICLY TRADED STOCK	\$ 161,947	
8	SHARES OF PUBLICLY TRADED STOCK	\$ 157,024	
9	SHARES OF PUBLICLY TRADED STOCK	\$ 150,779	
10	SHARES OF PUBLICLY TRADED STOCK	\$ 150,506	
11	SHARES OF PUBLICLY TRADED STOCK	\$ 135,756	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	127	
2 Aggregate value of contributions to (during year)	5,724,873	
3 Aggregate value of grants from (during year)	6,418,878	
4 Aggregate value at end of year	16,567,014	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,341,558	24,687,682	26,182,428	21,751,451	20,685,464
b Contributions	1,696,184	861,445	1,539,246	2,988,288	1,312,527
c Net investment earnings, gains, and losses	2,995,166	4,213,765	-1,486,706	3,123,359	1,080,379
d Grants or scholarships					
e Other expenditures for facilities and programs	1,515,754	1,421,334	1,547,286	1,597,471	1,326,919
f Administrative expenses					
g End of year balance	31,517,154	28,341,558	24,687,682	26,265,627	21,751,451

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a Board designated or quasi-endowment %
 - b Permanent endowment **86.17** %
 - c Term endowment **13.83** %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		61,560	29,815	31,745
d Equipment		91,428	89,557	1,871
e Other		119,259	89,385	29,874
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				63,490

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	121,479
(3) OTHER LIABILITIES	103,942
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	225,421

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,640,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,953,405
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,953,405
3	Subtract line 2e from line 1	3	6,687,170
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,687,170

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

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

1	Total expenses and losses per audited financial statements	1	7,414,472
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,414,472
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,414,472

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, 2020 AND 2019, 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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**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)	A NEW LEAF 868 E. UNIVERSITY MESA AZ 85203	86-0256667	3	27,500				OPERATIONAL SUPPORT
(2)	ACT ONE 910 E. OSBORN RD PHOENIX AZ 85014	45-3560706	3	25,000				OPERATIONAL SUPPORT
(3)	AHAVAS TORAH - THE SCOTTSDALE TORAH 13402 N. SCOTTSDALE RD SCOTTSDALE AZ 85254	13-3181154	3	24,350				OPERATIONAL SUPPORT
(4)	ALLIANCE FOR MIDDLE EAST PEACE INC. 1725 I ST. STE. 300 WASHINGTON DC 20006	20-5879279	3	50,000				OPERATIONAL SUPPORT
(5)	AMERICAN COMMITTEE FOR THE WEIZMANN 633 THIRD AVENUE NEW YORK NY 10017	13-1623886	3	34,429				OPERATIONAL SUPPORT
(6)	AMERICAN FRIENDS OF DARCHEI BINAH 1049 E. 13TH ST. BROOKLYN NY 11230	90-0296995	3	5,500				OPERATIONAL SUPPORT
(7)	AMERICAN FRIENDS OF NATAL 1120 AVENUE OF THE AMERICAS NEW YORK NY 10036	20-1914370	3	6,500				OPERATIONAL SUPPORT
(8)	AMERICAN FRIENDS OF SHAALEI TORAH I 101 PARK AVENUE NEW YORK NY 10178	11-3521188	3	6,500				OPERATIONAL SUPPORT
(9)	AMERICAN FRIENDS OF TEL AVIV UNIVER 39 BROADWAY NEW YORK NY 10006-3702	13-1996126	3	7,362				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **118**
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	AMERICAN FRIENDS OF THE JAFFA INSTI 171-06 76TH AVENUE FLUSHING NY 11366	11-2697261	3	5,745				OPERATIONAL SUPPORT
(2)	AMERICAN HEART ASSOCIATION 2929 S. 48TH STREET TEMPE AZ 85282	13-5613797	3	15,280				OPERATIONAL SUPPORT
(3)	AMERICAN ISRAEL EDUCATION FOUNDATIO 251 H STREET NW WASHINGTON DC 20001	52-1623781	3	25,000				OPERATIONAL SUPPORT
(4)	AMERICAN SOCIETY FOR TECHNION 55 EAST 59TH ST NEW YORK NY 10022	13-0434195	3	15,529				OPERATIONAL SUPPORT
(5)	AMERICAN TRUST FOR THE BRITISH LIBR 562 ST. MARKS AVE. BROOKLYN NY 11216	04-2673426	3	15,000				OPERATIONAL SUPPORT
(6)	ANTI-DEFAMATION LEAGUE 605 THIRD AVE NEW YORK NY 10158	13-1818723	3	37,900				OPERATIONAL SUPPORT
(7)	ANYTOWN LEADERSHIP PROGRAM PO BOX 446 PHOENIX AZ 85001	47-2617651	3	5,776				OPERATIONAL SUPPORT
(8)	ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK PHOENIX AZ 85016	86-0348306	3	101,765				OPERATIONAL SUPPORT
(9)	ARIZONA JEWISH HISTORICAL SOCIETY 122 E. CULVER STREET PHOENIX AZ 85004	86-0410245	3	47,049				OPERATIONAL SUPPORT

