

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

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

C Name of organization
JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
12701 N SCOTTSDALE ROAD SUITE 202

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

D Employer identification number
47-0874376

E Telephone number
(480) 699-1717

G Gross receipts \$ 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)

H(c) Group exemption number ▶

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

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, line 39	7b	

	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: *****
Date: 2021-05-11
RICHARD KASPER PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: FESTER & CHAPMAN PLLC
Preparer's signature: [Signature]
Date: 2021-05-11
Check if self-employed
PTIN: P00450405
Firm's EIN: ▶ 82-1455657
Firm's address: ▶ 9019 E BAHIA DR STE 100
SCOTTSDALE, AZ 85260
Phone no. (602) 264-3077

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$)
See Additional Data

4b (Code:) (Expenses \$ 399,668 including grants of \$) (Revenue \$ 134,515)
See Additional Data

4c (Code:) (Expenses \$ 248,281 including grants of \$) (Revenue \$ 328,386)
See Additional Data

(Code:) (Expenses \$ 66,048 including grants of \$) (Revenue \$)

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.

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

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? If "Yes," complete Schedule I, Parts I and III		No
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? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No
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? If "Yes," complete Schedule L, Part I		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
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? If "Yes," complete Schedule L, Part IV		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
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? If "Yes," complete Schedule R, Part I	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
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? If "Yes," complete Schedule R, Part VI		No
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.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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, or 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 (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 AN	40.00			X			204,750	0	23,606	
(2) DONNA CORCORAN CFO	40.00			X			101,000	0	18,157	
(3) FRANCINE COLES DIRECTOR	1.00	X					0	0	0	
(4) BRAD DIMOND TREASURER	1.00	X		X			0	0	0	
(5) LEE EISINBERG CHAIR	1.00	X		X			0	0	0	
(6) NORA FEINBERG DIRECTOR	1.00	X					0	0	0	
(7) LORY FISCHLER DIRECTOR	1.00	X					0	0	0	
(8) ALAN GOLD VICE CHAIR	1.00	X		X			0	0	0	
(9) NEIL GOLDSTEIN INVESTMENT C	1.00	X		X			0	0	0	
(10) RICHARD GOTTLIEB BOARD DEV. C	1.00	X		X			0	0	0	
(11) VICTORIA HARRIS AUDIT CHAIR	1.00	X		X			0	0	0	
(12) JONATHAN HOFFER DIRECTOR	1.00	X					0	0	0	
(13) REBECCA LIGHT DIRECTOR	1.00	X					0	0	0	
(14) DEBORAH MILLER SECRETARY	1.00	X		X			0	0	0	
(15) ANDREW PLATTNER DIRECTOR	1.00	X					0	0	0	
(16) VIRGINIE POLSTER GRANTS CHAIR	1.00	X		X			0	0	0	
(17) SANDY RIFE DIRECTOR	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ROBERT ROOS IMMEDIATE PA	1.00	X		X				0	0	0
(19) SADIE ROSENTHAL DIRECTOR	1.00	X						0	0	0
(20) DEAN SCHEINERT DIRECTOR	1.00	X						0	0	0
(21) DONALD SCHON DIRECTOR	1.00	X						0	0	0
(22) SARAH WARNER DIRECTOR	1.00	X						0	0	0

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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 (non-employees):				
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 17				
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 in 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 IX

		(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 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		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	272,247		
	b Less: accumulated depreciation	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 in 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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 47-0874376

Name: JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX

Form 990 (2020)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 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 **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		
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 failed 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 grant.") . . .	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	87.130 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	86.370 %

- 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.**

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
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>		

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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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):	1	
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 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)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization JEWISH 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easements held at the end of the year. Rows for total number, total acreage, number on certified historic structure, and number acquired after 7/25/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 in 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 ▶ 86.170 %
 - c** Term endowment ▶ 13.830 %
- 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 | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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 10(c).) . . . ▶				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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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
(3)	
(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 FIN 48 (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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 47-0874376

Name: JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	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.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	JCF'S ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED BY DONORS AND WILL BE USED TO FUND FUTURE GRANTS AND OTHER EXEMPT PURPOSE EXPENDITURES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	JCF RECOGNIZES UNCERTAIN TAX POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL NOT BE 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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	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.

