Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

C Name of organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 3718 E. RIVER ROAD SUITE 118

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TUCSON AZ 85718

D Employer identification number: 86-0718936

E Telephone number: 520-577-9393

G Gross receipts$ 48,865,605

F Name and address of principal officer:
JEFF ARTZI
3718 E. RIVER ROAD, SUITE 118
TUCSON AZ 85718

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: WWW.JPARIZONA.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1992

M State of legal domicile: AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	151
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	5,740,104	20,451,183
9 Program service revenue (Part VIII, line 2g)	275,721	298,626
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,739,021	6,980,447
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	440,672	344,110
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,195,518	28,074,366
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,618,767	15,356,575
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)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 67,725		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,620,910	1,854,548
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,239,677	17,211,123
19 Revenue less expenses. Subtract line 18 from line 12	-8,044,159	10,863,243
Net Assets or Fund Balances	**Beginning of Current Year**	**End of Year**
20 Total assets (Part X, line 16)	154,434,650	170,843,082
21 Total liabilities (Part X, line 26)	44,598,574	46,770,835
22 Net assets or fund balances. Subtract line 21 from line 20	109,836,076	124,072,247

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

BEN SILVERMAN SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIE S. KLEWER, CPA				P00343046

Firm's name: LUDWIG KLEWER & RUDNER PLLC — Firm's EIN: 36-4538293

Firm's address: 4783 E CAMP LOWELL DR TUCSON, AZ 85712 — Phone no. 520-545-0500

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

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

4a (Code:) (Expenses $ 16,338,385 including grants of$ 15,356,575) (Revenue $ 298,626)

SEE SCHEDULE O

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

N/A

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

N/A

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

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

4e Total program service expenses 16,338,385

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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.	38	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	1a	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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			
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 X

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	1a	21		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X 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.

KIMBERLY L. DRISKELL 3718 E. RIVER RD., SUITE 100
TUCSON AZ 85718 520-577-9393

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) HAVA LEIPZIG HOLZHAUER	9.50									
CEO	28.50			X				0	250,621	13,124
(2) EMILY RICHMAN	19.00									
CDO	19.00			X				0	176,612	42,079
(3) KIMBERLY DRISKELL	19.00									
CFO	19.00			X				0	147,556	30,184
(4) JANE ESPINOZA	38.00									
VP OF DONOR RELATION	0.00					X		0	140,429	22,765
(5) JENNIFER LIGHTMAN	9.50									
VP MARKETING & COMM	28.50					X		0	115,983	15,845
(6) JEFF ARTZI	1.00									
CHAIR	3.00	X		X				0	0	0
(7) ANDREW COMRIE	1.00									
TRUSTEE	1.00	X						0	0	0
(8) JULIE FELDMAN	1.00									
TRUSTEE	1.00	X						0	0	0
(9) ELIZABETH FRIMAN	1.00									
TRUSTEE	1.00	X						0	0	0
(10) DANNY GASCH	1.00									
TRUSTEE	1.00	X						0	0	0
(11) LEAH GEISTFELD	1.00									
TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) RON GRANT										
(12)	1.00									
TRUSTEE	1.00	X						0	0	0
(13) LIZ KANTOR GROSKIND										
(13)	1.00									
PAST CHAIR	1.00	X		X				0	0	0
(14) ANNE HAMEROFF										
(14)	1.00									
TRUSTEE	3.00	X						0	0	0
(15) ANDY KUNSBERG										
(15)	1.00									
TRUSTEE	1.00	X						0	0	0
(16) EMILY LAZARUS										
(16)	1.00									
TRUSTEE	1.00	X						0	0	0
(17) LISA LOVALLO										
(17)	1.00									
TRUSTEE	3.00	X						0	0	0
(18) DONNA MOSER										
(18)	1.00									
TRUSTEE	1.00	X						0	0	0
(19) JACOB MYER										
(19)	1.00									
TRUSTEE	1.00	X						0	0	0
1b Subtotal									831,201	123,997
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)									831,201	123,997

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 0

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) STEPHEN RODGVELLER										
(12)	1.00									
TRUSTEE	1.00	X						0	0	0
(21) STEVEN ROSENBERG										
(13)	1.00									
TRUSTEE	1.00	X						0	0	0
(22) ISAAC ROTHSCHILD										
(14)	1.00									
TRUSTEE	3.00	X						0	0	0
(23) AARON ROTTENSTEIN										
(15)	1.00									
TRUSTEE	1.00	X						0	0	0
(24) SCOTT SHEFTEL										
(16)	1.00									
TRUSTEE	1.00	X						0	0	0
(25) BEN SILVERMAN										
(17)	1.00									
SECRETARY/TREASURER	3.00	X		X				0	0	0
(26) SARAH SINGER										
(18)	1.00									
TRUSTEE	1.00	X						0	0	0
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(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	60,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,391,183				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,600,985				
	h **Total.** Add lines 1a–1f			20,451,183			
Program Service Revenue		Business Code					
	2a ADMINISTRATIVE FEES	900099		298,626	298,626		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			298,626			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,029,131			3,029,131
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	24,742,555				
	b Less: cost or other basis and sales exps.	7b	20,791,239				
	c Gain or (loss)	7c	3,951,316				
	d Net gain or (loss)			3,951,316			3,951,316
	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		Business Code					
	11a PARTNERSHIP DISTRIBUTIONS	900099		212,850			212,850
	b MISCELLANEOUS INCOME	900099		131,260			131,260
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			344,110			
	12 **Total revenue.** See instructions			28,074,366	298,626	0	7,324,557

