

Form **990**

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

OMB No. 1545-0047

2024
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX		D Employer identification number 47-0874376
	Doing business as 12701 N SCOTTSDALE ROAD, SUITE 201		E Telephone number 480-699-1717
	Number and street (or P.O. box if mail is not delivered to street address) 12701 N SCOTTSDALE ROAD, SUITE 201		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE AZ 85254		G Gross receipts\$ 13,855,909

F Name and address of principal officer: RICHARD KASPER 12701 N. SCOTTSDALE RD. STE 201 SCOTTSDALE AZ 85254	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
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J Website: WWW.PHOENIXCJP.ORG	H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2002	M State of legal domicile: AZ
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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.

Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	439,285
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	14,303,072
9 Program service revenue (Part VIII, line 2g)	478,341	686,121	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,478,384	3,308,162	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,758	10,029	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,293,555	13,855,909	

Expenses		Prior Year	Current Year
		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,857,888
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)	1,114,689	711,677	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25)	219,365		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,044,935	820,891	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,017,512	9,777,875	
19 Revenue less expenses. Subtract line 18 from line 12	5,276,043	4,078,034	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	86,455,332
21 Total liabilities (Part X, line 26)	14,662,590	14,164,091	
22 Net assets or fund balances. Subtract line 21 from line 20	71,792,742	78,599,986	

Part II Signature Block

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

Sign Here	Signature of officer	Date
	RICHARD KASPER Type or print name and title	CEO

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RACHEL R. LOCKE, CPA	RACHEL R. LOCKE, CPA	10/14/25	<input checked="" type="checkbox"/>	P00450405
	Firm's name	Firm's EIN	Phone no.		
FESTER & CHAPMAN, PLLC		82-1455657	602-264-3077		
Firm's address					
9019 E. BAHIA DR STE 100					
SCOTTSDALE, AZ 85260					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ **8,245,307** including grants of \$ **8,245,307**) (Revenue \$)

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

4b (Code:) (Expenses \$ **128,395** including grants of \$) (Revenue \$ **140,271**)

MANAGEMENT: JCF MANAGES OVER 800 FUNDS ESTABLISHED BY LOCAL PHILANTHROPISTS, INCLUDING OVER 206 FUNDS RESTRICTED IN PERPETUITY, 367 FUNDS WITH OTHER RESTRICTIONS, AND 165 DONOR ADVISED FUNDS. JCF ALSO HOLDS AGENCY FUNDS FOR APPROXIMATELY 48 LOCAL JEWISH AGENCIES.

4c (Code:) (Expenses \$ **301,473** including grants of \$) (Revenue \$ **545,850**)

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

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

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

4e Total program service expenses **8,675,175**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

THE ORGANIZATION **12701 N. SCOTTSDALE ROAD, STE 201** **480-481-7008**
SCOTTSDALE **AZ 85254**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD KASPER CEO	20.00 20.00			X				119,109	119,109	22,142
(2) GAIL BAER CHF DEVELOPMENT OFC	20.00 20.00			X				97,175	97,175	19,608
(3) JULIE PERRY VP, FIN & OPERATIONS	20.00 20.00			X				65,662	65,662	16,512
(4) SHERYL QUEN VP, COMMUNITY IMPACT	20.00 20.00			X				53,104	53,104	22,942
(5) SHERYL PRESS VP, MARKETING & EVEN	20.00 20.00			X				54,335	54,335	14,626
(6) FRANCINE COLES DIRECTOR	1.00 0.00	X						0	0	0
(7) ALAN GOLD DIRECTOR	1.00 0.00	X						0	0	0
(8) NEIL GOLDSTEIN DIRECTOR	1.00 0.00	X						0	0	0
(9) ROBERT ROOS DIRECTOR	1.00 0.00	X						0	0	0
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							389,385	389,385	95,830	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							389,385	389,385	95,830	

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

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,851,597				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,126,328				
	h Total. Add lines 1a-1f		9,851,597				
	Program Service Revenue	2a PHOENIX JEWISH NEWS	Business Code 511110	545,850	106,565	439,285	
b ADMINISTRATIVE FEE REVENUE		900099	104,224	104,224			
c SPECIAL CAMPAIGNS AND PROGRAM		900099	36,047	36,047			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			686,121				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,031,555			2,031,555	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,276,607			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c	1,276,607				
	d Net gain or (loss)		1,276,607	1,276,607			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	10,029	10,029			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		10,029				
12 Total revenue. See instructions		13,855,909	1,533,472	439,285	2,031,555		

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	8,245,307	8,245,307		
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	437,301	66,854	262,627	107,820
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	190,904	18,166	143,440	29,298
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,863	1,416	10,754	2,693
9 Other employee benefits	28,546	7,167	7,752	13,627
10 Payroll taxes	40,063	6,125	24,060	9,878
11 Fees for services (nonemployees):				
a Management	218,079	218,079		
b Legal				
c Accounting	20,361		20,361	
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.)	53,068	1,807	38,153	13,108
12 Advertising and promotion	3,494		3,494	
13 Office expenses	93,547	79,688	12,950	909
14 Information technology	13,313	930	12,046	337
15 Royalties				
16 Occupancy	36,502		36,502	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,188	541	4,605	41,042
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	15,340		15,340	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PJN READERSHIP COSTS	215,828	3,705	212,123	
b MISCELLANEOUS	60,456	8,426	51,553	477
c DUES AND PUBLICATIONS	27,751		27,575	176
d LIFE INSURANCE PREMIUMS	16,964	16,964		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,777,875	8,675,175	883,335	219,365
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,279,871	1	1,656,827
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	159,476	4	212,750
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	662,486	9	744,730
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	44,140	10c
	11 Investments—publicly traded securities	81,429,944	11	88,003,527
	12 Investments—other securities. See Part IV, line 11	320,446	12	502,454
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,558,969	15	1,643,789
16 Total assets. Add lines 1 through 15 (must equal line 33)	86,455,332	16	92,764,077	
Liabilities	17 Accounts payable and accrued expenses	554,212	17	446,925
	18 Grants payable	41,073	18	44,363
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	13,959,055	21	13,569,626
	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	108,250	25	103,177
	26 Total liabilities. Add lines 17 through 25	14,662,590	26	14,164,091
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	26,157,101	27	27,756,252
	28 Net assets with donor restrictions	45,635,641	28	50,843,734
	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	71,792,742	32	78,599,986	
33 Total liabilities and net assets/fund balances	86,455,332	33	92,764,077	

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	13,855,909
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,777,875
3	Revenue less expenses. Subtract line 2 from line 1	3	4,078,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,792,742
5	Net unrealized gains (losses) on investments	5	2,729,210
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,599,986

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer identification number 47-0874376
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,741,680	8,739,486	8,373,220	14,303,072	9,851,597	46,009,055
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	4,741,680	8,739,486	8,373,220	14,303,072	9,851,597	46,009,055
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						46,009,055

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4,741,680	8,739,486	8,373,220	14,303,072	9,851,597	46,009,055
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,036,340	1,173,670	1,245,480	1,480,973	2,031,555	6,968,018
9 Net income from unrelated business activities, whether or not the business is regularly carried on				64,486		64,486
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						53,041,559

12 Gross receipts from related activities, etc. (see instructions) 12 1,099,084

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 2024 (line 6, column (f), divided by line 11, column (f))	14	86.74%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.73%

- 16a 33 1/3% support test — 2024.** 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 — 2023.** 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 — 2024.** 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 — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <i>(see instructions)</i> .		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 (prior IRS approval required— <i>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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