Additional Data

Software ID:

Software Version:

EIN: 47-0874376

Name: JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEAF 868 E UNIVERSITY MESA, AZ 85203	86-0256667	3	27,500				OPERATIONAL SUPPORT
ACT ONE 910 E OSBORN RD PHOENIX, AZ 85014	45-3560706	3	25,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AHAVAS TORAH - THE SCOTTSDALE TORAH 13402 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	13-3181154	3	24,350				OPERATIONAL SUPPORT
ALLIANCE FOR MIDDLE EAST PEACE INC 1725 I ST STE 300 WASHINGTON, DC 20006	20-5879279	3	50,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COMMITTEE FOR THE WEIZMANN 633 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017	13-1623886	3	34,429				OPERATIONAL SUPPORT
AMERICAN FRIENDS OF DARCHEI BINAH 1049 E 13TH ST BROOKLYN, NY 11230	90-0296995	3	5,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF NATAL 1120 AVENUE OF THE AMERICAS 4TH FLOOR NEW YORK, NY 10036	20-1914370	3	6,500				OPERATIONAL SUPPORT
AMERICAN FRIENDS OF SHAALEI TORAH I 101 PARK AVENUE 17TH FLOOR NEW YORK, NY 10178	11-3521188	3	6,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF TEL AVIV UNIVER 39 BROADWAY NEW YORK, NY 100063702	13-1996126	3	7,362				OPERATIONAL SUPPORT
AMERICAN FRIENDS OF THE JAFFA INSTI 171-06 76TH AVENUE FLUSHING, NY 11366	11-2697261	3	5,745				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 2929 S 48TH STREET TEMPE, AZ 85282	13-5613797	3	15,280				OPERATIONAL SUPPORT
AMERICAN ISRAEL EDUCATION FOUNDATIO 251 H STREET NW WASHINGTON, DC 20001	52-1623781	3	25,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR TECHNION 55 EAST 59TH ST NEW YORK, NY 10022	13-0434195	3	15,529				OPERATIONAL SUPPORT
AMERICAN TRUST FOR THE BRITISH LIBR 562 ST MARKS AVE BROOKLYN, NY 11216	04-2673426	3	15,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI-DEFAMATION LEAGUE 605 THIRD AVE NEW YORK, NY 10158	13-1818723	3	37,900				OPERATIONAL SUPPORT
ANYTOWN LEADERSHIP PROGRAM PO BOX 446 PHOENIX, AZ 85001	47-2617651	3	5,776				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK SUITE 405B PHOENIX, AZ 85016	86-0348306	3	101,765				OPERATIONAL SUPPORT
ARIZONA JEWISH HISTORICAL SOCIETY 122 E CULVER STREET PHOENIX, AZ 85004	86-0410245	3	47,049				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA MUSICFEST PO BOX 25455 SCOTTSDALE, AZ 85255	86-1034396	3	30,200				OPERATIONAL SUPPORT
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 85280	86-6051042	3	18,970				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE SUITE 160 PHOENIX, AZ 85012	94-2545356	3	45,000				OPERATIONAL SUPPORT
BARROW NEUROLOGICAL FOUNDATION 124 W THOMAS RD PHOENIX, AZ 85013	86-0174371	3	11,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBYO 800 8TH STREET WASHINGTON, DC 20001	31-1794932	3	6,799				OPERATIONAL SUPPORT
BETH EL CONGREGATION 1118 W GLENDALE AVE PHOENIX, AZ 85021	86-0098914	3	70,720				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS- SCOTTSDALE 10533 EAST LAKEVIEW DRIVE SCOTTSDALE, AZ 85258	86-0133718	3	25,000				OPERATIONAL SUPPORT
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVENUE PHOENIX, AZ 850121797	86-0119984	3	105,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BUREAU OF JEWISH EDUCATION 12701 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	86-0560654	3	71,238				OPERATIONAL SUPPORT
CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	3	11,874				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHABAD AT NORTHERN ARIZONA UNIVERSI 930 W UNIVERSITY AVE FLAGSTAFF, AZ 86001	20-4963466	3	93,720				OPERATIONAL SUPPORT
CHABAD OF THE EAST VALLEY 875 N MCCLINTOCK DR CHANDLER, AZ 85226	56-2354196	3	6,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHABAD WEST VALLEY 7942 W BELL ROAD SUITE 101 GLENDALE, AZ 85308	20-0541723	3	12,000				OPERATIONAL SUPPORT
CHRYSALIS SHELTER FOR VICTIMS OF DO 2055 W NORTHERN AVE PHOENIX, AZ 85021	86-0447620	3	25,200				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONGREGATION BETH ISRAEL 10460 N 56TH STREET SCOTTSDALE, AZ 85253	86-0113949	3	65,360				OPERATIONAL SUPPORT
CONGREGATION BETH TEFILLAH 6529 E SHEA BLVD SCOTTSDALE, AZ 85254	47-5046861	3	11,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONGREGATION OR TZION 16415 N 90TH ST SCOTTSDALE, AZ 85260	35-2187429	3	23,998				OPERATIONAL SUPPORT
CONGREGATION TIFERETH ISRAEL OF SAN 6660 COWLES MOUNTAIN BOULEVARD SAN DIEGO, CA 92119	95-6006197	3	13,200				OPERATIONAL SUPPORT