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

**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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(1)	ARIZONA MUSICFEST PO BOX 25455 SCOTTSDALE AZ 85255	86-1034396	3	30,200				OPERATIONAL SUPPORT
(2)	ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE AZ 85280	86-6051042	3	18,970				OPERATIONAL SUPPORT
(3)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVE PHOENIX AZ 85012	94-2545356	3	45,000				OPERATIONAL SUPPORT
(4)	BARROW NEUROLOGICAL FOUNDATION 124 W. THOMAS RD PHOENIX AZ 85013	86-0174371	3	11,500				OPERATIONAL SUPPORT
(5)	BBYO 800 8TH STREET WASHINGTON DC 20001	31-1794932	3	6,799				OPERATIONAL SUPPORT
(6)	BETH EL CONGREGATION 1118 W. GLENDALE AVE. PHOENIX AZ 85021	86-0098914	3	70,720				OPERATIONAL SUPPORT
(7)	BOYS & GIRLS CLUBS-SCOTTSDALE 10533 EAST LAKEVIEW DRIVE SCOTTSDALE AZ 85258	86-0133718	3	25,000				OPERATIONAL SUPPORT
(8)	BROPHY COLLEGE PREPARATORY 4701 N. CENTRAL AVENUE PHOENIX AZ 85012-1797	86-0119984	3	105,000				OPERATIONAL SUPPORT
(9)	BUREAU OF JEWISH EDUCATION 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0560654	3	71,238				OPERATIONAL SUPPORT

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

**Grants and Other Assistance to Organizations,
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Name of the organization **JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX** Employer identification number **47-0874376**

Part I General Information on Grants and Assistance

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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)	CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST NY 11516	13-2992985	3	11,874				OPERATIONAL SUPPORT
(2)	CHABAD AT NORTHERN ARIZONA UNIVERSI 930 W. UNIVERSITY AVE. FLAGSTAFF AZ 86001	20-4963466	3	93,720				OPERATIONAL SUPPORT
(3)	CHABAD OF THE EAST VALLEY 875 N. MCCLINTOCK DR. CHANDLER AZ 85226	56-2354196	3	6,000				OPERATIONAL SUPPORT
(4)	CHABAD WEST VALLEY 7942 W. BELL ROAD GLENDALE AZ 85308	20-0541723	3	12,000				OPERATIONAL SUPPORT
(5)	CHRYSALIS SHELTER FOR VICTIMS OF 2055 W. NORTHERN AVE. PHOENIX AZ 85021	86-0447620	3	25,200				OPERATIONAL SUPPORT
(6)	CONGREGATION BETH ISRAEL 10460 N. 56TH STREET SCOTTSDALE AZ 85253	86-0113949	3	65,360				OPERATIONAL SUPPORT
(7)	CONGREGATION BETH TEFILLAH 6529 E. SHEA BLVD. SCOTTSDALE AZ 85254	47-5046861	3	11,000				OPERATIONAL SUPPORT
(8)	CONGREGATION OR TZION 16415 N. 90TH ST SCOTTSDALE AZ 85260	35-2187429	3	23,998				OPERATIONAL SUPPORT
(9)	CONGREGATION TIFERETH ISRAEL OF SAN 6660 COWLES MOUNTAIN BOULEVARD SAN DIEGO CA 92119	95-6006197	3	13,200				OPERATIONAL SUPPORT

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

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

2020**Open to Public
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**JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**Employer identification number
47-0874376**Part I General Information on Grants and Assistance**