47-0874376

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 1,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 300,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 249,633	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 542,465	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 1,016,018	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 586,554	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

47-0874376

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 421,443	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 375,638	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 279,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 244,532	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 244,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 239,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

47-0874376

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 230,940	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH COMMUNITY FOUNDATION OF

Employer identification number

47-0874376

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SHARES OF PUBLICLY TRADED STOCK	\$ 300,000
3	SHARES OF PUBLICLY TRADED STOCK	\$ 109,000
5	SHARES OF PUBLICLY TRADED STOCK	\$ 1,016,018
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

**SCHEDULE D
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer identification number 47-0874376
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included on line 2a	2b
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2d
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	38,514,262	31,171,209	35,297,210	31,517,154	28,341,558
b Contributions	3,418,298	5,623,632	1,165,186	1,996,827	1,696,184
c Net investment earnings, gains, and losses	3,216,185	4,105,969	-3,681,359	3,438,373	2,995,166
d Grants or scholarships					
e Other expenditures for facilities and programs	2,258,969	2,386,548	1,609,828	1,655,144	1,515,754
f Administrative expenses					
g End of year balance	42,889,776	38,514,262	31,171,209	35,297,210	31,517,154

- 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 **87.42** %
 - c** Term endowment **12.58** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	102,777
(3) OTHER LIABILITIES	400
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	103,177

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,585,119
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,729,210
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,729,210
3	Subtract line 2e from line 1	3	13,855,909
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	13,855,909

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	9,777,875
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	9,777,875
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	9,777,875

Part XIII Supplemental Information

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION RECOGNIZES UNCERTAIN TAX POSITIONS IN THE COMBINED FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AT DECEMBER 31, 2024, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. PHOENIX JEWISH NEWS, LLC, AND JCF SPECIAL HOLDINGS, LLC ARE DISREGARDED ENTITIES FOR TAX REPORTING PURPOSES. THE ORGANIZATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX FROM NET ADVERTISING REVENUE GENERATED BY PHOENIX JEWISH NEWS, LLC.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**

Employer identification number

47-0874376

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AHAVAS TORAH - THE SCOTTSDALE TORAH 13402 N. SCOTTSDALE RD SCOTTSDALE AZ 85254	13-3181154	3	8,000				OPERATIONAL SUPPORT
(2)	ALEPH ALLIANCE FOR JEWISH RENEWAL PO BOX 35118 PHILADELPHIA PA 19128	23-2081703	3	6,000				OPERATIONAL SUPPORT
(3)	ALLIANCE FOR MIDDLE EAST PEACE 1725 1 ST STE 300 WASHINGTON DC 20006	20-5879279	3	50,000				OPERATIONAL SUPPORT
(4)	ALPHA EPSILON PI FOUNDATION - IN 8815 WESLEYAN ROAD INDIANAPOLIS IN 46268	13-6141078	3	8,000				OPERATIONAL SUPPORT
(5)	AMERICAN CIVIL LIBERTIES UNION FOUN PO BOX 17148 PHOENIX AZ 85011	23-7238580	3	6,046				OPERATIONAL SUPPORT
(6)	AMERICAN COMMITTEE FOR THE WEIZMANN 633 THIRD AVENUE 20TH FL. NEW YORK NY 10017	13-1623886	3	21,329				OPERATIONAL SUPPORT
(7)	AMERICAN FRIENDS OF LEKET ISRAEL PO BOX 2090 TEANECK NJ 07666	20-8202424	3	10,000				OPERATIONAL SUPPORT
(8)	AMERICAN FRIENDS OF MAGEN DAVID ADO 20 W 36TH ST, SUITE 1100 NEW YORK NY 10018	13-1790719	3	114,503				OPERATIONAL SUPPORT
(9)	AMERICAN FRIENDS OF TEL AVIV UNIVER 8 WEST 40TH STREET NEW YORK NY 10018	13-1996126	3	7,171				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **191**
- 3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I
(Form 990)**

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Department of the Treasury
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(1)	AMERICAN HEART ASSOCIATION - AZ 1910 W. UNIVERSITY DRIVE TEMPE AZ 85281	13-5613797	3	24,000				OPERATIONAL SUPPORT
(2)	AMERICAN ISRAEL EDUCATION FOUNDATIO 440 FIRST ST., N.W. WASHINGTON DC 20001	52-1623781	3	50,000				OPERATIONAL SUPPORT
(3)	AMERICAN JEWISH COMMITTEE 165 E 56TH ST, 3RD FLR NEW YORK NY 10022	13-5563393	3	14,630				OPERATIONAL SUPPORT
(4)	AMERICAN JEWISH JOINT DISTRIBUTION 220 E. 42ND STREET NEW YORK NY 10017	13-1656634	3	9,016				OPERATIONAL SUPPORT
(5)	AMERICAN RED CROSS - AZ 4747 N 22ND ST STE 100 PHOENIX AZ 85016	53-0196605	3	8,000				OPERATIONAL SUPPORT
(6)	AMERICAN TECHNION SOCIETY - NY 55 E. 59TH STREET NEW YORK NY 10022	13-0434195	3	49,829				OPERATIONAL SUPPORT
(7)	AMERICANS FOR PEACE NOW 1320 19TH STREET NW WASHINGTON DC 20036	13-3509867	3	40,100				OPERATIONAL SUPPORT
(8)	AMERICANS UNITED FOR SEPARATION OF 1310 L STREET NW SUITE 200 WASHINGTON DC 20005	53-0184647	3	8,546				OPERATIONAL SUPPORT
(9)	ANTI-DEFAMATION LEAGUE - NY 605 THIRD AVE NEW YORK NY 10158	13-1818723	3	91,426				OPERATIONAL SUPPORT