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DESERT BOTANICAL GARDEN 1201 N GALVIN PARKWAY PHOENIX, AZ 85008	86-0136925	3	51,000				OPERATIONAL SUPPORT
DIGDEEP RIGHT TO WATER PROJECT 3308 DESCANSO DRIVE LOS ANGELES, CA 90026	46-0686920	3	50,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EAST VALLEY JEWISH COMMUNITY CENTER 908 N ALMA SCHOOL ROAD CHANDLER, AZ 85224	86-0618301	3	265,416				OPERATIONAL SUPPORT
FAITH ON WHEELS INTERNATIONAL MINIS 13232 N 54TH DRIVE GLENDALE, AZ 85304	47-4418700	3	6,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FEEDING AMERICA 35 E WACKER DR SUITE 2000 CHICAGO, IL 60601	36-3673599	3	25,000				OPERATIONAL SUPPORT
FLAGSTAFF FAMILY FOOD CENTER PO BOX P FLAGSTAFF, AZ 86002	86-0754044	3	51,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL PHOENIX, AZ 85006	86-0762610	3	10,000				OPERATIONAL SUPPORT
FRIENDS OF ARIZONA PUBLIC RADIO 2323 W 14TH STREET TEMPE, AZ 85281	01-0579687	3	9,851				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF MICHILALAH YERUSHALAYIM 9 SUTTON ROAD MONSEY, NY 109522533	13-3733969	3	5,500				OPERATIONAL SUPPORT
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42ND ST SUITE 1820 NEW YORK, NY 10165	13-3156445	3	8,280				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GASTRO-INTESTINAL RESEARCH FOUNDATI 1954 FIRST STREET HIGHLAND PARK, IL 60035	36-6108156	3	10,000				OPERATIONAL SUPPORT
GESHER DISABILITY RESOURCES 12701 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	86-0626273	3	48,117				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GONZAGA UNIVERSITY SCHOOL OF LAW FO 721 N CINCINNATI ST SPOKANE, WA 99220	23-7052227	3	10,000				OPERATIONAL SUPPORT
GREATER PHOENIX JEWISH FILM FESTIVA 6501 E GREENWAY PARKWAY SCOTTSDALE, AZ 85254	26-3418857	3	21,800				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HILLEL JEWISH STUDENT CENTER AT ARI 1012 SOUTH MILL AVENUE TEMPE, AZ 85281	86-6053859	3	36,127				OPERATIONAL SUPPORT
HONOR HEALTH FOUNDATION 8125 N HAYDEN RD SCOTTSDALE, AZ 85258	74-2355411	3	5,676				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	86-0338886	3	5,380				OPERATIONAL SUPPORT
J STREET EDUCATION FUND 1828 L STREET NW WASHINGTON, DC 20036	20-2777557	3	36,500				OPERATIONAL SUPPORT