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	15,356,575	15,356,575		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	1,076,581	753,020	269,945	53,616
b Legal	1,740		1,740	
c Accounting	33,219		33,219	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	425,739		425,739	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	110,462	74,926	30,201	5,335
12 Advertising and promotion	30,650	30,650		
13 Office expenses	15,072	10,542	3,779	751
14 Information technology	13,971	9,772	3,503	696
15 Royalties				
16 Occupancy	32,868	22,990	8,241	1,637
17 Travel	7,198	5,035	1,805	358
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,900	11,821	4,237	842
23 Insurance	24,816	17,358	6,222	1,236
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 DUES AND SUBSCRIPTIONS	51,174	35,794	12,831	2,549
b LIFE INSURANCE POLICIES	12,669	8,861	3,177	631
c MISCELLANEOUS EXPENSES	1,489	1,041	374	74
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	17,211,123	16,338,385	805,013	67,725
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 ☐ 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	873,076	1	1,331,909
	2	Savings and temporary cash investments	18,187,821	2	23,525,039
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	75,000	7	75,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	43,205	9	49,977
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 136,909			
	b	Less: accumulated depreciation — 10b: 103,109	50,700	10c	33,800
	11	Investments—publicly traded securities	86,343,065	11	90,914,586
	12	Investments—other securities. See Part IV, line 11	32,634,090	12	37,055,858
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,227,693	15	17,856,913
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	154,434,650	16	170,843,082
Liabilities	17	Accounts payable and accrued expenses	237,763	17	223,702
	18	Grants payable	1,350,834	18	499,052
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	43,009,977	25	46,048,081
	26	**Total liabilities.** Add lines 17 through 25	44,598,574	26	46,770,835
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	94,306,586	27	107,969,175
	28	Net assets with donor restrictions	15,529,490	28	16,103,072
		Organizations that do not follow FASB ASC 958, check her ☐ 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	109,836,076	32	124,072,247
	33	Total liabilities and net assets/fund balances	154,434,650	33	170,843,082

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,074,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,211,123
3	Revenue less expenses. Subtract line 2 from line 1	3	10,863,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,836,076
5	Net unrealized gains (losses) on investments	5	3,338,835
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	34,093
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,072,247

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: ☐ Cash ☒ Accrual ☐ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	86-0718936

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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.")	11,197,665	21,684,869	24,724,687	5,740,104	20,451,183	83,798,508
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	11,197,665	21,684,869	24,724,687	5,740,104	20,451,183	83,798,508
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)						45,093,206
6 **Public support.** Subtract line 5 from line 4						38,705,302

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	11,197,665	21,684,869	24,724,687	5,740,104	20,451,183	83,798,508
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,114,498	6,349,989	2,167,762	2,762,110	3,029,131	15,423,490
9 Net income from unrelated business activities, whether or not the business is regularly carried on		14,740				14,740
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	162,493		259,261	440,671	344,110	1,206,535
11 **Total support.** Add lines 7 through 10						100,443,273
12 Gross receipts from related activities, etc. (see instructions)					12	1,553,510

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	38.53 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	39.22 %

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
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—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). 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–*explain in* ***Part VI***). 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, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** 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			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	$ 1,206,535

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	Employer identification number
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	86-0718936

Organization type (check one):

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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 SOUTHERN ARIZONA

Employer identification number
86-0718936

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	287	
2	Aggregate value of contributions to (during year)	23,405,657	
3	Aggregate value of grants from (during year)	13,408,205	
4	Aggregate value at end of year	48,546,483	

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? [X] Yes [ ] 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? [X] Yes [ ] 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).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] 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)? [ ] Yes [ ] 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	56,903,089	52,382,255	44,299,371	38,417,941	34,739,273
b Contributions	324,252	953,154	13,563,819	1,656,524	1,422,205
c Net investment earnings, gains, and losses	5,706,008	4,970,334	-3,740,712	5,683,461	3,745,014
d Grants or scholarships					
e Other expenditures for facilities and programs	1,993,044	1,029,825	1,335,284	992,613	1,317,901
f Administrative expenses	574,337	572,830	204,939	465,942	170,650
g End of year balance	60,365,968	56,903,088	52,582,255	44,299,371	38,417,941

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 82.88 %
- b Permanent endowment 11.46 %
- c Term endowment 5.66 %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,403	11,403	
e Other		125,506	91,706	33,800
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				33,800

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 ALTERNATIVE INVESTMENTS	37,055,858	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	37,055,858	

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)	PARTNERSHIP INT & CLOSELY HELD CORP	7,986,513
(2)	CASH SURRENDER VALUE LIFE INSURANCE	4,874,759
(3)	BENEFICIAL INTEREST IN TRUST, NET	3,938,982
(4)	REAL PROPERTY HELD FOR SALE	900,000
(5)	ACCRUED INTEREST RECEIVABLE	156,659
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		17,856,913

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)	FUNDS HELD FOR OTHERS	45,552,509
(3)	DESIGNATED OBLIGATIONS	495,572
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		46,048,081

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 X

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	

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	
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	
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	

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
ENDOWMENTS ARE HELD FOR DONOR RESTRICTED USES AND DONOR ADVISED PURPOSES.

PART X - FIN 48 FOOTNOTE
THE ORGANIZATION'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX POSITIONS. THE ORGANIZATION HOLDS NO UNCERTAIN TAX POSITIONS AND THEREFORE, HAS NO POLICY FOR EVALUATING THEM. AS OF DECEMBER 31, 2024, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

Part XIII Supplemental Information *(continued)*

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 SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) ADL - ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK NY 10158	13-1818723	501C3	13,253				GENERAL SUPPORT
(2) AMERICAN COMMITTEE FOR THE WEIZMANN 633 THIRD AVENUE 20TH FLOOR NEW YORK NY 10017	13-1623886	501C3	11,400				GENERAL SUPPORT
(3) AMERICAN FRIENDS OF LEMA'AN ACHAI PO BOX 532 OCEANSIDE NY 11572	20-1614684	501C3	7,000				GENERAL SUPPORT
(4) AMERICAN ISRAEL EDUCATION FDN PO BOX 7247 PHILADELPHIA PA 19170	52-1623781	501C3	603,772				GENERAL SUPPORT
(5) AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET SUITE 400 NEW YORK NY 10017	13-5563393	501C3	28,833				GENERAL SUPPORT
(6) AMERICAN SOCIETY FOR TECHNION-ISRAE 15 EAST 40TH STREET SUITE 904 NEW Y NEW YORK NY 10016	13-0434195	501C3	5,400				GENERAL SUPPORT
(7) AMERIND FOUNDATION 2100 N AMERIND RD DRAGOON DRAGOON AZ 85609	86-0122680	501C3	43,000				GENERAL SUPPORT
(8) ANGEL CHARITY FOR CHILDREN 3132 N SWAN ROAD TUCSON AZ 85712	86-0472794	501C3	37,000				GENERAL SUPPORT
(9) ARIZONA CANCER CENTER - UAF 1515 N CAMPBELL AVENUE TUCSON AZ 85724	86-6050388	501C3	9,099				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 141

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

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OMB No. 1545-0047

Open to Public Inspection

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Employer identification number: 86-0718936