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	ANYTOWN LEADERSHIP PROGRAM PO BOX 446 PHOENIX AZ 85001	47-2617651	3	5,615				OPERATIONAL SUPPORT
(2)	ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK ST SUITE 405B PHOENIX AZ 85016	86-0348306	3	16,500				OPERATIONAL SUPPORT
(3)	ARIZONA JEWISH HISTORICAL SOCIETY 122 E. CULVER STREET PHOENIX AZ 85004	86-0410245	3	1,458,077				OPERATIONAL SUPPORT
(4)	ARIZONA KOSHER PANTRY 7118 NORTH 7TH STREET PHOENIX AZ 85020	47-5645369	3	7,000				OPERATIONAL SUPPORT
(5)	ARIZONA MUSICFEST PO BOX 25455 SCOTTSDALE AZ 85255	86-1034396	3	22,500				OPERATIONAL SUPPORT
(6)	ARIZONA NURSERY ASSOCIATION FOUNDAT 1710 W. RANCH ROAD TEMPE AZ 85284	86-0535133	3	10,000				OPERATIONAL SUPPORT
(7)	ARIZONA OPERA 1636 N. CENTRAL AVE PHOENIX AZ 85004	23-7169261	3	50,800				OPERATIONAL SUPPORT
(8)	ASU FOUNDATION PO BOX 2260 TEMPE AZ 85280	86-6051042	3	23,815				OPERATIONAL SUPPORT
(9)	BALLET ARIZONA 2835 E. WASHINGTON ST. PHOENIX AZ 85034	86-0367773	3	10,150				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVE PHOENIX AZ 85012	94-2545356	3	35,000				OPERATIONAL SUPPORT
(2)	BARROW NEUROLOGICAL FOUNDATION 2910 N. 3RD AVENUE PHOENIX AZ 85012	86-0174371	3	97,500				OPERATIONAL SUPPORT
(3)	BBYO (WASHINGTON) 529 14TH STREET NW WASHINGTON DC 20045	31-1794932	3	21,369				OPERATIONAL SUPPORT
(4)	BELLINGHAM FESTIVAL OF MUSIC PO BOX 818 BELLINGHAM WA 98227	91-1599603	3	10,000				OPERATIONAL SUPPORT
(5)	BETH EL CEMETERY CORPORATION 1118 W. GLENDALE AVENUE PHOENIX AZ 85021	86-1037464	3	100,000				OPERATIONAL SUPPORT
(6)	BETH EL CONGREGATION 1118 W. GLENDALE AVENUE PHOENIX AZ 85021	86-0098914	3	19,191				OPERATIONAL SUPPORT
(7)	BIRTHRIGHT ISRAEL FOUNDATION PO BOX 21615 NEW YORK NY 10087	13-4092050	3	26,400				OPERATIONAL SUPPORT
(8)	BOARD OF VISITORS 7227 NORTH 16TH STREET PHOENIX AZ 85020	86-6052766	3	7,500				OPERATIONAL SUPPORT
(9)	BOYS AND GIRLS CLUBS OF GREATER SCO 10533 EAST LAKEVIEW DRIVE SCOTTSDALE AZ 85258	86-0133718	3	28,500				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	BUREAU OF JEWISH EDUCATION 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0560654	3	96,279				OPERATIONAL SUPPORT
(2)	C4 FOUNDATION PO BOX 181679 CORONADO CA 92178	82-2075362	3	10,000				OPERATIONAL SUPPORT
(3)	CAMP RAMAH IN CALIFORNIA 17525 VENTURA BLVD. ENCINO CA 91316	95-1843131	3	12,980				OPERATIONAL SUPPORT
(4)	CENTRAL CONFERENCE OF AMERICAN RABB 355 LEXINGTON AVENUE NEW YORK NY 10017	13-1769747	3	18,000				OPERATIONAL SUPPORT
(5)	CHABAD OF CORONADO 1330 ORANGE AVENUE CORONADO CA 92118	33-0147470	3	27,000				OPERATIONAL SUPPORT
(6)	CHABAD OF FLAGSTAFF 930 W. UNIVERSITY AVE. FLAGSTAFF AZ 86001	20-4963466	3	81,500				OPERATIONAL SUPPORT
(7)	CHABAD OF SCOTTSDALE 10215 N SCOTTSDALE ROAD SCOTTSDALE AZ 85253	26-3099133	3	13,685				OPERATIONAL SUPPORT
(8)	CHABAD OF THE WEST VALLEY 4942 W BELL RD C5 GLENDALE AZ 85308	20-0541723	3	12,500				OPERATIONAL SUPPORT
(9)	CHARLES HUMPHREY KEATING IV FOUNDAT PO BOX 181679 CORONADO CA 92118	82-2075362	3	50,000				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDSPLAY 900 S. MITCHELL DRIVE TEMPE AZ 85281	86-0336473	3	42,822				OPERATIONAL SUPPORT
(2)	COMPASSION & CHOICES PO BOX 485 ETNA NH 03750	84-1328829	3	6,226				OPERATIONAL SUPPORT
(3)	CONGREGATION BETH ISRAEL 10460 N. 56TH STREET SCOTTSDALE AZ 85253	86-0113949	3	320,768				OPERATIONAL SUPPORT
(4)	CONGREGATION BETH TEFILLAH 6529 E. SHEA BOULEVARD SCOTTSDALE AZ 85254	47-5046861	3	59,940				OPERATIONAL SUPPORT
(5)	CONGREGATION B'NAI ABRAHAM 53 E. BALTIMORE STREET HAGERSTOWN MD 21740	52-0607976	3	6,500				OPERATIONAL SUPPORT
(6)	CONGREGATION OR TZION 16415 N. 90TH STREET SCOTTSDALE AZ 85260	35-2187429	3	40,782				OPERATIONAL SUPPORT
(7)	CTEEN OF THE VALLEY 7020 N. 22ND STREET PHOENIX AZ 85020	85-4395056	3	15,720				OPERATIONAL SUPPORT
(8)	DESERT BOTANICAL GARDEN 1201 N GALVIN PARKWAY PHOENIX AZ 85008	86-0136925	3	10,700				OPERATIONAL SUPPORT
(9)	DESERT FOOTHILLS LIBRARY ASSOCIATIO 38443 N. SCHOOL HOUSE ROAD CAVE CREEK AZ 85331	51-0153556	3	20,000				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	DESERT ICE SKATING CLUB OF ARIZONA 7225 W. HARRISON STREET CHANDLER AZ 85226	20-5672622	3	7,000				OPERATIONAL SUPPORT
(2)	DESERT VOICES ORAL LEARNING CENTER 3426 E. SHEA BLVD. PHOENIX AZ 85028	86-0834633	3	51,000				OPERATIONAL SUPPORT
(3)	DETOUR COMPANY THEATER PO BOX 697 SCOTTSDALE AZ 85252	01-0622545	3	16,000				OPERATIONAL SUPPORT
(4)	EAST VALLEY JEWISH COMMUNITY CENTER 908 N. ALMA SCHOOL ROAD CHANDLER AZ 85224	86-0618301	3	113,200				OPERATIONAL SUPPORT
(5)	EDUCATION FOR EMPLOYMENT FOUNDATION 1660 L STREET NW WASHINGTON DC 20036	82-0578781	3	20,000				OPERATIONAL SUPPORT
(6)	EMERGENCY ASSISTANCE FOUNDATION C/O MERITAGE CARES DALLAS TX 75373	45-1813056	3	10,000				OPERATIONAL SUPPORT
(7)	FAITH ON WHEELS INTERNATIONAL MINIS 13232 N. 54TH DRIVE GLENDALE AZ 85304	47-4418700	3	8,000				OPERATIONAL SUPPORT
(8)	FOUNDATION FOR BLIND CHILDREN 1234 E. NORTHERN AVENUE PHOENIX AZ 85020	86-0129981	3	52,000				OPERATIONAL SUPPORT
(9)	FRESH START WOMEN'S FOUNDATION 1130 E. MCDOWELL PHOENIX AZ 85006	86-0762610	3	10,000				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	FRIENDS OF DUVDEVAN 29155 NORTHWESTERN HIGHWAY SOUTHFIELD MI 48034	83-0860160	3	100,720				OPERATIONAL SUPPORT
(2)	FRIENDS OF ISRAEL SCOUTS - TZOFIM 575 8TH AVENUE NEW YORK NY 10003	13-3843506	3	7,000				OPERATIONAL SUPPORT
(3)	FRIENDS OF MICHLALAH YERUSHALAYIM 9 SUTTON ROAD MONSEY NY 10952	13-3733969	3	5,500				OPERATIONAL SUPPORT
(4)	FRIENDS OF OHANA 2710 W SOUTHERN AVE STE 105 PHOENIX AZ 85041	84-4954449	3	25,000				OPERATIONAL SUPPORT
(5)	FRIENDS OF THE ISRAEL DEFENSE FORCE 4950 MURPHY CANYON ROAD SAN DIEGO CA 92123	13-3156445	3	13,055				OPERATIONAL SUPPORT
(6)	GESHER DISABILITY RESOURCES 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0626273	3	59,174				OPERATIONAL SUPPORT
(7)	GONZAGA UNIVERSITY SCHOOL OF LAW 721 N. CINCINNATI ST. SPOKANE WA 99220	23-7052227	3	20,000				OPERATIONAL SUPPORT
(8)	GOODWILL OF CENTRAL AND NORTHERN 2626 W. BERYL AVE. PHOENIX AZ 85021	86-0104415	3	15,000				OPERATIONAL SUPPORT
(9)	GREATER PHOENIX JEWISH FILM FESTIVAL 6501 E. GREENWAY PARKWAY SCOTTSDALE AZ 85254	26-3418857	3	25,225				OPERATIONAL SUPPORT

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

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HADASSAH THE WOMEN'S ZIONIST ORGANI 40 WALL STREET NEW YORK NY 10005	13-1656651	3	5,480				OPERATIONAL SUPPORT
(2)	HILLEL AT UNIVERSITY OF ARIZONA 1245 EAST 2ND STREET TUCSON AZ 85719	86-6053800	3	18,531				OPERATIONAL SUPPORT
(3)	HILLEL JEWISH STUDENT CENTER AT ARI 1012 SOUTH MILL AVENUE TEMPE AZ 85281	86-6053859	3	103,726				OPERATIONAL SUPPORT
(4)	HONEST REPORTING PO BOX 23858 NEW YORK NY 10087	06-1611859	3	10,750				OPERATIONAL SUPPORT
(5)	HONOR HEALTH FOUNDATION 8125 N. HAYDEN ROAD SCOTTSDALE AZ 85258	74-2355411	3	6,115				OPERATIONAL SUPPORT
(6)	HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX AZ 85050	86-0338886	3	6,804				OPERATIONAL SUPPORT
(7)	IKAR 6230 WILSHIRE BOULEVARD LOS ANGELES CA 90048	20-1210098	3	15,000				OPERATIONAL SUPPORT
(8)	INTERFAITH AMERICA 141 W. JACKSON BOULEVARD CHICAGO IL 60604	30-0212534	3	100,000				OPERATIONAL SUPPORT
(9)	INTERNATIONAL MEDICAL CORPS. 12400 WILSHIRE BLVD., SUITE 1500 LOS ANGELES CA 90025	95-3949646	3	7,046				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	J STREET EDUCATION FUND DEVELOPMENT WASHINGTON DC 20035	20-2777557	3	50,500				OPERATIONAL SUPPORT
(2)	JACOB'S HOPE 1150 N. COUNTRY CLUB DR, MESA AZ 85201	37-1828794	3	20,000				OPERATIONAL SUPPORT
(3)	JCC ASSOCIATION OF NORTH AMERICA 520 EIGHTH AVENUE NEW YORK NY 10018	13-5599486	3	10,000				OPERATIONAL SUPPORT
(4)	JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE NEW YORK NY 10017	23-0053483	3	14,354				OPERATIONAL SUPPORT
(5)	JEWISH COMMUNITY FOUNDATION OF GREA PO BOX 2684 PRESCOTT AZ 86302	86-0941893	3	70,000				OPERATIONAL SUPPORT
(6)	JEWISH COMMUNITY OF SEDONA & V. VAL PO BOX 13 SEDONA AZ 86339	86-0773534	3	5,415				OPERATIONAL SUPPORT
(7)	JEWISH COMMUNITY RELATIONS COUNCIL 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	82-1553383	3	93,980				OPERATIONAL SUPPORT
(8)	JEWISH FAMILY AND CHILDREN'S SERVIC 4747 N. 7TH STREET PHOENIX AZ 85014	86-0096781	3	237,284				OPERATIONAL SUPPORT
(9)	JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY 17TH FLOOR NEW YORK NY 10004	13-1624240	3	83,600				OPERATIONAL SUPPORT

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(1)	JEWISH NATIONAL FUND 42 E. 69TH STREET NEW YORK NY 10021	13-1659627	3	432,899				OPERATIONAL SUPPORT
(2)	JEWISH NATIONAL FUND - USA 42 E 69TH ST NEW YORK CITY NY 10021	83-2880252	3	30,000				OPERATIONAL SUPPORT
(3)	JEWISH TUITION ORGANIZATION 12701 N SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0970081	3	39,332				OPERATIONAL SUPPORT
(4)	K2 ADVENTURES FOUNDATION 14354 N. FRANK LLOYD WRIGHT BOULEVARD SCOTTSDALE AZ 85260	27-1302780	3	8,250				OPERATIONAL SUPPORT
(5)	KAET ARIZONA PBS 555 N CENTRAL AVENUE PHOENIX AZ 85004	01-0579687	3	7,823				OPERATIONAL SUPPORT
(6)	KIVEL CAMPUS OF CARE 3040 N. 36TH STREET PHOENIX AZ 85018	23-7157268	3	12,527				OPERATIONAL SUPPORT
(7)	LEHADLEEK JEWISH OUTREACH 6801 N 13TH STREET PHOENIX AZ 85014	87-2462908	3	20,000				OPERATIONAL SUPPORT
(8)	LOWELL OBSERVATORY 1400 W. MARS HILL ROAD FLAGSTAFF AZ 86001	86-0098918	3	10,000				OPERATIONAL SUPPORT
(9)	LUTHERAN SOCIAL SERVICES OF THE SOUTH 2502 E. UNIVERSITY DRIVE, SUITE 125 PHOENIX AZ 85034	86-0252302	3	16,854				OPERATIONAL SUPPORT

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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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(1)	MAKE-A-WISH FOUNDATION OF AMERICA 1702 E. HIGHLAND AVE, SUITE 400 PHOENIX AZ 85016	86-0481941	3	6,154				OPERATIONAL SUPPORT
(2)	MAKING DREAMS REALITY 44383 W. MESCAL STREET MARICOPA AZ 85138	81-3154031	3	10,000				OPERATIONAL SUPPORT
(3)	MAYO CLINIC - ROCHESTER MN 200 FIRST STREET SW ROCHESTER MN 55905	41-6011702	3	27,158				OPERATIONAL SUPPORT
(4)	MEOHR BAIS YAAKOV 422 YESHIVA LANE BALTIMORE MD 21208	20-5983489	3	5,500				OPERATIONAL SUPPORT
(5)	MERKOS CHABAD - LUBAVITCH ORGANIZAT 2110 E. LINCOLN DRIVE PHOENIX AZ 85016	86-0441056	3	82,086				OPERATIONAL SUPPORT
(6)	MICHAEL J. FOX FOUNDATION FOR PARKI 111 W. 33RD STREET NEW YORK NY 10001	13-4141945	3	110,500				OPERATIONAL SUPPORT
(7)	MINDFULNESS FIRST PO BOX 26045 SCOTTSDALE AZ 85255	46-4253699	3	51,000				OPERATIONAL SUPPORT
(8)	MINKOFF CENTER FOR JEWISH GENETICS 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	20-8139446	3	70,860				OPERATIONAL SUPPORT
(9)	MOISHE HOUSE - CA 441 SAXONY RD BARN 2 ENCINITAS CA 92024	26-2599786	3	10,000				OPERATIONAL SUPPORT

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(1)	MUSICAL INSTRUMENT MUSEUM 4725 E. MAYO BLVD. PHOENIX AZ 85050	16-1743588	3	16,000				OPERATIONAL SUPPORT
(2)	MUSICANOVA ORCHESTRA 610 E. BELL ROAD PHOENIX AZ 85022	11-3682567	3	8,390				OPERATIONAL SUPPORT
(3)	MVP FOUNDATION AZ 4215 N. WINFIELD SCOTT PLAZA SCOTTSDALE AZ 85251	27-2266397	3	20,000				OPERATIONAL SUPPORT
(4)	NATIONAL MULTIPLE SCLEROSIS SOCIETY 5025 E. WASHINGTON ST. PHOENIX AZ 85034	13-5661935	3	10,500				OPERATIONAL SUPPORT
(5)	NEW ISRAEL FUND - NY 6 E 39TH STREET SUITE 301 NEW YORK NY 10016	94-2607722	3	102,240				OPERATIONAL SUPPORT
(6)	NEW PATHWAYS FOR YOUTH 901 E JEFFERSON STREET PHOENIX AZ 85034	86-0615007	3	10,000				OPERATIONAL SUPPORT
(7)	NEW SHUL 7825 E. PARADISE LANE SCOTTSDALE AZ 85260	73-1645783	3	98,785				OPERATIONAL SUPPORT
(8)	NORTHERN ARIZONA HEALTHCARE 1200 N. BEAVER ST. FLAGSTAFF AZ 86001	74-2410946	3	20,816				OPERATIONAL SUPPORT
(9)	NORTHERN ARIZONA UNIVERSITY FOUNDAT PO BOX 4094 FLAGSTAFF AZ 86001	86-0193726	3	26,000				OPERATIONAL SUPPORT

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(1)	OHR HATORAH CONGREGATION 6741 N. 7TH STREET PHOENIX AZ 85015	06-1802924	3	7,200				OPERATIONAL SUPPORT
(2)	ONE TABLE 228 PARK AVENUE SOUTH NEW YORK NY 10003	46-4715368	3	7,500				OPERATIONAL SUPPORT
(3)	PARDES JEWISH DAY SCHOOL 12753 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0969657	3	38,800				OPERATIONAL SUPPORT
(4)	PHOENIX ART MUSEUM 1625 N. CENTRAL AVENUE PHOENIX AZ 85004	86-0765761	3	40,750				OPERATIONAL SUPPORT
(5)	PHOENIX CHILDREN'S HOSPITAL 2929 E CAMELBACK SUITE 122 PHOENIX AZ 85016	86-0422559	3	22,178				OPERATIONAL SUPPORT
(6)	PHOENIX HEBREW ACADEMY 515 E. BETHANY HOME ROAD PHOENIX AZ 85012	86-0199058	3	10,100				OPERATIONAL SUPPORT
(7)	PHOENIX HOLOCAUST ASSOCIATION 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0517079	3	17,990				OPERATIONAL SUPPORT
(8)	PHOENIX JEWISH FREE LOAN ASSOCIATIO 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-6052446	3	47,716				OPERATIONAL SUPPORT
(9)	PHOENIX SYMPHONY 1 N 1ST ST PHOENIX AZ 85004	86-6000134	3	11,500				OPERATIONAL SUPPORT

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(1)	PHOENIX THEATRE COMPANY 1825 CENTRAL AVENUE PHOENIX AZ 85004	86-0108839	3	6,600				OPERATIONAL SUPPORT
(2)	PLANNED PARENTHOOD ARIZONA 4751 N. 15TH ST. PHOENIX AZ 85014	86-0146520	3	12,976				OPERATIONAL SUPPORT
(3)	PLANNED PARENTHOOD FEDERATION OF AM 123 WILLIAM STREET NEW YORK NY 10038	13-1644147	3	6,300				OPERATIONAL SUPPORT
(4)	PROJECT HARMONY PHOENIX 2 N. CENTRAL AVENUE PHOENIX AZ 85004	85-3131216	3	10,000				OPERATIONAL SUPPORT
(5)	PROJECT INSPIRE - AZ 7001 E. FRIESS DRIVE SCOTTSDALE AZ 85254	26-1886998	3	39,000				OPERATIONAL SUPPORT
(6)	PROJECT INSPIRE - NJ 915 CLIFTON AVENUE SUITE 7 CLIFTON NJ 07013	47-1117817	3	15,000				OPERATIONAL SUPPORT
(7)	PROVIDENCE ST. VINCENT MEDICAL FOUN 9205 SW BARNES ROAD PORTLAND OR 97225	93-0575982	3	27,000				OPERATIONAL SUPPORT
(8)	RED ROCKS MUSIC FESTIVAL 11640 N. TATUM BLVD. PHOENIX AZ 85028	86-1035975	3	27,000				OPERATIONAL SUPPORT
(9)	REIGNING GRACE RANCH 28150 N. ALMA SCHOOL PARKWAY SCOTTSDALE AZ 85262	45-3219899	3	25,000				OPERATIONAL SUPPORT

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(1)	ROHR CHABAD HOUSE OF VANDERBILT UNI P O BOX 331876 NASHVILLE TN 37203	27-0479582	3	10,000				OPERATIONAL SUPPORT
(2)	SANDRA DAY O'CONNOR INSTITUTE PO BOX 66422 PHOENIX AZ 85082	26-3521510	3	16,000				OPERATIONAL SUPPORT
(3)	SCOTTSDALE CENTER FOR THE PERFORMIN 7380 E. SECOND ST. SCOTTSDALE AZ 85231	86-0593786	3	29,428				OPERATIONAL SUPPORT
(4)	SEDONA INTERNATIONAL FILM FESTIVAL 2030 W STATE ROUTE 89A SUITE A3 SEDONA AZ 86336	20-0351857	3	6,000				OPERATIONAL SUPPORT
(5)	SHEMER ART CENTER AND MUSEUM ASSOCI 5005 E CAMELBACK RD PHOENIX AZ 85018	74-2440322	3	37,750				OPERATIONAL SUPPORT
(6)	SOJOURNER CENTER PO BOX 20156 PHOENIX AZ 85036	94-2465081	3	5,200				OPERATIONAL SUPPORT
(7)	SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY AL 36104	63-0598743	3	8,346				OPERATIONAL SUPPORT
(8)	ST. MARY'S FOOD BANK 2831 N 31ST AVENUE PHOENIX AZ 85009	23-7353532	3	7,100				OPERATIONAL SUPPORT
(9)	ST. VINCENT DE PAUL PO BOX 13600 PHOENIX AZ 85002	86-0096789	3	5,060				OPERATIONAL SUPPORT

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(1)	STANDWITHUS FILE 2215 PAADENA CA 91199	01-0566033	3	25,000				OPERATIONAL SUPPORT
(2)	SWIFT YOUTH FOUNDATION 16099 N. 82ND ST. SCOTTSDALE AZ 85260	86-0793061	3	11,715				OPERATIONAL SUPPORT
(3)	TEEN PATHWAYS ALLIANCE 6635 W HAPPY VALLEY RD GLENDALE AZ 85310	88-3696971	3	19,500				OPERATIONAL SUPPORT
(4)	TEMPLE BETH SHOLOM OF THE EAST VALL 3400 N. DOBSON ROAD CHANDLER AZ 85224	86-0209884	3	141,570				OPERATIONAL SUPPORT
(5)	TEMPLE CHAI 4645 E. MARILYN ROAD PHOENIX AZ 85032	94-2381671	3	193,386				OPERATIONAL SUPPORT
(6)	TEMPLE KOL AMI 15030 N. 64TH STREET SCOTTSDALE AZ 85254	86-0617591	3	17,094				OPERATIONAL SUPPORT
(7)	TEMPLE SOLEL 6805 E. MCDONALD DRIVE PARADISE VALLEY AZ 85253	86-0223187	3	51,220				OPERATIONAL SUPPORT
(8)	TGEN FOUNDATION 445 N. 5TH STREET, STE 120 PHOENIX AZ 85004	33-1092191	3	50,000				OPERATIONAL SUPPORT
(9)	TUCSON JEWISH COMMUNITY CENTER 3800 E. RIVER ROAD TUCSON AZ 85718	86-0183578	3	46,295				OPERATIONAL SUPPORT

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**

Employer identification number

47-0874376

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TWO PUPS WELLNESS FUND 4130 N. MARSHALL WAY SCOTTSDALE AZ 85251	86-2596024	3	62,300				OPERATIONAL SUPPORT
(2)	UNITED STATES HOLOCAUST MEMORIAL MU 100 RAOUL WALLENBERG PLACE, SW WASHINGTON DC 20024	52-1309391	3	68,940				OPERATIONAL SUPPORT
(3)	UNIVERITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI OH 45219	31-0896555	3	25,000				OPERATIONAL SUPPORT
(4)	UNIVERSITY OF ARIZONA FOUNDATION 1111 N. CHERRY AVENUE TUCSON AZ 85721	86-6050388	3	106,129				OPERATIONAL SUPPORT
(5)	UNIVERSITY OF ARIZONA FOUNDATION EL 1130 E. HELEN STREET PO BOX 210108 TUCSON AZ 85721	45-5322674	3	10,000				OPERATIONAL SUPPORT
(6)	VALLEY BEIT MIDRASH 7580 E. GRAY ROAD SCOTTSDALE AZ 85260	45-5443715	3	78,947				OPERATIONAL SUPPORT
(7)	VALLEY OF THE SUN JEWISH COMMUNITY 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	86-0622258	3	285,603				OPERATIONAL SUPPORT
(8)	VALLEY OF THE SUN UNITED WAY 3200 E. CAMELBACK RD. PHOENIX AZ 85018	86-0104419	3	22,180				OPERATIONAL SUPPORT
(9)	VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE TN 37240	62-0476822	3	10,000				OPERATIONAL SUPPORT

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**

Employer identification number
47-0874376

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMEN'S LEADERSHIP INSTITUTE 12701 N. SCOTTSDALE ROAD SCOTTSDALE AZ 85254	27-3905817	3	67,180				OPERATIONAL SUPPORT
(2)	WORLDWIDE FRIENDS FOUNDATION 1115 BROADWAY NEW YORK NY 10010	88-2071011	3	20,100				OPERATIONAL SUPPORT
(3)	YESHIVA HIGH SCHOOL OF ARIZONA 7045 N. 12TH STREET PHOENIX AZ 85020	27-1115247	3	5,460				OPERATIONAL SUPPORT
(4)	VARIOUS		3	298,146				OPERATIONAL SUPPORT
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

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

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

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open to Public Inspection

JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX

Employer identification number
47-0874376

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD KASPER CEO	(i)	119,109	0	0	5,955	5,116	130,180	0
	(ii)	119,109	0	0	5,955	5,116	130,180	0
2 GAIL BAER CHF DEVELOPMENT OFC	(i)	92,175	5,000	0	4,244	5,560	106,979	0
	(ii)	92,175	5,000	0	4,244	5,560	106,979	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open To Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

GREATER PHOENIX

Employer identification number

47-0874376

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is filled with 'X', '5', '3,126,328', and 'FMV'.

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

Table with 3 columns: Question, Yes, No. Rows 30a, 31, and 32a are filled with 'X' in the No column.

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer identification number 47-0874376
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE FORM 990 IS PREPARED BY JCF'S PUBLIC ACCOUNTING FIRM BASED ON
 INFORMATION PROVIDED BY MANAGEMENT. BEFORE FILING, THE RETURN IS CAREFULLY
 REVIEWED BY MANAGEMENT WITH ALL NECESSARY MODIFICATIONS BEING INCORPORATED
 INTO THE DOCUMENT BEFORE FILING. JCF'S VP 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 990
 FOR THEIR REVIEW. THE FINAL VERSION OF THE FORM 990 IS PRESENTED TO THE
 BOARD OF DIRECTORS AT ONE OF ITS REGULAR MEETINGS FOR BOARD APPROVAL PRIOR
 TO FILING.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE COMPENSATION FOR JCF'S CEO 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 2024.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 JCF'S CEO DETERMINES THE COMPENSATION OF OTHER KEY EMPLOYEES
 UTILIZING COMPARABILITY DATA AND WITHIN THE ESTABLISHED BUDGETARY
 GUIDELINES ESTABLISHED BY THE BOARD OF DIRECTORS. THE PROCESS WAS LAST
 UNDERTAKEN IN 2024.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

**JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**

Employer identification number
47-0874376

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JCF SPECIAL HOLDINGS, LLC 12701 N. SCOTTSDALE ROAD, STE 201 SCOTTSDALE AZ 85254	HOLDING CO	AZ			JCFOFGPHX
(2) PHOENIX JEWISH NEWS 12701 N. SCOTTSDALE ROAD, STE 201 SCOTTSDALE AZ 85254	PRINT NEWS	AZ	548,635	127,071	JCF HLDGS
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOFFER FAMILY FOUNDATION 5829 EAST CABALLO LANE 85-3008934 PARADISE VALLEY AZ 85253	SUPPORT	AZ	501C3	12A	N/A		X
(2) CENTER FOR JEWISH PHILANTHROPY 12701 N SCOTTSDALE ROAD SUITE 201 87-3313737 SCOTTSDALE AZ 85254	SUPPORT	AZ	501C3	12C	N/A		X
(3)							
(4)							
(5)							

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY FOUNDATION OF	B	2,308,201	BOOK
(2) CENTER FOR JEWISH PHILANTHROPY	B	5,000	BOOK
(3)			
(4)			
(5)			
(6)			

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

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

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

Form **990-T**

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

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

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

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

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX Number, street, and room or suite no. If a P.O. box, see instructions. 12701 N SCOTTSDALE ROAD, SUITE 201 City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE AZ 85254	D Employer identification number 47-0874376 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
---	------------------------------	--	--

C Book value of all assets at end of year **92,764,077**

G Check organization type
 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

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

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

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

L The books are in care of **THE ORGANIZATION** Telephone number **480-481-7008**

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
4b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b Amount due from Form 8611	3b			
c Amount due from Form 8697	3c			
d Amount due from Form 8866	3d			
e Other amounts due (see instructions)	3e			
f Total amounts due. Add lines 3a through 3e	3f			
4 Total tax. Add lines 2 and 3f (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			0

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No										
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X										
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$												
4	Enter available pre-2018 NOL carryovers here \$ -16,527 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.												
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover		\$		\$		\$		\$		
Business Activity Code	Available post-2017 NOL carryover												
	\$												
	\$												
	\$												
	\$												
6a	Reserved for future use												
b	Reserved for future use												

Part V Supplemental Information

Provide any additional information. See instructions.

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

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

Sign Here	<hr/>	Date	Signature of officer	Title	
			CEO		

Paid Preparer Use Only	Print/Type preparer's name RACHEL R. LOCKE, CPA	Preparer's signature RACHEL R. LOCKE, CPA	Date 10/14/25	Check <input type="checkbox"/> if self-employed	PTIN P00450405
	Firm's name FESTER & CHAPMAN, PLLC			Firm's EIN 82-1455657	
	Firm's address 9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260			Phone no. 602-264-3077	

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization
JEWISH COMMUNITY FOUNDATION OF

B Employer identification number
47-0874376

C Unrelated business activity code (see instructions) ... **511110**

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

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11	439,285	369,842
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	439,285	369,842

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

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a		0
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		69,443
14	Other deductions (attach statement)	14		
15	Total deductions. Add lines 1 through 14	15		69,443
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		
17	Deduction for net operating loss. See instructions	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

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

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

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-7: Gross income from or allocable to debt-financed property, deductions, and average acquisition debt. Row 6: Percentage calculation. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends — received deductions.

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

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

Nonexempt Controlled Organizations

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

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

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

Totals

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

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

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

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

Totals

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

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

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment
Sequence No. **179**

Name(s) shown on return **JEWISH COMMUNITY FOUNDATION OF
GREATER PHOENIX**

Identifying number
47-0874376

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,549

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,549
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
I	fixed assets	1/01/15	213,714			213,714	25 MO S/L	169,574	8,549
	Total Other Depreciation		<u>213,714</u>			<u>213,714</u>		<u>169,574</u>	<u>8,549</u>
	Total ACRS and Other Depreciation		<u>213,714</u>			<u>213,714</u>		<u>169,574</u>	<u>8,549</u>
	Grand Totals		213,714			213,714		169,574	8,549
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>213,714</u>			<u>213,714</u>		<u>169,574</u>	<u>8,549</u>

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

Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
Other Depreciation:								
	I fixed assets	1/01/15	213,714	213,714	169,574	8,549	8,549	0
Total Other Depreciation			213,714	213,714	169,574	8,549	8,549	0
Total ACRS and Other Depreciation			213,714	213,714	169,574	8,549	8,549	0
Grand Totals			213,714	213,714	169,574	8,549	8,549	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			213,714	213,714	169,574	8,549	8,549	0

AMT Asset Report

Form 990, Page 1

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

Depreciation Adjustment Report

All Business Activities

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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	fixed assets	1/01/15	213,714	8,548	0
	Total Other Depreciation		<u>213,714</u>	<u>8,548</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>213,714</u>	<u>8,548</u>	<u>0</u>
	Grand Totals		<u>213,714</u>	<u>8,548</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AZ</u>
<u>Other Depreciation:</u>				
1	fixed assets	1/01/15	<u>213,714</u>	<u>8,548</u>
	Total Other Depreciation		<u>213,714</u>	<u>8,548</u>
	Total ACRS and Other Depreciation		<u>213,714</u>	<u>8,548</u>
	Grand Totals		<u>213,714</u>	<u>8,548</u>

Form **990-T** **Net Operating Loss Carryover Worksheet for Pre-2018 Losses** **2024**
 For calendar year 2024, or tax year beginning _____, ending _____

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

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year	Current Year		Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	-40,227	23,700	16,527		16,527
NOL carryover available to current year			16,527		
Current year	0				
NOL carryover available to next year					16,527

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

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

		2023	2024	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 14,303,072	9,851,597	-4,451,475
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 478,341	686,121	207,780
	5. Investment income	5. 1,480,973	2,031,555	550,582
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -2,589	1,276,607	1,279,196
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 33,758	10,029	-23,729
	12. Total revenue. Add lines 1 through 11	12. 16,293,555	13,855,909	-2,437,646
E x p e n s e s	13. Grants and similar amounts paid	13. 8,857,888	8,245,307	-612,581
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 439,387	437,301	-2,086
	16. Salaries, other compensation, and employee benefits	16. 675,302	274,376	-400,926
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 448,663	291,508	-157,155
	19. Occupancy, rent, utilities, and maintenance	19. 104,442	36,502	-67,940
	20. Depreciation and Depletion	20. 12,727		-12,727
	21. Other expenses	21. 479,103	492,881	13,778
	22. Total expenses. Add lines 13 through 21	22. 11,017,512	9,777,875	-1,239,637
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 5,276,043	4,078,034	-1,198,009
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 16,293,555	13,855,909	-2,437,646
	25. Total unrelated revenue	25. 353,793	439,285	85,492
	26. Total excludable revenue	26. 1,636,690	3,565,027	1,928,337
	27. Total assets	27. 86,455,332	92,764,077	6,308,745
	28. Total liabilities	28. 14,662,590	14,164,091	-498,499
	29. Retained earnings	29. 71,792,742	78,599,986	6,807,244
	30. Number of voting members of governing body	30. 4	4	
31. Number of independent voting members of governing body	31. 4	4		
32. Number of employees	32. 0	0		
33. Number of volunteers	33.			

Form 990T	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

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

		2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	22,281		-22,281
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss	22,281		-22,281
	6. Net operating loss (pre-2018)	22,281		-22,281
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
	29. Activity Losses NOL (Post-2017)			

Form SchA (990T)	Two Year Comparison for Unrelated Business Activity	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Organization Name JEWISH COMMUNITY FOUNDATION OF	Taxpayer Identification Number 47-0874376
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Activity: **UNRELATED BUSINESS ACTIVITY** Unincorporated Business Income Tax Code: **511110**

		2023	2024	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	65,486	69,443	3,957
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	65,486	69,443	3,957
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.		69,443	69,443
	22. Total deductions. Add lines 12 through 22	22.		69,443	69,443
	23. Taxable income before deductions. Subtract line 23 from 11	23.	65,486		-65,486
	24. Deductible losses	24.	43,205		-43,205
	25. Unrelated business taxable income (loss)	25.	22,281		-22,281

Form 990	Tax Return History	2024
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Name JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer Identification Number 47-0874376
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	4,741,680	8,739,486	7,234,799	14,303,072	9,851,597	
Membership dues						
Program service revenue	462,901	688,828	564,900	478,341	686,121	
Capital gain or loss	446,249	3,912,277	-1,116,685	-2,589	1,276,607	
Investment income	1,036,340	1,173,670	1,245,480	1,480,973	2,031,555	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			856	33,758	10,029	
Total revenue	6,687,170	14,514,261	7,929,350	16,293,555	13,855,909	
Grants and similar amounts paid	5,850,853	6,080,987	5,248,436	8,857,888	8,245,307	
Benefits paid to or for members						
Compensation of officers, etc.	347,513	362,504	315,981	439,387	437,301	
Other compensation	385,482	387,183	642,977	675,302	274,376	
Professional fees	359,350	385,569	455,039	448,663	291,508	
Occupancy costs	54,953	55,187	1,743	104,442	36,502	
Depreciation and depletion	11,881	8,393	10,606	12,727		
Other expenses	404,440	266,761	364,165	479,103	492,881	
Total expenses	7,414,472	7,546,584	7,038,947	11,017,512	9,777,875	
Excess or (Deficit)	-727,302	6,967,677	890,403	5,276,043	4,078,034	
Total exempt revenue	6,687,170	14,514,261	7,929,350	16,293,555	13,855,909	
Total unrelated revenue	328,386	328,619	376,567	353,793	439,285	
Total excludable revenue	1,617,104	5,446,156	317,984	1,636,690	3,565,027	
Total Assets	65,836,724	76,675,258	71,515,746	86,455,332	92,764,077	
Total Liabilities	7,602,423	10,255,080	11,279,148	14,662,590	14,164,091	
Net Fund Balances	58,234,301	66,420,178	60,236,598	71,792,742	78,599,986	

Form 990T	Tax Return History	2024
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Name JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer Identification Number 47-0874376
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	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	0	0	22,281	0	
Charitable contributions						
Net operating loss deduction				22,281		
Specific deduction			1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 2,031,555				14	
TOTAL	<u>\$ 2,031,555</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 53,068	\$ 1,807	\$ 38,153	\$ 13,108
TOTAL	<u>\$ 53,068</u>	<u>\$ 1,807</u>	<u>\$ 38,153</u>	<u>\$ 13,108</u>

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 3,853,808
THE ARTHUR M. BLANK FAMILY FOUNDATIO CASH CONTRIBUTION	1,250,000
CARYLL AND GERALD WEBNER SHARES OF PUBLICLY TRADED STOCK	
JACOB SHAPIRO SHARES OF PUBLICLY TRADED STOCK	
ARNOLD HORWITCH FAMILY FOUNDATION SHARES OF PUBLICLY TRADED STOCK	
ROBERT AND SARA SILVER SHARES OF PUBLICLY TRADED STOCK	
STEVEN AND JENNIFER SCHWARZ SHARES OF PUBLICLY TRADED STOCK	
JACOB REUBEN AND RENEE NEIER SHARES OF PUBLICLY TRADED STOCK	
MALCOLM AND JANE JOZOFF SHARES OF PUBLICLY TRADED STOCK	
VALLEY OF THE SUN JEWISH COMMUNITY SHARES OF PUBLICLY TRADED STOCK	300,000
I. JEROME HIRSCH CASH CONTRIBUTION	140,633
SHARES OF PUBLICLY TRADED STOCK	109,000
DANIEL AND EVELYN SIMON CASH CONTRIBUTION	8,928
SHARES OF PUBLICLY TRADED STOCK	8,928
YESHIVA HIGH SCHOOL OF ARIZONA SHARES OF PUBLICLY TRADED STOCK	
ADAM NACH AND BETH JO ZEITZER	

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
SHARES OF PUBLICLY TRADED STOCK LEONARD AND ANNETTE FRANKEL	\$
SHARES OF PUBLICLY TRADED STOCK EAST VALLEY JEWISH COMMUNITY CENTER	
SHARES OF PUBLICLY TRADED STOCK ESTATE OF WENDY STERNBERG	
CASH CONTRIBUTION MR. AND MRS. JONATHAN HOFFER	542,465
SHARES OF PUBLICLY TRADED STOCK LEVINE INVESTMENTS LIMITED PARTNERSH	
SHARES OF PUBLICLY TRADED STOCK SCOTTSDALE CENTER FOR THE PERFORMING	1,016,018
CASH CONTRIBUTION MINKOFF CENTER FOR JEWISH GENETICS	586,554
CASH CONTRIBUTION ESTATE OF PHYLLIS MOROF	421,443
CASH CONTRIBUTION BRADLEY DIMOND	375,638
CASH CONTRIBUTION TUCSON JEWISH COMMUNITY CENTER	279,080
CASH CONTRIBUTION HILLEL AT UNIVERSITY OF ARIZONA	244,532
CASH CONTRIBUTION MAYO FOUNDATION FOR MEDICAL	244,408
CASH CONTRIBUTION CONGREGATION BETH ISRAEL	239,222
CASH CONTRIBUTION	230,940
TOTAL	\$ <u>9,851,597</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDENDS	\$ 2,031,555
TOTAL	\$ <u>2,031,555</u>

Schedule A, Part II, Line 9(e)

Description	Amount
PHOENIX JEWISH NEWS	\$
TOTAL	\$ <u>0</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
SPECIAL CAMPAIGNS AND PROGRAM	\$ 36,047
ADMINISTRATIVE FEE REVENUE	104,224
MISCELLANEOUS	10,029
PHOENIX JEWISH NEWS	106,565
TOTAL	\$ <u>256,865</u>

Form 99T Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

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

Taxable Income

Unrelated trade or business taxable income	_____	
Additions related to Arizona credits claimed	_____	
Apportionment ratio	<u>1.000000</u>	
Taxable income attributable to Arizona		0

Arizona Tax Liability Computation

Tax	_____	50
Tax from recapture of tax credits	_____	
Nonrefundable tax credits	_____	
Tax liability		50

Tax Payments

Refundable tax credits	_____	
Paid with extension	_____	
Estimated tax payments	_____	
Payment made with original return	_____	
Overpayments of tax from original return	_____	
Total payments		_____

Computation of Total Due or Overpayment

Balance of tax due	_____	50
Overpayment of tax	_____	
Penalty and interest	_____	
Estimated tax underpayment penalty	_____	
Total amount due		50

Overpayment

Amount applied to next year's estimated tax	_____	
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Amount to be refunded

Next Year's Estimates

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

Miscellaneous Information

Amended return	_____
Return / extended due date	_____

Arizona Form 99T Arizona Exempt Organization Business Income Tax Return 2024

For the calendar year 2024 or fiscal year beginning _____ and ending _____
 Check this box if this fiscal year return is based on a 52/53 week taxable year.

CHECK ONE:	Name JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX	Employer Identification Number (EIN) 47-0874376
<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Address – number and street or PO Box 12701 N SCOTTSDALE ROAD, SUITE 201	
Business Telephone Number (with area code) 480-699-1717	City, Town or Post Office SCOTTSDALE	State ZIP Code AZ 85254

68 Check box if: **A** This is a first return **B** Name change **C** Address change

A Date Arizona operations began _____

B Nature of unrelated business activities: _____

C Unrelated business activity codes: **511110**

D ARIZONA apportionment for multistate organizations only (check one box):
1 AIR CARRIER **2** STANDARD **3** SALES FACTOR ONLY

E Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

F Check federal form filed: **1** 990-T **2** Other (specify) _____

Check box if return filed under extension:
 82 **82F**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

Arizona Unrelated Business Taxable Income Computation

1 Unrelated business taxable income	1	0 00
2 Additions related to Arizona tax credits claimed	2	00
3 Subtotal: Add line 1 and line 2. Enter the total	3	00
4 Apportionment ratio for multistate organizations only: See instructions	4	00
5 Taxable income attributable to Arizona: See instructions	5	0 00

Arizona Tax Liability Computation

6 Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater	6	50 00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 22	7	00
8 Subtotal: Add line 6 and line 7. Enter the total.	8	50 00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 40	9	00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101 3 102 3 103 3 104 3	10	00
11 Tax liability: Subtract line 9 from line 8. Enter the difference	11	50 00

Tax Payments

12 Refundable tax credits: Check box(es) and enter amount: 121 <input type="checkbox"/> 308 122 <input type="checkbox"/> 334 123 <input type="checkbox"/> 349	12	00
13 Extension payment made with Arizona Form 120/165EXT or online	13	00
14 Estimated tax payments:	14	00
15 Amended returns. Payment made with original return plus all payments made after it was filed: See instructions	15	00
16 Subtotal payments: Add lines 12 through 15. Enter the total.	16	00
17 Overpayments of tax from original return or later adjustments: See instructions	17	00
18 Total Payments: Subtract line 17 from line 16. Enter the difference.	18	00

Computation of Total Due or Overpayment

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	19	50 00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax	20	00
21 Penalty and interest	21	00
22 Estimated tax underpayment penalty: If Form 220/PTE is included, check this box 22A <input type="checkbox"/>	22	00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions	23	50 00
24 OVERPAYMENT: See instructions	24	00
25 Amount of line 24 to be applied to 2025 estimated tax	25	00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference.	26	00