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JCC ASSOCIATION OF NORTH AMERICA 520 EIGHTH AVENUE NEW YORK, NY 10018	83-4293291	3	7,500				OPERATIONAL SUPPORT
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 32ND FLOOR NEW YORK, NY 10017	23-0053483	3	16,716				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEWISH ARIZONANS ON CAMPUS 6740 E VOLTAIRE AVE SCOTTSDALE, AZ 85254	26-1614122	3	6,440				OPERATIONAL SUPPORT
JEWISH COMMUNITY ASSOCIATION OF GRE 12701 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	45-3910992	3	1,205,827				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEWISH COMMUNITY CAMPUS OF GREATER 12701 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	86-0096784	3	124,102				OPERATIONAL SUPPORT
JEWISH COMMUNITY RELATIONS COUNCIL 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	82-1553383	3	75,600				OPERATIONAL SUPPORT

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JEWISH FAMILY AND CHILDREN'S SERVIC 4747 N 7TH STREET PHOENIX, AZ 85014	86-0096781	3	269,502				OPERATIONAL SUPPORT
JEWISH FAMILY SERVICE OF SAN DIEGO JOAN IRWIN JACOBS CAMPUS TURK FAMILY CENTER SAN DIEGO, CA 92123	95-1644024	3	6,000				OPERATIONAL SUPPORT

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JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359214	3	10,000				OPERATIONAL SUPPORT
JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	13-1659627	3	474,085				OPERATIONAL SUPPORT

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JEWISH TUITION ORGANIZATION 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	86-0970081	3	32,737				OPERATIONAL SUPPORT
K2 ADVENTURES FOUNDATION 20645 N PIMA RD SUITE 100 SCOTTSDALE, AZ 85255	27-1302780	3	5,118				OPERATIONAL SUPPORT

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LAWRENCE FAMILY JEWISH COMMUNITY CE 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	95-1985444	3	8,000				OPERATIONAL SUPPORT
LIVE AND LEARN ARIZONA 326 EAST CORONADO PHOENIX, AZ 85004	47-2086218	3	15,200				OPERATIONAL SUPPORT

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LOWELL OBSERVATORY 1400 W MARS HILL ROAD FLAGSTAFF, AZ 86001	86-0098918	3	20,000				OPERATIONAL SUPPORT
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TX 77210	74-6001118	3	25,000				OPERATIONAL SUPPORT

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MERKOS CHABAD - LUBAVITCH ORGANIZAT 2110 E LINCOLN DRIVE PHOENIX, AZ 85016	86-0441056	3	46,204				OPERATIONAL SUPPORT
MINKOFF CENTER FOR JEWISH GENETICS 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	20-8139446	3	14,707				OPERATIONAL SUPPORT

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MOISHE HOUSE 441 SAXONY RD BARN 2 ENCINITAS, CA 92024	26-2599786	3	12,500				OPERATIONAL SUPPORT
NATIONAL JEWISH DAY SCHOOL FOUNDATI 7001 E FRIESS DR SCOTTSDALE, AZ 85254	26-1886998	3	66,663				OPERATIONAL SUPPORT

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NATIONAL YIDDISH BOOK CENTER 1021 WEST STREET AMHERST, MA 010023375	04-2708878	3	10,560				OPERATIONAL SUPPORT
NEW SHUL 7825 E PARADISE LANE SCOTTSDALE, AZ 85260	73-1645783	3	10,858				OPERATIONAL SUPPORT

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NORTHERN ARIZONA UNIVERSITY FOUNDAT PO BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	3	10,092				OPERATIONAL SUPPORT
PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE NEW YORK, NY 10017	13-6104086	3	49,487				OPERATIONAL SUPPORT