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARIZONA JEWISH HISTORICAL SOCIETY 122 E CULVER ST PHOENIX AZ 85004	86-0410245	501C3	250,000				GENERAL SUPPORT
(2) ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX AZ 85004	23-7169261	501C3	100,505				GENERAL SUPPORT
(3) ARIZONA PUBLIC MEDIA PO BOX 210067 TUCSON AZ 85721	86-6050388	501C3	70,550				GENERAL SUPPORT
(4) ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON AZ 85702	86-0211777	501C3	61,500				GENERAL SUPPORT
(5) ARIZONA-SONORAN DESERT MUSEUM 2021 N KINNEY RD TUCSON AZ 85743	86-0111675	501C3	102,500				GENERAL SUPPORT
(6) ASANTE FOUNDATION 2600 SISKIYOU BLVD SUITE 100 MEDFORD OR 97504	93-6087366	501C3	10,000				GENERAL SUPPORT
(7) BAJA COMMUNITY FOUNDATION PO BOX 2641 SILVERDALE WA 98383	82-5281020	501C3	18,000				GENERAL SUPPORT
(8) BANNER ALZHEIMER'S FOUNDATION 2901 N CENTRAL AVE SUITE 160 PHOENIX AZ 85012	20-4862361	501C3	42,000				GENERAL SUPPORT
(9) BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE SUITE 160 PHOENIX AZ 85012	94-2545356	501C3	100,000				GENERAL 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

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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BAY LAUREL PFA 24740 PASEO PRIMARIO CALABASAS CA 91302	95-4378605	501C3	10,000				GENERAL SUPPORT
(2) BEAUTY CHANGES LIVES P.O. BOX 7174 RANCHO SANTA FE CA 92067	27-2513071	501C3	21,000				GENERAL SUPPORT
(3) BETH SHALOM TEMPLE CENTER PO BOX 884 GREEN VALLEY AZ 85622	86-0682304	501C3	7,157				GENERAL SUPPORT
(4) BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE #590 SAN DIEGO CA 92105	95-2151526	501C3	16,000				GENERAL SUPPORT
(5) B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET NW WASHINGTON DC 20001	31-1794932	501C3	7,044				GENERAL SUPPORT
(6) BOYS AND GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON AZ 85717	86-0172257	501C3	11,472				GENERAL SUPPORT
(7) BRAVO! VAIL VALLEY MUSIC FESTIVAL 2271 N FRONTAGE ROAD W SUITE C VAIL CO 81657	84-1074065	501C3	25,000				GENERAL SUPPORT
(8) BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET SUITE 609 NEW YORK NY 10036	13-3727250	501C3	5,250				GENERAL SUPPORT
(9) CATALINA FOOTHILLS SCHOOL DISTRICT PO BOX 65150 TUCSON AZ 85728	94-2916325	501C3	10,000				GENERAL 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

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OMB No. 1545-0047

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Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

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Part I General Information on Grants and Assistance

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

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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) CATHOLIC COMMUNITY SERVICES OF SOUT PO BOX 5313 TUCSON AZ 85703	86-0100880	501C3	15,000				GENERAL SUPPORT
(2) CHABAD LUBAVITCH OF FREDERICK 1 WEST 9TH STREET FREDERICK MD 21701	26-3271247	501C3	23,000				GENERAL SUPPORT
(3) CHABAD OF CORONADO 1330 ORANGE AVENUE SUITE 120-130 CORONADO CA 92118	33-0147470	501C3	28,600				GENERAL SUPPORT
(4) CHABAD OF TUCSON 2411 E ELM ST TUCSON AZ 85719	86-0441056	501C3	5,800				GENERAL SUPPORT
(5) CLAL THE NATIONAL JEWISH CENTER LEA 440 PARK AVENUE S NEW YORK NY 10016	23-7390358	501C3	7,044				GENERAL SUPPORT
(6) COMMUNITY FOOD BANK OF SOUTHERN ARI 3003 S COUNTRY CLUB RD TUCSON AZ 85713	51-0192519	501C3	144,630				GENERAL SUPPORT
(7) COMMUNITY FOUNDATION FOR SOUTHERN A 5049 E. BROADWAY BLVD. SUITE 201 TUCSON AZ 85711	94-2681765	501C3	68,200				GENERAL SUPPORT
(8) CONGREGATION ANSHEI ISRAEL 5550 E 5TH ST TUCSON AZ 85711	86-0117384	501C3	127,322				GENERAL SUPPORT
(9) CONGREGATION BET SHALOM 3881 E RIVER RD TUCSON AZ 85718	94-2931499	501C3	6,100				GENERAL SUPPORT

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SCHEDULE I (Form 990)

(Rev. December 2024)

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

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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) CONGREGATION CHAVERIM 5901 E 2ND ST TUCSON AZ 85711	86-0391444	501C3	6,195				GENERAL SUPPORT
(2) CONGREGATION CHOFETZ CHAYIM 5150 E FIFTH STREET TUCSON AZ 85711	86-0369304	501C3	19,478				GENERAL SUPPORT
(3) CONGREGATION KING DAVID 27100 CEDAR RD BEACHWOOD OH 44122	93-4534098	501C3	6,023				GENERAL SUPPORT
(4) CONGREGATION YOUNG ISRAEL 2443 E 4TH ST TUCSON AZ 85719	86-0671070	501C3	11,345				GENERAL SUPPORT
(5) CONGRESSIONAL HUNGER CENTER 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON DC 20001	52-1842738	501C3	8,000				GENERAL SUPPORT
(6) CONNECTING A CARING COMMUNITY 26610 AGOURA ROAD SUITE 120 CALABASAS CA 91302	81-4101648	501C3	10,000				GENERAL SUPPORT
(7) DOCTORS WITHOUT BORDERS, USA PO BOX 5030 HAGERSTOWN MD 21741	13-3433452	501C3	48,800				GENERAL SUPPORT
(8) EL PASOANS FIGHTING HUNGER 9541 PLAZA CIRCLE EL PASO TX 79927	45-2893839	501C3	300,000				GENERAL SUPPORT
(9) EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS STREET TUCSON AZ 85745	86-0816675	501C3	6,000				GENERAL 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