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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)	DESERT BOTANICAL GARDEN 1201 N GALVIN PARKWAY PHOENIX AZ 85008	86-0136925	3	51,000				OPERATIONAL SUPPORT
(2)	DIGDEEP RIGHT TO WATER PROJECT 3308 DESCANSO DRIVE LOS ANGELES CA 90026	46-0686920	3	50,000				OPERATIONAL SUPPORT
(3)	EAST VALLEY JEWISH COMMUNITY CENTER 908 N. ALMA SCHOOL ROAD CHANDLER AZ 85224	86-0618301	3	265,416				OPERATIONAL SUPPORT
(4)	FAITH ON WHEELS INTERNATIONAL MINIS 13232 N. 54TH DRIVE GLENDALE AZ 85304	47-4418700	3	6,000				OPERATIONAL SUPPORT
(5)	FEEDING AMERICA 35 E. WACKER DR CHICAGO IL 60601	36-3673599	3	25,000				OPERATIONAL SUPPORT
(6)	FLAGSTAFF FAMILY FOOD CENTER PO BOX P FLAGSTAFF AZ 86002	86-0754044	3	51,000				OPERATIONAL SUPPORT
(7)	FRESH START WOMEN'S FOUNDATION 1130 E. MCDOWELL PHOENIX AZ 85006	86-0762610	3	10,000				OPERATIONAL SUPPORT
(8)	FRIENDS OF ARIZONA PUBLIC RADIO 2323 W. 14TH STREET TEMPE AZ 85281	01-0579687	3	9,851				OPERATIONAL SUPPORT
(9)	FRIENDS OF MICHILALAH YERUSHALAYIM 9 SUTTON ROAD MONSEY NY 10952-2533	13-3733969	3	5,500				OPERATIONAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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)	FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E. 42ND ST NEW YORK NY 10165	13-3156445	3	8,280				OPERATIONAL SUPPORT
(2)	GASTRO-INTESTINAL RESEARCH FOUNDATI 1954 FIRST STREET HIGHLAND PARK IL 60035	36-6108156	3	10,000				OPERATIONAL SUPPORT
(3)	GESHER DISABILITY RESOURCES 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0626273	3	48,117				OPERATIONAL SUPPORT
(4)	GONZAGA UNIVERSITY SCHOOL OF LAW FO 721 N. CINCINNATI ST. SPOKANE WA 99220	23-7052227	3	10,000				OPERATIONAL SUPPORT
(5)	GREATER PHOENIX JEWISH FILM FESTIVA 6501 E. GREENWAY PARKWAY SCOTTSDALE AZ 85254	26-3418857	3	21,800				OPERATIONAL SUPPORT
(6)	HILLEL JEWISH STUDENT CENTER AT ARI 1012 SOUTH MILL AVENUE TEMPE AZ 85281	86-6053859	3	36,127				OPERATIONAL SUPPORT
(7)	HONOR HEALTH FOUNDATION 8125 N. HAYDEN RD. SCOTTSDALE AZ 85258	74-2355411	3	5,676				OPERATIONAL SUPPORT
(8)	HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX AZ 85014	86-0338886	3	5,380				OPERATIONAL SUPPORT
(9)	J STREET EDUCATION FUND 1828 L STREET NW WASHINGTON DC 20036	20-2777557	3	36,500				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	JCC ASSOCIATION OF NORTH AMERICA 520 EIGHTH AVENUE NEW YORK NY 10018	83-4293291	3	7,500				OPERATIONAL SUPPORT
(2)	JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE NEW YORK NY 10017	23-0053483	3	16,716				OPERATIONAL SUPPORT
(3)	JEWISH ARIZONANS ON CAMPUS 6740 E. VOLTAIRE AVE. SCOTTSDALE AZ 85254	26-1614122	3	6,440				OPERATIONAL SUPPORT
(4)	JEWISH COMMUNITY ASSOCIATION OF GRE 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	45-3910992	3	1,205,827				OPERATIONAL SUPPORT
(5)	JEWISH COMMUNITY CAMPUS OF GREATER 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0096784	3	124,102				OPERATIONAL SUPPORT
(6)	JEWISH COMMUNITY RELATIONS COUNCIL 12701 N. SCOTTSDALE RD SCOTTSDALE AZ 85254	82-1553383	3	75,600				OPERATIONAL SUPPORT
(7)	JEWISH FAMILY AND CHILDREN'S SERVIC 4747 N. 7TH STREET PHOENIX AZ 85014	86-0096781	3	269,502				OPERATIONAL SUPPORT
(8)	JEWISH FAMILY SERVICE OF SAN DIEGO JOAN & IRWIN JACOBS CAMPUS SAN DIEGO CA 92123	95-1644024	3	6,000				OPERATIONAL SUPPORT
(9)	JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH RD BLOOMFIELD HILLS MI 48301	38-1359214	3	10,000				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	JEWISH NATIONAL FUND 78 RANDALL AVE. ROCKVILLE CENTRE NY 11570	13-1659627	3	474,085				OPERATIONAL SUPPORT
(2)	JEWISH TUITION ORGANIZATION 12701 N SCOTTSDALE RD SCOTTSDALE AZ 85254	86-0970081	3	32,737				OPERATIONAL SUPPORT
(3)	K2 ADVENTURES FOUNDATION 20645 N. PIMA RD SCOTTSDALE AZ 85255	27-1302780	3	5,118				OPERATIONAL SUPPORT
(4)	LAWRENCE FAMILY JEWISH COMMUNITY 4126 EXECUTIVE DRIVE LA JOLLA CA 92037	95-1985444	3	8,000				OPERATIONAL SUPPORT
(5)	LIVE AND LEARN ARIZONA 326 EAST CORONADO PHOENIX AZ 85004	47-2086218	3	15,200				OPERATIONAL SUPPORT
(6)	LOWELL OBSERVATORY 1400 W. MARS HILL ROAD FLAGSTAFF AZ 86001	86-0098918	3	20,000				OPERATIONAL SUPPORT
(7)	MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON TX 77210	74-6001118	3	25,000				OPERATIONAL SUPPORT
(8)	MERKOS CHABAD - LUBAVITCH ORGANIZAT 2110 E. LINCOLN DRIVE PHOENIX AZ 85016	86-0441056	3	46,204				OPERATIONAL SUPPORT
(9)	MINKOFF CENTER FOR JEWISH GENETICS 12701 N. SCOTTSDALE RD. SCOTTSDALE AZ 85254	20-8139446	3	14,707				OPERATIONAL SUPPORT

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

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer identification number 47-0874376
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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)	MOISHE HOUSE 441 SAXONY RD ENCINITAS CA 92024	26-2599786	3	12,500				OPERATIONAL SUPPORT
(2)	NATIONAL JEWISH DAY SCHOOL FOUNDATI 7001 E. FRIESS DR. SCOTTSDALE AZ 85254	26-1886998	3	66,663				OPERATIONAL SUPPORT
(3)	NATIONAL YIDDISH BOOK CENTER 1021 WEST STREET AMHERST MA 01002-3375	04-2708878	3	10,560				OPERATIONAL SUPPORT
(4)	NEW SHUL 7825 E. PARADISE LANE SCOTTSDALE AZ 85260	73-1645783	3	10,858				OPERATIONAL SUPPORT
(5)	NORTHERN ARIZONA UNIVERSITY FOUNDAT PO BOX 4094 FLAGSTAFF AZ 86011	86-0193726	3	10,092				OPERATIONAL SUPPORT
(6)	P.E.F. ISRAEL ENDOWMENT FUNDS INC. 630 THIRD AVENUE NEW YORK NY 10017	13-6104086	3	49,487				OPERATIONAL SUPPORT
(7)	PARDES JEWISH DAY SCHOOL 12753 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0969657	3	24,625				OPERATIONAL SUPPORT
(8)	PHOENIX ART MUSEUM 1625 N. CENTRAL AVENUE PHOENIX AZ 85004-1685	86-0765761	3	12,900				OPERATIONAL SUPPORT
(9)	PHOENIX CHILDREN'S HOSPITAL 2929 E. CAMELBACK PHOENIX AZ 85016-4425	86-0422559	3	16,321				OPERATIONAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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)	PHOENIX HEBREW ACADEMY 515 E. BETHANY HOME ROAD PHOENIX AZ 85012	86-0199058	3	16,900				OPERATIONAL SUPPORT
(2)	PHOENIX HOLOCAUST ASSOCIATION 12701 N. SCOTTSDALE RD. SCOTTSDALE AZ 85254	86-0517079	3	5,900				OPERATIONAL SUPPORT
(3)	PHOENIX JEWISH FREE LOAN ASSOCIATIO 3443 N CENTRAL AVE PHOENIX AZ 85012	86-6052446	3	90,253				OPERATIONAL SUPPORT
(4)	PHOENIX SYMPHONY 1 N 1ST ST PHOENIX AZ 85004	86-6000134	3	11,800				OPERATIONAL SUPPORT
(5)	PLANNED PARENTHOOD ARIZONA 4751 N. 15TH ST. PHOENIX AZ 85014	86-0146520	3	56,957				OPERATIONAL SUPPORT
(6)	ROSIE'S HOUSE PO BOX 13446 PHOENIX AZ 85002	86-0650451	3	15,600				OPERATIONAL SUPPORT
(7)	RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK NJ 08901	23-7318742	3	7,196				OPERATIONAL SUPPORT
(8)	SEDONA INTERNATIONAL FILM FESTIVAL 2030 W. STATE ROUTE 89A SEDONA AZ 86336	20-0351857	3	6,000				OPERATIONAL SUPPORT
(9)	SHEARIM TORAH HIGH SCHOOL FOR GIRLS 715 E. SIERRA VISTA DR. PHOENIX AZ 85014	41-2211077	3	10,000				OPERATIONAL SUPPORT

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

**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.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer identification number 47-0874376
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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)	SHEMER ART CENTER AND MUSEUM ASSOCI 5005 E CAMELBACK RD PHOENIX AZ 85018	74-2440322	3	25,250				OPERATIONAL SUPPORT
(2)	SHIR HADASH INSTITUTE 11 E 86TH STREET NEW YORK NY 10028	13-4045616	3	10,000				OPERATIONAL SUPPORT
(3)	SOJOURNER CENTER PO BOX 20156 PHOENIX AZ 85036	94-2465081	3	6,461				OPERATIONAL SUPPORT
(4)	SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY AL 36104-4344	63-0598743	3	5,057				OPERATIONAL SUPPORT
(5)	SOUTHWEST AUTISM RESEARCH AND RESOU 301 N 18TH ST PHOENIX AZ 85006-4104	31-1496647	3	7,580				OPERATIONAL SUPPORT
(6)	ST. MARY'S FOOD BANK 2831 N 31ST AVENUE PHOENIX AZ 85009-1518	23-7353532	3	155,344				OPERATIONAL SUPPORT
(7)	ST. VINCENT DE PAUL PO BOX 13600 PHOENIX AZ 85002	86-0096789	3	9,225				OPERATIONAL SUPPORT
(8)	SWIFT YOUTH FOUNDATION 16099 N. 82ND ST. SCOTTSDALE AZ 85260	86-0793061	3	16,365				OPERATIONAL SUPPORT
(9)	TEMPLE BETH SHALOM 12202 N. 101ST AVENUE SUN CITY AZ 85351	23-7112839	3	12,000				OPERATIONAL SUPPORT

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

**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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**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)	TEMPLE BETH SHOLOM OF THE EAST VALL 3400 N DOBSON RD CHANDLER AZ 85224	86-0209884	3	62,222				OPERATIONAL SUPPORT
(2)	TEMPLE CHAI 4645 E. MARILYN ROAD PHOENIX AZ 85032	94-2381671	3	122,010				OPERATIONAL SUPPORT
(3)	TEMPLE KOL AMI 15030 N. 64TH ST. SCOTTSDALE AZ 85254	86-0617591	3	11,171				OPERATIONAL SUPPORT
(4)	TEMPLE SOLEL 6805 E. MCDONALD DRIVE PARADISE VALLEY AZ 85253	86-0223187	3	34,360				OPERATIONAL SUPPORT
(5)	TGEN FOUNDATION 445 N. 5TH STREET PHOENIX AZ 85004	33-1092191	3	25,000				OPERATIONAL SUPPORT
(6)	U.S. MIDDLE EAST PROJECT 641 LEXINGTON AVENUE NEW YORK NY 10022	41-2213721	3	50,000				OPERATIONAL SUPPORT
(7)	UNITED JEWISH FEDERATION OF SAN DIE 4950 MURPHY CANYON RD. SAN DIEGO CA 92123	95-1319015	3	13,500				OPERATIONAL SUPPORT
(8)	UNITED STATES SKI TEAM FOUNDATION 1 VICTORY LANE PARK CITY UT 84060	84-6030639	3	9,000				OPERATIONAL SUPPORT
(9)	UNIVERITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI OH 45219	31-0896555	3	14,000				OPERATIONAL SUPPORT

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

**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.
▶ Attach to Form 990.
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OMB No. 1545-0047

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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)	UNIVERSITY OF ARIZONA FOUNDATION 1130 E. HELEN STREET TUCSON AZ 85721-0108	EL 45-5322674	3	25,000				OPERATIONAL SUPPORT
(2)	US HOLOCAUST MEMORIAL MUSEUM 106 RAOUL WALLENBERG PLACE, SW WASHINGTON DC 20030	52-1309391	3	76,370				OPERATIONAL SUPPORT
(3)	VALLEY BEIT MIDRASH 4647 E. MARILYN ROAD PHOENIX AZ 85034	45-5443717	3	113,576				OPERATIONAL SUPPORT
(4)	VALLEY OF THE SUN JEWISH COMMUNITY 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0622258	3	387,012				OPERATIONAL SUPPORT
(5)	VALLEY OF THE SUN UNITED WAY 3200 E. CAMELBACK RD. PHOENIX AZ 85018	86-0104419	3	6,000				OPERATIONAL SUPPORT
(6)	WEST CONTRA COSTA PUBLIC EDUCATION 217C W. RICHMOND AVENUE RICHMOND CA 94801	68-0005307	3	10,000				OPERATIONAL SUPPORT
(7)	WOMEN'S LEADERSHIP INSTITUTE 7825 E. PARADISE LANE SCOTTSDALE AZ 85260	27-3905817	3	9,040				OPERATIONAL SUPPORT
(8)	YATON - THE JEWISH FOSTER & ADOPTIO 4625 E. MARILYN ROAD PHOENIX AZ 85032	83-4627862	3	8,000				OPERATIONAL SUPPORT
(9)	YAVAPAI REHABILITATION CENTER 436 N. WASHINGTON AVENUE PRESCOTT AZ 86301	86-0283530	3	15,000				OPERATIONAL SUPPORT

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

**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.

OMB No. 1545-0047

2020

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Internal Revenue Service

▶ **Attach to Form 990.**

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

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)	YESHIVA HIGH SCHOOL OF ARIZONA 7045 N. 12TH ST PHOENIX AZ 85020	27-1115247	3	17,500				OPERATIONAL SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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					
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)

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, 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.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, 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?

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)?

Table with 3 columns: Question ID, Yes, No. Rows 1b through 9.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	204,750	0	0	10,238	13,368	228,356	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury Internal Revenue Service

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

Name of the organization

JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

Employer identification number

47-0874376

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is highlighted with 'X' in (a), '70' in (b), '1,730,381' in (c), and 'STOCK EXCHANGE VALUE' in (d).

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

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33. Row 30a has 'X' in No. Row 31 has 'X' in No. Row 32a has 'X' in No.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

JCF HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF

Name of the organization

Employer identification number

JEWISH COMMUNITY FOUNDATION OF

47-0874376

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

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

**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			JCFOFGPHX
(2) PHOENIX JEWISH NEWS 12701 N. SCOTTSDALE ROAD, STE 202 SCOTTSDALE AZ 85254	PRINT NEWS	AZ	461,448	59,074	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.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o	Sharing of paid employees with related organization(s)	1o	
p	Reimbursement paid to related organization(s) for expenses	1p	
q	Reimbursement paid by related organization(s) for expenses	1q	
r	Other transfer of cash or property to related organization(s)	1r	
s	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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **990-T**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

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

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

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

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	D Employer identification number 47-0874376
		Number, street, and room or suite no. If a P.O. box, see instructions. 12701 N SCOTTSDALE ROAD, SUITE 202	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE AZ 85254	F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 65,836,724			

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

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

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

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

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

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

Part I Total Unrelated Business Taxable income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-36,668
2	Reserved	2	
3	Add lines 1 and 2	3	-36,668
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-36,668
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-36,668
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

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

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		
3 Other 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 (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here 0	4		0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 0	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 0	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. X		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions) X		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RACHEL R. LOCKE, CPA	RACHEL R. LOCKE, CPA	05/13/21		
	Firm's name FESTER & CHAPMAN, PLLC	Firm's EIN 82-1455657			
Firm's address 9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260			Phone no. 602-264-3077		

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

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). **Open to Public Inspection for 501(c)(3) Organizations Only**

A Name of the organization JEWISH COMMUNITY FOUNDATION OF	B Employer identification number 47-0874376
C Unrelated Business Activity Code (see instructions) ▶ 511110	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ UNRELATED BUSINESS ACTIVITY

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 (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnership and S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11 328,386	365,054	-36,668
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 328,386	365,054	-36,668

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	0
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14			
15 Total deductions. Add lines 1 through 14	15			
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-36,668
17 Deduction for net operating loss (see instructions)	17			
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-36,668

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ _____

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

--	--	--	--

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ _____

9 Allocable deductions. Multiply line 3c by line 6

--	--	--	--

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ _____

11 **Total dividends-received deductions** included in line 10 ▶ _____

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

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

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals ▶

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals ▶

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

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return **JEWISH 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	1,040,000
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	2,590,000
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 2019 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 2021. 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	11,881

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 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2020 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 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,881
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
I	fixed assets	1/01/15	<u>272,247</u>			<u>272,247</u>	5 MO S/L	<u>196,876</u>	<u>11,881</u>
	Total Other Depreciation		<u>272,247</u>			<u>272,247</u>		<u>196,876</u>	<u>11,881</u>
	Total ACRS and Other Depreciation		<u>272,247</u>			<u>272,247</u>		<u>196,876</u>	<u>11,881</u>
	Grand Totals		272,247			272,247		196,876	11,881
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>272,247</u>			<u>272,247</u>		<u>196,876</u>	<u>11,881</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
Other Depreciation:								
	I fixed assets	1/01/15	<u>272,247</u>	<u>272,247</u>	<u>196,876</u>	<u>11,881</u>	<u>11,881</u>	<u>0</u>
Total Other Depreciation			<u>272,247</u>	<u>272,247</u>	<u>196,876</u>	<u>11,881</u>	<u>11,881</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>272,247</u>	<u>272,247</u>	<u>196,876</u>	<u>11,881</u>	<u>11,881</u>	<u>0</u>
Grand Totals			<u>272,247</u>	<u>272,247</u>	<u>196,876</u>	<u>11,881</u>	<u>11,881</u>	<u>0</u>
Less: Dispositions			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>272,247</u>	<u>272,247</u>	<u>196,876</u>	<u>11,881</u>	<u>11,881</u>	<u>0</u>

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

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

Depreciation Adjustment Report

All Business Activities

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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	fixed assets	1/01/15	<u>272,247</u>	<u>54,449</u>	<u>0</u>
	Total Other Depreciation		<u>272,247</u>	<u>54,449</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>272,247</u>	<u>54,449</u>	<u>0</u>
	Grand Totals		<u>272,247</u>	<u>54,449</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AZ</u>
<u>Other Depreciation:</u>				
1	fixed assets	1/01/15	<u>272,247</u>	<u>54,449</u>
	Total Other Depreciation		<u>272,247</u>	<u>54,449</u>
	Total ACRS and Other Depreciation		<u>272,247</u>	<u>54,449</u>
	Grand Totals		<u>272,247</u>	<u>54,449</u>

Form 990-T	Business Income Activity Summary	2020
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Name JEWISH COMMUNITY FOUNDATION OF	Taxpayer Identification Number 47-0874376
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Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	A. <u>38,808</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C. _____
D. Pre-2018 Applied (Sum of B and C)	D. _____
E. Pre-2018 Remaining (Line A minus Line D)	E. <u>38,808</u>
F. Pre-2018 Net Operating Losses Expiring this Year	F. _____
G. Pre-2018 Net Operating Losses Carried Forward	G. <u>38,808</u>

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

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. UNRELATED BUSINESS ACTIVITY	511110	1. <u>-36,668</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. <u>-36,668</u>

Form 990-T	Schedule A Loss Carryover Calculation	2020
Description UNRELATED BUSINESS ACTIVITY		

Name JEWISH COMMUNITY FOUNDATION OF	Taxpayer Identification Number 47-0874376
Unincorporated Business Income Tax Code: 511110 Activity: NEWSPAPER PUBLISHERS (EXCEPT INT	

Each activity may carryforward losses after 2018

1 Activity income	1	-36,668
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	-36,668
4 Losses carried over to this year (do not include amounts prior to 2018)	4	
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4)	7	
8 If line 3 is less than zero, enter that amount here as a positive number	8	36,668
9 Total loss carried forward to 2021 (Add lines 7 and 8)	9	36,668

Electronic Filing includes the report of additional amounts for this activity

E1 Activity loss amounts from 2019	E1	
E2 Prior year activity losses included on Schedule A, Line 17	E2	

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T** **2020**

For calendar year 2020, or tax year beginning _____, ending _____

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

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
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	1,419	38,808		38,808
NOL carryover available to current year			38,808		
Current year	0				
NOL carryover available to next year					38,808

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**
47-0874376

		2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	6,731,605	4,741,680	-1,989,925
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	569,976	462,901	-107,075
	5. Investment income	994,876	1,036,340	41,464
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	910,911	446,249	-464,662
	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			
	12. Total revenue. Add lines 1 through 11	9,207,368	6,687,170	-2,520,198
E x p e n s e s	13. Grants and similar amounts paid	5,161,144	5,850,853	689,709
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	199,000	347,513	148,513
	16. Salaries, other compensation, and employee benefits	428,934	385,482	-43,452
	17. Professional fundraising fees			
	18. Other professional fees	415,197	359,350	-55,847
	19. Occupancy, rent, utilities, and maintenance	52,472	54,953	2,481
	20. Depreciation and Depletion	9,202	11,881	2,679
	21. Other expenses	379,679	404,440	24,761
	22. Total expenses. Add lines 13 through 21	6,645,628	7,414,472	768,844
	23. Excess or (Deficit). Subtract line 22 from line 12	2,561,740	-727,302	-3,289,042
O t h e r I n f o r m a t i o n	24. Total exempt revenue	9,207,368	6,687,170	-2,520,198
	25. Total unrelated revenue	394,127	328,386	-65,741
	26. Total excludable revenue	2,081,636	1,617,104	-464,532
	27. Total assets	61,457,726	65,836,724	4,378,998
	28. Total liabilities	6,449,528	7,602,423	1,152,895
	29. Retained earnings	55,008,198	58,234,301	3,226,103
	30. Number of voting members of governing body	23	21	
31. Number of independent voting members of governing body	23	20		
32. Number of employees	6	7		
33. Number of volunteers	50	50		

Form 990T	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

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

		2019	2020	Differences	
Revenue	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.	1,419	-36,668	-38,087
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	1,419	-36,668	-38,087
Expenses	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. Total deductions. Add lines 12 through 22	23.			
	24. Net income (990T/first activity); Subtract line 23 from 11	24.	1,419	-36,668	-38,087
	25. Number of unrelated business activities for this return	25.	1	1	
26. Unrelated business taxable income from all trades	26.	1,419	-36,668	-38,087	
27. Disallowed employee fringe benefits	27.				
28. Charitable contributions	28.				
29. Taxable income before NOL loss	29.	1,419		-1,419	
30. Net operating loss (pre-2018)	30.	1,419		-1,419	
31. Specific deduction	31.	1,000		-1,000	
32. Unrelated business taxable income.	32.				
Tax & Credits	33. Income tax (corporate or trust)	33.			
	34. Proxy tax	34.			
	35. Other taxes	35.			
	36. Total taxes	36.			
	37. Other credits	37.			
	38. General business credit	38.			
	39. Credit for prior year minimum tax	39.			
	40. Total credits	40.			
	41. Net tax after credits	41.			
	42. Recapture taxes and 965 tax	42.			
	43. Total Taxes	43.			
Due/Refund	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. Total payments	48.			
	49. Balance due/(Overpayment)	49.			
	50. Overpayment applied to next year	50.			
	51. Penalties	51.			
52. Total due/(Refund)	52.				

Form SchM	Two Year Comparison for Unrelated Business Activity For calendar year 2020, or tax year beginning _____, ending _____	2019 & 2020
Organization Name JEWISH COMMUNITY FOUNDATION OF		Taxpayer Identification Number 47-0874376

 Unincorporated Business Income Tax Code: **511110** Activity: **UNRELATED BUSINESS ACTIVITY**

		2019	2020	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	1,419	-36,668	-38,087
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	1,419	-36,668	-38,087
Expenses	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. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	1,419	-36,668	-38,087
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	1,419	-36,668	-38,087

Form 990	Tax Return History	2020
Name JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX		Employer Identification Number 47-0874376

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants		7,946,915	7,177,142	6,731,605	4,741,680	
Membership dues						
Program service revenue		623,921	582,199	569,976	462,901	
Capital gain or loss		380,009	2,306,820	910,911	446,249	
Investment income		635,845	1,051,395	994,876	1,036,340	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		9,586,690	11,117,556	9,207,368	6,687,170	
Grants and similar amounts paid		4,854,134	5,585,980	5,161,144	5,850,853	
Benefits paid to or for members						
Compensation of officers, etc.		197,763	204,099	199,000	347,513	
Other compensation		403,573	395,284	428,934	385,482	
Professional fees		483,851	464,020	415,197	359,350	
Occupancy costs		78,055	67,230	52,472	54,953	
Depreciation and depletion		15,972	5,890	9,202	11,881	
Other expenses		353,804	445,505	379,679	404,440	
Total expenses		6,387,152	7,168,008	6,645,628	7,414,472	
Excess or (Deficit)		3,199,538	3,949,548	2,561,740	-727,302	
Total exempt revenue		9,586,690	11,117,556	9,207,368	6,687,170	
Total unrelated revenue		503,550	448,374	394,127	328,386	
Total excludable revenue		1,136,225	3,492,040	2,081,636	1,617,104	
Total Assets		55,003,028	52,238,162	61,457,726	65,836,724	
Total Liabilities		5,901,536	5,737,067	6,449,528	7,602,423	
Net Fund Balances		49,101,492	46,501,095	55,008,198	58,234,301	

Form 990T	Tax Return History	2020
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Name JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer Identification Number 47-0874376
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* Income shown net of expenses

	2016	2017	2018	2019	2020	2021
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	-36,668	
Total trade or business income.		-40,227	-96,605	1,419	-36,668	
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 990T	Tax Return History	2020
Name JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX		Employer Identification Number 47-0874376

	2016	2017	2018	2019	2020	2021
Other deductions						
Net income (990T/first activity)		-40,227	-96,605	1,419	-36,668	
UBTI from all trades	0	0	0	1,419	0	
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						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

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	\$ 1,036,340				14	
TOTAL	<u>\$ 1,036,340</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 4,768	\$ 3,305	\$ 914	\$ 549
PHOENIX JEWISH NEWS FREELANCE EXPENSE	2,010	2,010		
TOTAL	\$ 6,778	\$ 5,315	\$ 914	\$ 549

Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDENDS	\$ 1,036,340
TOTAL	\$ 1,036,340

Schedule A, Part II, Line 9(e)

Description	Amount
PHOENIX JEWISH NEWS	\$ -36,668
LESS: DEDUCTIONS	-1,000
TOTAL	\$ -37,668

Schedule A, Part II, Line 12 - Current year

Description	Amount
SPECIAL CAMPAIGNS AND PROGRAM	\$ 85,008
ADMINISTRATIVE FEE REVENUE	49,507
PHOENIX JEWISH NEWS	
TOTAL	\$ 134,515