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PARDES JEWISH DAY SCHOOL 12753 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	86-0969657	3	24,625				OPERATIONAL SUPPORT
PHOENIX ART MUSEUM 1625 N CENTRAL AVENUE PHOENIX, AZ 850041685	86-0765761	3	12,900				OPERATIONAL SUPPORT

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PHOENIX CHILDREN'S HOSPITAL 2929 E CAMELBACK SUITE 122 PHOENIX, AZ 850164425	86-0422559	3	16,321				OPERATIONAL SUPPORT
PHOENIX HEBREW ACADEMY 515 E BETHANY HOME ROAD PHOENIX, AZ 85012	86-0199058	3	16,900				OPERATIONAL SUPPORT

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PHOENIX HOLOCAUST ASSOCIATION 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	86-0517079	3	5,900				OPERATIONAL SUPPORT
PHOENIX JEWISH FREE LOAN ASSOCIATIO 3443 N CENTRAL AVE PHOENIX, AZ 85012	86-6052446	3	90,253				OPERATIONAL SUPPORT

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PHOENIX SYMPHONY 1 N 1ST ST SUITE 200 PHOENIX, AZ 85004	86-6000134	3	11,800				OPERATIONAL SUPPORT
PLANNED PARENTHOOD ARIZONA 4751 N 15TH ST PHOENIX, AZ 85014	86-0146520	3	56,957				OPERATIONAL SUPPORT

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ROSIE'S HOUSE PO BOX 13446 PHOENIX, AZ 85002	86-0650451	3	15,600				OPERATIONAL SUPPORT
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	23-7318742	3	7,196				OPERATIONAL SUPPORT

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SEDONA INTERNATIONAL FILM FESTIVAL 2030 W STATE ROUTE 89A SUITE A-3 SEDONA, AZ 86336	20-0351857	3	6,000				OPERATIONAL SUPPORT
SHEARIM TORAH HIGH SCHOOL FOR GIRLS 715 E SIERRA VISTA DR PHOENIX, AZ 85014	41-2211077	3	10,000				OPERATIONAL SUPPORT

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SHEMER ART CENTER AND MUSEUM ASSOCI 5005 E CAMELBACK RD PHOENIX, AZ 85018	74-2440322	3	25,250				OPERATIONAL SUPPORT
SHIR HADASH INSTITUTE 11 E 86TH STREET 7A NEW YORK, NY 10028	13-4045616	3	10,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036	94-2465081	3	6,461				OPERATIONAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 361044344	63-0598743	3	5,057				OPERATIONAL SUPPORT

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SOUTHWEST AUTISM RESEARCH AND RESOU 301 N 18TH ST PHOENIX, AZ 850064104	31-1496647	3	7,580				OPERATIONAL SUPPORT
ST MARY'S FOOD BANK 2831 N 31ST AVENUE PHOENIX, AZ 850091518	23-7353532	3	155,344				OPERATIONAL SUPPORT

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ST VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 85002	86-0096789	3	9,225				OPERATIONAL SUPPORT
SWIFT YOUTH FOUNDATION 16099 N 82ND ST SCOTTSDALE, AZ 85260	86-0793061	3	16,365				OPERATIONAL SUPPORT

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TEMPLE BETH SHALOM 12202 N 101ST AVENUE SUN CITY, AZ 85351	23-7112839	3	12,000				OPERATIONAL SUPPORT
TEMPLE BETH SHOLOM OF THE EAST VALL 3400 N DOBSON RD CHANDLER, AZ 85224	86-0209884	3	62,222				OPERATIONAL SUPPORT

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TEMPLE CHAI 4645 E MARILYN ROAD PHOENIX, AZ 85032	94-2381671	3	122,010				OPERATIONAL SUPPORT
TEMPLE KOL AMI 15030 N 64TH ST SCOTTSDALE, AZ 85254	86-0617591	3	11,171				OPERATIONAL SUPPORT