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

Part I General Information on Grants and Assistance

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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) EMORY UNIVERSITY OFFICE OF GIFTS RE 1762 CLIFTON ROAD STE 1400 ATLANTA GA 30322	58-0566256	501C3	20,000				GENERAL SUPPORT
(2) ESPERANZA DANCE PROJECT 2861 N COLUMBUS BLVD TUCSON AZ 85712	82-2280520	501C3	22,500				GENERAL SUPPORT
(3) FOX TUCSON THEATRE FOUNDATION PO BOX 1008 TUCSON AZ 85702	86-0965120	501C3	8,500				GENERAL SUPPORT
(4) FRESH START SURGICAL GIFTS 2011 PALOMAR AIRPORT RD. STE 206 CARLSBAD CA 92011	33-0460177	501C3	6,000				GENERAL SUPPORT
(5) FRIENDS OF PACC PO BOX 85370 TUCSON AZ 85754	47-4160770	501C3	8,000				GENERAL SUPPORT
(6) FROM THE HEART PRODUCTIONS, INC. 1013 HARBOR BLVD. STE 53 OXNARD CA 93035	95-4445418	501C3	15,000				GENERAL SUPPORT
(7) FUCHS MIZRACHI SCHOOL 26600 SHAKER BLVD BEACHWOOD OH 44122	34-1400924	501C3	6,023				GENERAL SUPPORT
(8) GLOBAL INVESTMENT FDN FOR TOMORROW 1201 N ORANGE STREET STE 7265 WILMINGTON DE 19801	20-5545018	501C3	300,000				GENERAL SUPPORT
(9) GREATER TUCSON LEADERSHIP 5049 E. BROADWAY BLVD. SUITE 152 TUCSON AZ 85711	86-0695269	501C3	8,000				GENERAL 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
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) GREGORY SCHOOL 3231 N CRAYCROFT RD TUCSON AZ 85712	86-0374130	501C3	5,500				GENERAL SUPPORT
(2) HANDMAKER JEWISH SVCS FOR THE AGING 2221 N ROSEMONT BLVD TUCSON AZ 85712	86-0626077	501C3	46,700				GENERAL SUPPORT
(3) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET STE 100 AGAWAM MA 01001	04-6685725	501C3	20,000				GENERAL SUPPORT
(4) HAVEN TOTES 710-3 S KOLB RD TUCSON AZ 85710	46-3179467	501C3	10,000				GENERAL SUPPORT
(5) HILLEL INTERNATIONAL 800 EIGHTH STREET WASHINGTON DC 20001	52-1844823	501C3	13,285				GENERAL SUPPORT
(6) INTEGRATIVE TOUCH 7493 N ORACLE RD. STE 123 TUCSON AZ 85704	74-3145036	501C3	9,525				GENERAL SUPPORT
(7) INTERFAITH COMMUNITY SERVICES 2820 W INA ROAD TUCSON AZ 85741	86-0520997	501C3	461,000				GENERAL SUPPORT
(8) INVISIBLE THEATRE 1400 N 1ST AVE TUCSON AZ 85719	86-0283009	501C3	15,500				GENERAL SUPPORT
(9) ISRAEL CENTER FOR EXCELLENCE THROUG 16057 SYD CREEK DRIVE HOMER GLEN IL 60491	27-3032809	501C3	8,620				GENERAL SUPPORT

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

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(1) JEWISH COMMUNITY FEDERATION OF CLEV 25701 SCIENCE PARK DRIVE BEACHWOOD OH 44122	34-0714445	501C3	12,047				GENERAL SUPPORT
(2) JEWISH COMMUNITY FOUNDATION OF GREA PO BOX 2684 PRESCOTT AZ 86302	86-0941893	501C3	82,500				GENERAL SUPPORT
(3) JEWISH COMMUNITY FOUNDATION OF LOS 6505 WILSHIRE BLVD STE 1200 LOS ANGELES CA 90048	95-6111928	501C3	2,000,000				GENERAL SUPPORT
(4) JEWISH FAMILY & CHILDREN'S SERVICES 4301 E 5TH ST TUCSON AZ 85711	86-0623896	501C3	160,703				GENERAL SUPPORT
(5) JEWISH FEDERATION OF SOUTHERN ARIZO 3718 E RIVER RD STE 100 TUCSON AZ 85718	86-0096795	501C3	1,989,406				GENERAL SUPPORT
(6) JEWISH WOMEN INTERNATIONAL 2000 M STREET NW SUITE 720 WASHINGTON DC 20036	52-6040461	501C3	7,533				GENERAL SUPPORT
(7) KOL AMI SYNAGOGUE 225 N COUNTRY CLUB ROAD TUCSON AZ 85716	87-1926763	501C3	198,444				GENERAL SUPPORT
(8) LAKE BURIEN PRESBYTERIAN CHURCH 15003 14TH AVE SW BURIEN WA 98166	91-0616446	501C3	5,700				GENERAL SUPPORT
(9) LAKE TAHOE COMMUNITY COLLEGE FOUNDA ONE COLLEGE DRIVE SOUTH LAKE TAHOE CA 96150	68-0383810	501C3	20,000				GENERAL 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 SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) LEAD GUITAR 2100 E. SPEEDWAY BLVD. #40206 TUCSON AZ 85717	26-1416560	501C3	28,000				GENERAL SUPPORT
(2) LOS CABOS CHILDREN'S FOUNDATION 1715 YANKEE DOODLE ROAD STE 305 EAGAN MN 55121	20-2882711	501C3	15,000				GENERAL SUPPORT
(3) MAKE A WISH FOUNDATION - ARIZONA 2901 NORTH 78TH STREET SCOTTSDALE AZ 85251	86-0409636	501C3	11,200				GENERAL SUPPORT
(4) MAKE WAY FOR BOOKS 700 N STONE AVE TUCSON AZ 85705	31-1583036	501C3	27,373				GENERAL SUPPORT
(5) MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE 28TH FLOOR NEW YORK NY 10017	13-1924236	501C3	750,000				GENERAL SUPPORT
(6) MENORAH PARK CENTER FOR SENIOR LIVI 27100 CEDAR ROAD BEACHWOOD OH 44122	34-0714443	501C3	6,023				GENERAL SUPPORT
(7) MOBILE MEALS OF TUCSON, INC. 4803 E 5TH STREEET SUITE 209 TUCSON AZ 85711	23-7157579	501C3	50,000				GENERAL SUPPORT
(8) MORE THAN A BED 3637 NORTH 1ST AVENUE TUCSON AZ 85719	47-1660757	501C3	30,000				GENERAL SUPPORT
(9) MULTIDISCIPLINARY ASSOCIATION FOR P PO BOX 103004 PASADENA CA 91189	59-2751953	501C3	10,000				GENERAL 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.
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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) NATIONAL BREAST CANCER COALITION 2001 L STREET NW SUITE 500 PMB #501 WASHINGTON DC 20036	23-2693372	501C3	15,000				GENERAL SUPPORT
(2) NETWORK OF JEWISH HUMAN SERVICE AGE 50 EISENHOWER DRIVE SUITE 100 PARAMUS NJ 07652	13-2752418	501C3	7,000				GENERAL SUPPORT
(3) PETER MICHAEL FOUNDATION 1 GATE 6 ROAD STE B201 SAUSALITO CA 94965	94-3238961	501C3	125,000				GENERAL SUPPORT
(4) PLANNED PARENTHOOD ARIZONA 4751 N 15TH STREET PHOENIX AZ 85014	86-0146520	501C3	6,102				GENERAL SUPPORT
(5) PLENITUD INICIATIVAS ECO-EDUCATIVAS PO BOX 394 LAS MARIAS PR 00670	66-0741766	501C3	11,000				GENERAL SUPPORT
(6) RABBI ELCHANAN THEOLOGICAL SEMINARY 515 WEST 185TH STREET RM 629 NEW YORK NY 10033	13-2673756	501C3	24,094				GENERAL SUPPORT
(7) REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST. STE 8000 ANN ARBOR MI 48109	38-6006309	501C3	20,000				GENERAL SUPPORT
(8) REID PARK ZOOLOGICAL SOCIETY 1030 S RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	52,750				GENERAL SUPPORT
(9) RIDGEVIEW FOUNDATION 490 S MAPLE STREET SUITE 110 WACONIA MN 55387	41-1328097	501C3	20,000				GENERAL 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 SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) RONALD MCDONALD HOUSE OF SA 2155 E ALLEN ROAD TUCSAN AZ 85719	95-3526934	501C3	5,250				GENERAL SUPPORT
(2) SCULPTURETUCSON.ORG 3420 E RIVER ROAD TUCSON AZ 85718	81-4077958	501C3	82,500				GENERAL SUPPORT
(3) SEQUOIA SPRINGS TRAUMA HEALING CENT 6761 EAST TANQUE VERDE ROAD SUITE 6 TUCSON AZ 85715	47-5155142	501C3	10,000				GENERAL SUPPORT
(4) SF SOCIETY FOR THE PREVENTION OF CR 201 ALABAMA STREET SAN FRANCISCO CA 94103	94-0836580	501C3	75,000				GENERAL SUPPORT
(5) SISTER JOSE WOMEN'S SHELTER 1028 S PARK AVE TUCSON AZ 85719	46-1290517	501C3	18,500				GENERAL SUPPORT
(6) SOCIAL VENTURE PARTNERS 5049 E BROADWAY BLVD. STE 233 TUCSON AZ 85711	82-2964855	501C3	125,500				GENERAL SUPPORT
(7) SOUTHERN ARIZONA CHILDREN'S ADVOCAC 2329 E AJO WAY TUCSON AZ 85713	26-3208123	501C3	25,000				GENERAL SUPPORT
(8) SOUTHERN ARIZONA SYMPHONY ORCHESTRA PO BOX 43131 TUCSON AZ 85733	95-3403204	501C3	255,000				GENERAL SUPPORT
(9) SPORTSMEN'S FUND-SEND A KID TO CAMP PO BOX 16141 TUCSON AZ 85732	86-6053274	501C3	11,750				GENERAL 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.
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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) ST. AMBROSE UNIVERSITY 518 W. LOCUST STREET DAVENPORT IA 52803	42-0703280	501C3	20,000				GENERAL SUPPORT
(2) ST. LUKE'S HOME 615 E ADAMS STREET TUCSON AZ 85705	86-0098924	501C3	10,000				GENERAL SUPPORT
(3) STEADMAN PHILIPPON RESEARCH INSTITU 181 W. MEADOW DRIVE SUITE 1000 VAIL CO 81657	88-0245022	501C3	25,000				GENERAL SUPPORT
(4) STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP SUITE 100 TUCSON AZ 85745	81-3776452	501C3	67,750				GENERAL SUPPORT
(5) TEMPLE BETH SHOLOM -KS 4200 MUNSON TOPEKA KS 66604	48-0679976	501C3	26,350				GENERAL SUPPORT
(6) TEMPLE JUDEA 5429 LINDLEY AVENUE TARZANA CA 91356	95-6052095	501C3	7,200				GENERAL SUPPORT
(7) THE BREASTIES PO BOX 427 METUCHEN NJ 08840	82-4267245	501C3	6,500				GENERAL SUPPORT
(8) THE CHICK MISSION, INC. 121 WEST 36TH STREET #333 NEW YORK NY 10018	82-2988171	501C3	20,000				GENERAL SUPPORT
(9) THE CONVERSATION US 303 WYMAN STREET SUITE 300 WALTHAM MA 02451	46-0906774	501C3	300,000				GENERAL 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.
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OMB No. 1545-0047

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Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) THE DRAWING STUDIO 2760 N TUCSON BLVD TUCSON AZ 85716	86-0992193	501C3	75,000				GENERAL SUPPORT
(2) THE MONARCH EFFECT FOUNDATION 7008 WOODLAND AVE TAKOMA PARK MD 20912	99-3542890	501C3	25,000				GENERAL SUPPORT
(3) TIHAN TUCSON INTERFAITH HIV/AIDS 2660 N 1ST AVENUE TUCSON AZ 85719	NE 86-0819574	501C3	6,000				GENERAL SUPPORT
(4) TU NIDITO CHILDREN & FAMILY SERVICE 3922 N MOUNTAIN AVE TUCSON AZ 85719	86-0769031	501C3	15,000				GENERAL SUPPORT
(5) TUCSON AUTO MUSEUM 990 S CHERRY AVE TUCSON AZ 85719	85-4139637	501C3	10,000				GENERAL SUPPORT
(6) TUCSON CHINESE CULTURAL CENTER 1288 W. RIVER ROAD TUCSON AZ 85704	86-0834441	501C3	20,000				GENERAL SUPPORT
(7) TUCSON DESERT SONG FESTIVAL PO BOX 65866 TUCSON AZ 85728	27-3777745	501C3	50,000				GENERAL SUPPORT
(8) TUCSON GIRLS CHORUS ASSOCIATION, 4020 E RIVER ROAD TUCSON AZ 85718	IN 86-0505318	501C3	10,500				GENERAL SUPPORT
(9) TUCSON HEBREW ACADEMY 3888 E RIVER RD TUCSON AZ 85718	86-0274412	501C3	399,011				GENERAL 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.
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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER RD TUCSON AZ 85718	86-0183578	501C3	1,322,707				GENERAL SUPPORT
(2) TUCSON JEWISH FREE LOAN 5049 E BROADWAY BLVD. STE 154 TUCSON AZ 85711	86-6052407	501C3	26,000				GENERAL SUPPORT
(3) TUCSON JEWISH MUSEUM & HOLOCAUST CE PO BOX 889 TUCSON AZ 85702	86-0762311	501C3	144,915				GENERAL SUPPORT
(4) TUCSON MEDICAL CENTER FOUNDATION 5301 E GRANT RD TUCSON AZ 85712	86-0504015	501C3	29,402				GENERAL SUPPORT
(5) TUCSON MUSEUM OF ART 140 N MAIN AVE TUCSON AZ 85701	86-6006371	501C3	18,250				GENERAL SUPPORT
(6) TUCSON RESCUE NOW, INC. 2905 E SKYLINE DRIVE STE 208 TUCSON AZ 85718	84-1834968	501C3	10,000				GENERAL SUPPORT
(7) TUCSON SYMPHONY ORCHESTRA 2175 N 6TH AVE TUCSON AZ 85705	86-0107538	501C3	55,388				GENERAL SUPPORT
(8) U OF A HILLEL FOUNDATION 1245 E 2ND ST TUCSON AZ 85719	86-6053800	501C3	34,000				GENERAL SUPPORT
(9) UC HASTINGS FOUNDATION 200 MCALLISTER ST SAN FRANCISCO CA 94102	23-7135898	501C3	175,000				GENERAL 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

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OMB No. 1545-0047

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Employer identification number: 86-0718936

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) UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST. NW SUITE 450 WASHINGTON DC 20005	52-1662800	501C3	10,000				GENERAL SUPPORT
(2) UNITED WAY OF TUCSON & SA 330 N COMMERCE PARK LOOP SUITE 200 TUCSON AZ 85754	86-0098932	501C3	211,402				GENERAL SUPPORT
(3) UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 TUCSON AZ 85721	86-6050388	501C3	1,457,813				GENERAL SUPPORT
(4) UNIVERSITY OF ARIZONA HILLEL FOUNDA 1245 E SECOND STREET TUCSON AZ 85719	86-6053800	501C3	274,735				GENERAL SUPPORT
(5) UNIVERSITY OF DENVER PO BOX 910585 DENVER CO 80291	84-0404231	501C3	10,000				GENERAL SUPPORT
(6) UNIVERSITY OF KANSAS ENDOWMENT ASSO PO BOX 928 LAWRENCE KS 66044	48-0547734	501C3	250,000				GENERAL SUPPORT
(7) VAIL VALLEY FOUNDATION PO BOX 6550 AVON CO 81620	74-2215035	501C3	20,000				GENERAL SUPPORT
(8) VETS: VETERANS EXPLORING TREATMENT PO BOX 92040 SOUTHLAKE TX 76092	84-1956561	501C3	10,000				GENERAL SUPPORT
(9) WASHBURN UNIVERSITY FOUNDATION 1729 MACVICAR AVENUE TOPEKA KS 66604	48-6105561	501C3	18,833				GENERAL 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 SOUTHERN ARIZONA

Employer identification number: 86-0718936

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) WASHINGTON INSTITUTE FOR NEAR EAST 1111 19TH STREET NW SUITE 500 WASHINGTON DC 20036	52-1376034	501C3	106,000				GENERAL SUPPORT
(2) WATERSHED MANAGEMENT GROUP 1137 N DODGE BLVD. TUCSON AZ 85716	20-0637567	501C3	30,200				GENERAL SUPPORT
(3) WOODS SERVICES FOUNDATION PO BOX 36 LANGHORNE PA 19047	23-2322137	501C3	14,056				GENERAL SUPPORT
(4) YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON AZ 85702	86-0101237	501C3	43,700				GENERAL SUPPORT
(5) YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON AZ 85712	86-0644388	501C3	49,154				GENERAL SUPPORT
(6) ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO CA 92112	95-1648219	501C3	15,000				GENERAL SUPPORT
(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
GRANTS MAY ONLY BE DISTRIBUTED TO 501(C)(3) ORGANIZATIONS. PRIOR TO DISTRIBUTIONS ALL ORGANIZATIONS ARE VETTED BY VERIFYING THEIR NON-PROFIT STATUS USING BOTH THE IRS AND GUIDESTAR'S CHARITY CHECK. THIS INFORMATION ALONG WITH A SUMMARY OF THEIR MISSION AND WEBSITE IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND APPROVAL.
GRANTS ARE NOT MADE TO INDIVIDUALS.
GRANTS AWARDED UNDER OUR COMMUNITY GRANTS PROGRAM REQUIRE PERIODIC REPORTING TO ENSURE FUNDS ARE BEING USED FOR THE PURPOSE INTENDED.
DISTRIBUTIONS FOR GRANTS MADE FOR RESTRICTED PURPOSES ARE ACCOMPANIED WITH A LETTER STATING THE PURPOSE OF THE GRANT ALONG WITH THE FOLLOWING ACCEPTANCE REQUIREMENTS:
THIS GRANT IS MADE TO YOUR ORGANIZATION THROUGH THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA (JCF). BY ACCEPTING THIS CHECK, YOUR ORGANIZATION CERTIFIES TO THE JCF THAT: NO TANGIBLE BENEFIT, GOODS OR SERVICES ARE RECEIVED BY ANY INDIVIDUAL CONNECTED WITH THE ABOVE-MENTIONED GIFT. TANGIBLE BENEFITS MAY INCLUDE BUT ARE NOT LIMITED TO DUES (OTHER THAN SYNAGOGUE MEMBERSHIP DUES), EVENT/ADMISSION TICKETS, TABLES, AND MEALS; FUNDS WILL NOT BE USED TO DISCHARGE OR SATISFY A LEGALLY ENFORCEABLE CHARITABLE PLEDGE OR OBLIGATIONS OF ANY PERSON AND: NO INDIVIDUALS CONNECTED WITH THE ABOVE-MENTIONED GIFT WILL BENEFIT FROM GRANTS, LOANS, COMPENSATION, OR SIMILAR PAYMENTS.

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2024, or tax year beginning , and ending	2024

Name of the organization	Employer identification number
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	86-0718936

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS MAY ONLY BE DISTRIBUTED TO 501(C)(3) ORGANIZATIONS. PRIOR TO DISTRIBUTIONS ALL ORGANIZATIONS ARE VETTED BY VERIFYING THEIR NON-PROFIT STATUS USING BOTH THE IRS AND GUIDESTAR'S CHARITY CHECK. THIS INFORMATION ALONG WITH A SUMMARY OF THEIR MISSION AND WEBSITE IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND APPROVAL.

GRANTS ARE NOT MADE TO INDIVIDUALS.

GRANTS AWARDED UNDER OUR COMMUNITY GRANTS PROGRAM REQUIRE PERIODIC REPORTING TO ENSURE FUNDS ARE BEING USED FOR THE PURPOSE INTENDED.

DISTRIBUTIONS FOR GRANTS MADE FOR RESTRICTED PURPOSES ARE ACCOMPANIED WITH A LETTER STATING THE PURPOSE OF THE GRANT ALONG WITH THE FOLLOWING ACCEPTANCE REQUIREMENTS:

THIS GRANT IS MADE TO YOUR ORGANIZATION THROUGH THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA (JCF). BY ACCEPTING THIS CHECK, YOUR ORGANIZATION CERTIFIES TO THE JCF THAT: NO TANGIBLE BENEFIT, GOODS OR SERVICES ARE RECEIVED BY ANY INDIVIDUAL CONNECTED WITH THE ABOVE-MENTIONED GIFT. TANGIBLE BENEFITS MAY INCLUDE BUT ARE NOT LIMITED TO DUES (OTHER THAN SYNAGOGUE MEMBERSHIP DUES), EVENT/ADMISSION TICKETS, TABLES, AND MEALS; FUNDS WILL NOT BE USED TO DISCHARGE OR SATISFY A LEGALLY ENFORCEABLE CHARITABLE PLEDGE OR OBLIGATIONS OF ANY PERSON AND: NO INDIVIDUALS CONNECTED WITH THE ABOVE-MENTIONED GIFT WILL BENEFIT FROM GRANTS, LOANS, COMPENSATION, OR SIMILAR PAYMENTS.

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ 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 **1b**		
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? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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				
	HAVA LEIPZIG HOLZHAUER	(i)	0	0	0	0	0	0	0
1	CEO	(ii)	250,621	0	0	12,500	624	263,745	0
	EMILY RICHMAN	(i)	0	0	0	0	0	0	0
2	CDO	(ii)	176,612	0	0	14,059	28,020	218,691	0
	KIMBERLY DRISKELL	(i)	0	0	0	0	0	0	0
3	CFO	(ii)	147,556	0	0	11,662	18,522	177,740	0
	JANE ESPINOZA	(i)	0	0	0	0	0	0	0
4	VP OF DONOR RELATION	(ii)	140,429	0	0	10,960	11,805	163,194	0
		(i)							
5		(ii)							
		(i)							
6		(ii)							
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization

SOUTHERN ARIZONA

Employer identification number

86-0718936

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	31	1,600,985	FAIR MARKET VALUE
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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	Employer identification number
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	86-0718936

FORM 990 - ORGANIZATION'S MISSION
JEWISH PHILANTHROPIES OF SOUTHERN ARIZONA (JPSA) IS COMMITTED TO ACHIEVING THE FULL POTENTIAL OF JEWISH PHILANTHROPY, NOW AND FOR FUTURE GENERATIONS. COMPRISED OF JEWISH FEDERATION OF SOUTHERN ARIZONA (JFSA OR FEDERATION) AND JEWISH COMMUNITY FOUNDATION (JCF), JPSA PROVIDES PLANNING, VISION, PROGRAMMING, AND FUNDING TO ADDRESS COMMUNITY-WIDE PRIORITIES INCLUDING JEWISH ENGAGEMENT, EDUCATION, OUTREACH, SECURITY, AND ADVOCACY.
JCF PARTNERS WITH DONORS AND NON-PROFIT ORGANIZATIONS TO ACHIEVE THEIR PHILANTHROPIC GOALS. FUND HOLDERS BENEFIT FROM JCF'S PROFESSIONAL SERVICES INCLUDING FUND INVESTMENT, MANAGEMENT, REPORTING, GRANTING, AND FIELD OF INTEREST RESEARCH. JCF WORKS WITH INDIVIDUAL DONORS, OFTEN IN COLLABORATION WITH THEIR PROFESSIONAL ADVISORS, TO DEVELOP LEGACY PLANS TO FUND ENDOWMENTS THROUGH TESTAMENTARY PROVISIONS THROUGH THEIR WILLS, TRUSTS, LIFE INSURANCE POLICIES, AND OTHER ESTATE VEHICLES. JCF MANAGES ENDOWMENTS, DONOR ADVISED FUNDS, ORGANIZATION ENDOWMENTS, CUSTODIAL FUNDS, AND CHARITABLE REMAINDER TRUSTS.

FORM 990 - ADDITIONAL INFORMATION
PART IX, LINE 11A - THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA (JCF)IS A RELATED PARTY OF THE JEWISH FEDERATION OF SOUTHERN ARIZONA (JFSA). TO ACHIEVE OPERATIONAL EFFICIENCIES, HUMAN RESOURCES AND OCCUPANCY RELATED COSTS ARE PAID BY JFSA AND CHARGED BACK TO JCF AS A SHARED SERVICE BASED ON FTES'S FOR WAGES AND SQUARE FOOTAGE FOR OCCUPANCY. WAGES AND BENEFITS ARE RECORDED AS MANAGEMENT FEES ON JCF.

FORM 990, PART I, LINE 6
VOLUNTEERS PROVIDE GUIDANCE AND LEADERSHIP FOR THE ORGANIZATION'S MISSION. VOLUNTEERS ARE COMPRISED OF OUR BOARD OF TRUTEES, VARIOUS COMMITTEES, TASK FORCES AND OTHER WORKING GROUPS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
JCF'S DONOR-FOCUSED TEAM OF PROFESSIONALS PROVIDES A PERSONALIZED APPROACH AND A VARIETY OF OPTIONS FOR CHARITABLE AND PLANNED GIVING. AS A TRUSTED PARTNER, JCF PROVIDES EXPERT GUIDANCE, EDUCATION, REPORTING, AND FUND MANAGEMENT FOR INDIVIDUALS AND ORGANIZATIONS.
IN 2024, JCF GRANTED AND DISTRIBUTED $17.8 MILLION THROUGH DONOR ADVISED FUNDS, DONOR-ESTABLISHED ENDOWMENTS AND FUNDS HELD FOR THE BENEFIT OF CHARITABLE ORGANIZATIONS. DONORS AND ORGANIZATIONS ENTRUSTED JCF WITH $22.5 MILLION IN NEW CONTRIBUTIONS.
JCF MADE DISTRIBUTIONS TO MORE THAN 500 CHARITABLE 501(C)(3) NONPROFITS IN SOUTHERN ARIZONA, THE UNITED STATES AND AROUND THE WORLD. THE MISSION OF THESE ORGANIZATIONS RANGES FROM ADDRESSING CRITICAL NEEDS SUCH AS HOUSING AND FOOD INSECURITY OF THE MOST VULNERABLE IN OUR COMMUNITIES, PROVIDING EDUCATIONAL OPPORTUNITIES, SUPPORTING ART AND CULTURAL ENDEAVORS TO ENCOURAGING JEWISH ENGAGEMENT AND IDENTITY.
PARTNERING WITH OVER 35 NONPROFIT ORGANIZATIONS - BOTH JEWISH AND NON-JEWISH, JCF WORKS COLLABORATIVELY TO ELEVATE AND EXPAND THEIR IMPACT BY HELPING TO STEWARD THEIR ENDOWMENT AND CUSTODIAL FUNDS. IN 2024, JCF DEVELOPED AND IMPLEMENTED THE JEWISH COMMUNITY ENDOWMENT INITIATIVE, WHICH PROVIDES AGENCIES AND SYNAGOGUES WITH TRAINING , TOOLS, AND CUSTOMIZED

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 SOUTHERN ARIZONA

Employer identification number 86-0718936

SUPPORT FOR ENDOWMENT- BUILDING EFFORTS THAT WILL HELP ENSURE THE FINANCIAL SUSTAINABILITY OF THE ORGANIZATIONS.
IN EARLY 2024, JCF PROUDLY LAUNCHED ITS TRUSTED CHARITABLE ADVISOR PROGRAM. ESTATE PLANNING ATTORNEYS, CPAS, AND FINANCIAL ADVISORS ATTENDED A SERIES OF WORKSHOPS ON HOW TO BEST SUPPORT THEIR CLIENTS' CHARITABLE GIVING BOTH DURING THEIR LIFETIMES AND THROUGH ESTATE PLANS. THE PROGRAM FOCUSED ON INTEGRATING CHARITABLE PLANNING INTO HOLISTIC FINANCIAL STRATEGIES ALIGNING CLIENTS' VALUE WITH COMMUNITY IMPACT.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
JEWISH PHILANTHROPIES OF SOUTHERN ARIZONA IS THE SOLE MEMBER OF THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA AND THE JEWISH FEDERATION OF SOUTHERN ARIZONA.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD HAS FORMALLY ASSIGNED THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990 TO THE FINANCE AND AUDIT COMMITTEE. THE FINANCE AND AUDIT COMMITTEE MEETS, REVIEWS AND APPROVES THE ENTIRE PUBLIC DICLOSURE COPY OF THE RETURN PRIOR TO FILING. IF THERE ARE ANY SIGNIFICANT ISSUES, THE FINANCE AND AUDIT COMMITTEE WILL BRING THEM TO THE BOARD FOR INFORMATIONAL PURPOSES OR APPROVAL. THE FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUALLY EVERY BOARD MEMBER IS ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT AS WELL AS COMPLETE A FORM WHICH DISCLOSES CERTAIN PERSONAL AND BUSINESS RELATIONSHIPS. THE BOARD MAKES IT A PRACTICE TO PUT THE FOLLOWING REMINDER ON EVERY WRITTEN AGENDA THAT READS "BOARD MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST RELATED TO THE FOLLOWING AGENDA AS WELL AS TOPICS DISCUSSED DURING THE MEETING". PERIODICALLY BOARD MEMBERS ARE ALSO VERBALLY REMINDED AT THE MEETING TO DISCLOSE ANY POTENTIAL CONFLICTS. IN ADDITION ALL EMPLOYEES AND COMMITTEE MEMBERS ARE ALSO REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA AND THE JEWISH FEDERATION OF SOUTHERN ARIZONA OPERATE UNDER A SINGLE CEO MODEL. A WELL-ESTABLISHED FIRM SPECIALIZING IN THE RECRUITMENT OF EXECUTIVES FOR NON-PROFIT ORGANIZATIONS WAS HIRED TO RECRUIT FOR THE CEO POSITION. IT PROVIDED INFORMATION TO A TASK FORCE THAT RECOMMENDED, TO THE BOARD, A COMPENSATION PACKAGE APPROPRIATE AND COMPARABLE TO SIMILARLY SITUATED EXECUTIVES. THE BOARD CONCURRED WITH THE RECOMMENDATION OF THE TASK FORCE AND APPROVED A WRITTEN CONTRACT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
COPIES OF THE 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
CHANGE IN VALUE OF SPLIT INT. AGRMT. $ 34,093

SCHEDULE R (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number: 86-0718936

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 TUCSON HOLDINGS, LLC 3718 E. RIVER ROAD #118 45-5152892 TUCSON AZ 85718	RE HOLDING	AZ	28,032	1,728,056	N/A
(2)					
(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	(g) No
(1) JEWISH FEDERATION OF SOUTHERN AZ 3718 E. RIVER ROAD #100 86-0096795 TUCSON AZ 85718	CHARITABLE	AZ	501C3	7	N/A		X
(2) JEWISH PHILANTHROPIES OF SO AZ 3718 E. RIVER ROAD #100 87-1814239 TUCSON AZ 85718	HOLDING	AZ	501C3	7	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) Dispro-portionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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	**1a**		X
b Gift, grant, or capital contribution to related organization(s)	**1b**	X	
c Gift, grant, or capital contribution from related organization(s)	**1c**	X	
d Loans or loan guarantees to or for related organization(s)	**1d**		X
e Loans or loan guarantees by related organization(s)	**1e**		X
f Dividends from related organization(s)	**1f**		X
g Sale of assets to related organization(s)	**1g**		X
h Purchase of assets from related organization(s)	**1h**		X
i Exchange of assets with related organization(s)	**1i**		X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	X	
o Sharing of paid employees with related organization(s)	**1o**		X
p Reimbursement paid to related organization(s) for expenses	**1p**	X	
q Reimbursement paid by related organization(s) for expenses	**1q**	X	
r Other transfer of cash or property to related organization(s)	**1r**		X
s Other transfer of cash or property from related organization(s)	**1s**		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 FEDERATION OF SOUTHERN AZ	B	2,288,312	CASH VALUE
(2)	JEWISH FEDERATION OF SOUTHERN AZ	O	1,076,581	CASH VALUE
(3)	JEWISH FEDERATION OF SOUTHERN AZ	P	213,033	CASH VALUE
(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

DAA

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.