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TEMPLE SOLEL 6805 E MCDONALD DRIVE PARADISE VALLEY, AZ 85253	86-0223187	3	34,360				OPERATIONAL SUPPORT
TGEN FOUNDATION 445 N 5TH STREET SUITE 120 PHOENIX, AZ 85004	33-1092191	3	25,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US MIDDLE EAST PROJECT 641 LEXINGTON AVENUE NEW YORK, NY 10022	41-2213721	3	50,000				OPERATIONAL SUPPORT
UNITED JEWISH FEDERATION OF SAN DIE 4950 MURPHY CANYON RD SAN DIEGO, CA 92123	95-1319015	3	13,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES SKI TEAM FOUNDATION 1 VICTORY LANE PARK CITY, UT 84060	84-6030639	3	9,000				OPERATIONAL SUPPORT
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	31-0896555	3	14,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA FOUNDATION EL 1130 E HELEN STREET PO BOX 210108 TUCSON, AZ 857210108	45-5322674	3	25,000				OPERATIONAL SUPPORT
US HOLOCAUST MEMORIAL MUSEUM 106 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20030	52-1309391	3	76,370				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY BEIT MIDRASH 4647 E MARILYN ROAD PHOENIX, AZ 85034	45-5443717	3	113,576				OPERATIONAL SUPPORT
VALLEY OF THE SUN JEWISH COMMUNITY 12701 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	86-0622258	3	387,012				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD PHOENIX, AZ 85018	86-0104419	3	6,000				OPERATIONAL SUPPORT
WEST CONTRA COSTA PUBLIC EDUCATION 217C W RICHMOND AVENUE RICHMOND, CA 94801	68-0005307	3	10,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S LEADERSHIP INSTITUTE 7825 E PARADISE LANE SCOTTSDALE, AZ 85260	27-3905817	3	9,040				OPERATIONAL SUPPORT
YATON - THE JEWISH FOSTER & ADOPTIO 4625 E MARILYN ROAD PHOENIX, AZ 85032	83-4627862	3	8,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAVAPAI REHABILITATION CENTER 436 N WASHINGTON AVENUE PRESCOTT, AZ 86301	86-0283530	3	15,000				OPERATIONAL SUPPORT
YESHIVA HIGH SCHOOL OF ARIZONA 7045 N 12TH ST PHOENIX, AZ 85020	27-1115247	3	17,500				OPERATIONAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

Employer identification number
47-0874376

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 are not 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 -----	-----	-----	10,238 -----	13,368 -----	228,356 -----	-----
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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 the latest information.**

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	70	1,730,381	STOCK EXCHANGE VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

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

Department of the Treasury

Name of the organization

JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

Employer identification number

47-0874376

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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 THE IR 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	JCF HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, VOLUNTEERS, KEY EMPLOYEES, AND THEIR RELATIVES. AS PER THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST. ANY MATTER OF QUESTION OR INTERPRETATION THAT ARISES RELATING TO THE CONFLICT OF INTEREST POLICY IS REFERRED TO THE BOARD CHAIR FOR DECISION AND/OR FOR REFERRAL TO THE BOARD OF DIRECTORS FOR DECISION WHERE APPROPRIATE. ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON A CONFLICT OF INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS OR STATING THAT THERE ARE NONE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	JCF'S PRESIDENT DETERMINES THE COMPENSATION OF OTHER KEY EMPLOYEES UTILIZING COMPARABILITY DATA AND WITHIN THE ESTABLISHED BUDGETARY GUIDELINES ESTABLISHED BY THE BOARD OF DIRECTOR S. THE PROCESS WAS LAST UNDERTAKEN IN 2017.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX

Employer identification number

47-0874376

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JCF SPECIAL HOLDINGS LLC 12701 N SCOTTSDALE ROAD STE 202 SCOTTSDALE, AZ 85254	HOLDING CO	AZ			JCFOFGPHX
(2) PHOENIX JEWISH NEWS 12701 N SCOTTSDALE ROAD STE 202 SCOTTSDALE, AZ 85254	PRINT NEWS	AZ	461,448	59,074	JCF HLDGS

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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

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	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation