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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

		2010 ca ipplicable	C Name of organization The Jewish Community Foundati	nning 01-01-2010 and ending 12-31-20	10	D Employer	identification number
Ad o	dress ch	hange	Southern Arizona	on or		86-0718	936
∏ Na	me cha	inge	Doing Business As			E Telephon	e number
Init	tal retu	ırn		ıf maıl ıs not delivered to street address)	Room/suite	(520) 57	7-0388
Tei	mınate	ed	5546 E 4th Street				
Am	ended	return	City or town, state or country, at Tucson, AZ 85711	nd ZIP + 4		G Gross rece	ipts \$ 11,026,547
- Apı	plication	n pending	1433311, 12 33722				
			F Name and address of p Daniel Gasch	orincipal officer	H(a) Isthisa	group return for aff	iliates? Yes No
			5546 E 4th St 100		H(h) Are all:	affiliates include	d?
			Tucson, AZ 857111452				st (see instructions)
r Ta	x-exem	npt status	▼ 501(c)(3)	◀ (Insert no)		exemption	
			w jcftucson org	4 (III) (II) (II) (II) (II) (II) (II)	-		
K For	m of or	manization	Corporation Trust Associa	ation Other -	L Year of for	mation 1992	M State of legal domicile AZ
	rt I		mary	ation) other P	L rear or ion	nation 1992	Fi State of legal dofficile AZ
Governance		Our miss	sion is to encourage charitabl	sion or most significant activities e giving, particularly endowment giving, e Jewish identity or support a high quali	•		•
e O		C b l. bl		4		-0/ -6:4	
			•	discontinued its operations or disposed		1	1
Activities &				erning body (Part VI, line 1a) rs of the governing body (Part VI, line 1		3	28
1	1			in calendar year 2010 (Part V, line 2a)	•	5	11
ş			mber of volunteers (estimate			6	100
			·	n Part VIII, column (C), line 12		7a	0
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34		7b	-1,607
					Prior	Year	Current Year
a.	8			, line 1h)	-	1,362,271	2,619,706
š	9			, line 2g)		109,999	80,133
Revenue	10			mn (A), lines 3, 4, and 7d)	•	-745,567	1,098,464
_	11 12			A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), li	ne	-30,076	14,376
	12					696,627	3,812,679
	13			art IX, column (A), lines 1–3)		2,895,363	3,292,210
	14			rt IX, column (A), line 4)			0
82	15	Salarıe 10)	es, other compensation, emplo	oyee benefits (Part IX, column (A), lines	5-	451,175	493,518
Expenses	16a	•	sional fundraising fees (Part I	(X, column (A), line 11e)			0
ੜੇ	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) •93,302			
	17	Other	expenses (Part IX, column (A	.), lines 11a-11d, 11f-24f)		349,132	503,663
	18	Total	expenses Add lines 13-17 (r	must equal Part IX, column (A), line 25)		3,695,670	4,289,391
	19	Reven	ue less expenses Subtract lu	ne 18 from line 12		-2,999,043	-476,712
Net Assets or Fund Balances						of Current ear	End of Year
tege Tege	20	Totala	assets (Part X, line 16)			53,877,340	57,623,058
8 A B	21					17,715,642	19,416,573
žĪ	22	Net as	sets or fund balances Subtra	ct line 21 from line 20		36,161,698	38,206,485
Unde know	ledge a ledge.	ities of po and belie	** Beyer Treasurer Beyer Treasurer	nined this return, including accompanying ste. Declaration of preparer (other than offic	cer) is based on a	II information	
			or print name and title				
		Print/Type		Preparer's signature Mike DeVries		Check if self-	PTIN
Paid -		<u> </u>	me DeVries CPAs of Arizona PC			· / ·	Firm's EIN
Prep		Fırm's add	dress 4349 East Fifth Street				Phone no ▶ (520) 298-

Tucson, AZ 857112025

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par	Check if Schedule O contains				
1	Briefly describe the organization's n	nission			
endo quali acco	s an affiliated corporation of the Jewis wment giving, to help ensure the cont ty of life in Southern Arizona and throi mplish its mission the Foundation pro ied giving among their own constituen	inued vitality of those ughout the Jewish wo motes the value of pl	e institutions and activ rld, and to manage tho anned giving, works co	ities that promote Jewish ide se funds received in a pruder poperatively with non-profit a	ntity or support a high it and effective manner To gencies to encourage
2	Did the organization undertake any sthe prior Form 990 or 990-EZ? .			which were not listed on	┌ Yes ┌ No
2	If "Yes," describe these new service		at changes in how it so	nduete any program	
3	Did the organization cease conduction services?			· · · · · · · ·	┌ Yes ┌ No
4	Describe the exempt purpose achieves Section 501(c)(3) and 501(c)(4) orgaliocations to others, the total expensions	ements for each of th	on 4947(a)(1) trusts a	re required to report the amo	
4a	(Code) (Expenses ProgramsJCF provides services for individual reporting, field of interest research, and conchartable Gift Annuities, Insurance Policies sponsor educational programs on estate placeducation seminars for professional advisor Continue to fund worthy programs via grangerpetuity 3 Continue to promote legacy on working with local agencies to encourage provided allocations and grants to almost 3 assets totaled approximately \$3.3 million of foundations from across the county to be second It is a partnership between the Jewis Jewish community Participants will receive initiative Our number of active volunteers in	al donors and non-profit a nsultations with profession, and more We manage learning, legacy planning are s. There were no significates and philanthropic distril planning and encourage de planned giving among to 00 charitable 501(c)(3) of ollars Presented tax work elected to receive the pressible Community Foundation incentive grants, high-qui	nal advisors Legacy plannir Donor Advised Funds (non-end funding opportunities for int changes to our programs butions 2 Continue to pron onors to support the organic their constituencies (See Ari ganizations that provide he shops and an ethics semina stigious "Areivim" matching of Southern Arizona and pa	g options include Donor Advised Erendowed) and teen philanthropy fudonors and the Jewish community in 2010 Objectives for Fiscal Year note endowments to support the Jezations they care about in perpetuiteiving grant award under accomplisalth, educational, cultural and social rate professionals in the Tucson congrant Areivim, a two year project, inticipating organizations to build er	dowment Funds, Bequests, nds (B'nai Tzedek Tucson) We at large, along with continuing Beginning January 1, 20111 wish community's institutions in 4 An emphasis will be placed himents) Accomplishments In 2010, al services Grants made from net munity We were one of five was launched the last quarter of dowments for the future of the
4b	(Code) (Expenses	\$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses	\$	ıncludıng grants of \$) (Revenue \$)
	Other program services (Describe	ın Schedule O N			
	(Expenses \$	including grants o	f\$) (Revenue \$)
4e	Total program service expenses▶\$	3,900,82	!8		

Part IV	Checklist	of Red	uired	Schedule

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	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	Yes	
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 21			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	· · · · · · · · · · · · · · · · · · ·			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: Title and the second of and the second of the second	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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	4a	Yes	
h	account)?		165	
	If "Yes," enter the name of the foreign country ►BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	The most detailed for mining requirements for room room and respect to room and respec			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Νο
		5с		
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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
•	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		N.o.
h	required?	7g		No
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			NI -
0		8		No
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		Νo
Ь	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 Enter the amount of reserves on hand			
С	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νο

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)	$\overline{}$	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		110
		11a		Νo
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in 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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► A Z			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available. Check all that apply			

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Fine organization

5546 E 4th Street 100 Tucson, AZ 857111452

(520) 577-0388

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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	Posi [†]	((tion (hat a	che		l I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Thomas Warne Vice President	3 00	х		Х				0	0	0
(2) Thomas Newman Trustee	1 00	Х						0	0	0
(3) Stuart Shatken Trustee	1 00	Х						0	0	0
(4) Stuart Mellan President-JFSA	1 00	х						0	170,932	27,621
(5) Steven Sım Vıce President	2 00	х		х				0	0	0
(6) Myron Rottenstein Vice President	2 00	х		х				0	0	0
(7) Murray Brilliant Trustee	1 00	х						0	0	0
(8) Michael Miron Trustee	1 00	Х						0	0	0
(9) Martha Sampson Trustee	1 00	Х						0	0	0
(10) Marc Tischler Trustee	3 00	Х						0	0	0
(11) Lında Tumarkın Trustee	1 00	Х						0	0	0
(12) Lawrence Haas Trustee	1 00	Х						0	0	0
(13) Larry Gellman Trustee	1 00	х						0	0	0
(14) Koreen Johannessen Vice President	3 00	х		х				0	0	0
(15) Kerı Sılvyn Vıce President	3 00	х		х				0	0	0
(16) Karen Faitelson Trustee	1 00	Х						0	0	0

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

Name and Title	(B) A verage hours	Posi t	tion (that a	(che				(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) Jerry Neuman Past President	3 00	х		Х				0	0	0
(18) Jeremy Sohn Trustee	1 00	х						0	0	0
(19) Jeremy Lite Trustee	1 00	х						0	0	0
(20) Jennifer Miller Grant Trustee	1 00	х						0	0	0
(21) Jennifer Cassius Trustee	1 00	х						0	0	0
(22) Jeffery Katz Trustee	1 00	х						0	0	0
(23) Jeff Jacobson Trustee	1 00	х						0	0	0
(24) Jane Ash Trustee	1 00	х						0	0	0
(25) Jamı Gan Trustee	1 00	х						0	0	0
(26) James Whitehill VP/Secretary	1 00	х		х				0	0	0
(27) Howard Polster Trustee	1 00	х						0	0	0
(28) Harold Bongarten Trustee	1 00	х						0	0	0
(29) Gail Mordka Trustee	1 00	х						0	0	0
(30) Esther Sherberg Trustee	2 00	х						0	0	0
(31) Daniel Gasch President	5 00	х		х				0	0	0
(32) Dana Adler Trustee	1 00	х						0	0	0
(33) Carol Karsch Executive Direc	40 00				х			111,667	0	17,330
(34) Bruce Beyer Treasurer	3 00	х		х				0	0	0
(35) Brina Grusin Trustee	1 00	х						0	0	0
(36) Brenna Lacey Trustee	3 00	х						0	0	0
(37) Barry Friedman Trustee	1 00	х						0	0	0
(38) Ann Goldfein Trustee	1 00	х						0	0	0
(39) Andrew Briefer Trustee	1 00	х						0	0	0
1b Sub-Total							•			
c Total from continuation sheet	-				•	<u> </u>				
d Total (add lines 1b and 1c). 2 Total number of individuals (in							P -	111,667	170,932	44,951

\$100,000 in reportable compensation from the organization 1-1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

		2010)					P	age 9
Part V	<u>/##</u>	Statement of Reven	ue			or exempt function	(C) Unrelated business revenue	exclude from tax
						revenue		under section 512, 513, o 514
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues						
_ સુ		Fundraising events		12,000				
% <u>=</u>		Related organizations						
<u>~</u> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Government grants (contributions)						
₹ <u>₽</u>	_	All other contributions, gifts, grants similar amounts not included above	2	2,607,706				
<u>0</u>	g	Noncash contributions included in li	nes 1a-1f \$	1,325,539				
	h	Total. Add lines 1a-1f			2,619,706			
an				Business Code				
Program Service Revenue	2a b	Admin Fees/Other			80,133	80,133		
ර දැ	c							
SE VIC	d							
ക് =	e							
ina	f	All other program service rev	venue					
<u> </u>	а	Total. Add lines 2a-2f			80,133			
		Investment income (includin			33,233			
		and other similar amounts)			1,103,831			1,103,8
		Income from investment of tax-ex			0			
	5	Royalties		1 ()-	0			
	6a	Gross Rents	(ı) Real 10,176	(II) Personal				
		Less rental	10/1/0					
	_	expenses Rental income	10,176					
	_	or (loss) Net rental income or (loss)			10,176			10,1
-	<u>u</u>	Net rental income of (1033)	(ı) Securities	(II) O ther	25,210			
	7a	Gross amount from sales of assets other than inventory	7,184,438					
	b	Less cost or other basis and sales expenses	7,189,805					
		Gain or (loss)	-5,367					
		Net gain or (loss)			-5,367			-5,3
		Gross income from fundraisii (not including \$12,000 of contributions reported on	line 1c)					
		See Part IV, line 18	а	28,263				
	ь	Less direct expenses		24,063				
		Net income or (loss) from fur			4,200			4,2
			ctivities See Part IV, line 19 .	а				
			ming petivities	b	0			
- 1		Net income or (loss) from ga Gross sales of inventory, les	-		0			
-		returns and allowances	-					
-	104	returns and anowances .						
			a		· · · · · · · · · · · · · · · · · · ·			
_	b	Less cost of goods sold .	. b		0			
	b		. b	Business Code	0			
	b	Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	. b	Business Code	0			
	b c	Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	. b	Business Code	0			
	b c 11a	Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	. b	Business Code	0			
	b c 11a b	Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	. b	Business Code	0			
	b c 11a b c	Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	. b les of inventory •	Business Code	0			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	ll other organizations must complete column (A) but are not required to a	•			
	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U.S. See Part IV, line 21	3,292,210	3,292,210		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	130,151	66,884	48,075	15,192
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	302,672	155,541	111,802	35,329
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	32,630	16,768	12,053	3,809
10	Payroll taxes	28,065	14,422	10,367	3,276
а	Fees for services (non-employees) Management	0			
b	Legal	4,622	2,375	1,707	540
c	Accounting	19,650	10,339	7,075	2,236
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	49,161	25,264	18,158	5,739
g	Other	7,686	3,950	2,839	897
12	Advertising and promotion	64,922	33,363	23,981	7,578
13	Office expenses	20,159	10,360	7,446	2,353
14	Information technology	22,487	11,556	8,306	2,625
15	Royalties	0			
16	Occupancy	53,809	27,652	19,876	6,281
17	Travel	8,587	4,413	3,172	1,002
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,529	3,355	2,412	762
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,365	15,605	11,216	3,544
23	Insurance	41,262	37,034	3,213	1,015
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Miscellaneous	102,039	97,352	3,563	1,124
b	CRAT distributions	72,385	72,385		
c					
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	4,289,391	3,900,828	295,261	93,302
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				000 (2.01.0)

Part X Balance Sheet (A) (B) Beginning of year End of year 260 500 1 2.355.103 2 2,490,563 2 0 3 3 17,160 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Λ 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 2,104,027 2,104,027 8 8 0 Prepaid expenses and deferred charges 13,138 9 35,536 10a Land, buildings, and equipment cost or other basis Complete 1.601.799 10a Part VI of Schedule D 153.398 1.606,389 **10c** ь Less accumulated depreciation 10b 1,448,401 139,339 663.234 11 11 45,951,880 48.939.241 12 Investments—other securities See Part IV, line 11 12 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 1.690.044 15 1,941,556 15 16 53,877,340 16 57,623,058 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 112.425 17 109.275 17 Accounts payable and accrued expenses . 18 18 19 19 10.888 20 Tax-exempt bond liabilities 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 17.603.217 25 19.296.410 Other liabilities Complete Part X of Schedule D 17,715,642 26 26 19,416,573 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 29,607,979 27 31,157,564 Temporarily restricted net assets 1,372,777 28 880,034 28 Fund 5,676,144 5,673,685 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 36,161,698 33 38,206,485 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 53.877.340 57,623,058

Pal	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.8	312,67	
2	Total expenses (must equal Part IX, column (A), line 25)	2			289,39	
3	Revenue less expenses Subtract line 2 from line 1	3		- 4	176,71	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,161,69		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,5	521,49	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		38,2	206,48	
Par	Table Transport			୮		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ie •	2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued				
	Separate basis Consolidated basis Both consolidated and separated basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_	3a		Νο	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		Νo	

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization The Jewish Community Foundation of Sοι

Southe	ern Arız	86-0718936												
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instru	ctions											
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)												
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state)(iii). Ente	r the										
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental un	ııt describe	d ın										
		section 170(b)(1)(A)(iv). (Complete Part II)												
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.												
7	<u>~</u>	described in	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	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)												
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hıp fees, ar	nd gros	5 S									
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more th	an 331/3%	of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) i	from busine	esses	es									
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).												
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d	•	a)(3).	Check									
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•											
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box	upporting o	rganız	ation,									
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	ı	. .										
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	11g(i)	Yes	No									
		(ii) a family member of a person described in (i) above?	11g(i) 11g(ii)											
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(ii)											
h		Provide the following information about the supported organization(s)	119(111)											
••		riorias and isnoming information about the supported organization(s)												

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	organızatı col (ı) orga ın the U	Is the ganization in (i) organized n the US?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II the	organization	ialis to quality u	idei die tests i	isted below, pie	ease complete	rait III.)
	ection A. Public Support endar year (or fiscal year beginning			T	Т		
Car	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	3,343,90	7 2,542,934	3,246,665	1,362,271	3,421,763	13,917,540
	ınclude any "unusual	, ,	, ,		, ,	, ,	
2	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						0
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						0
4	the organization without charge	3,343,90	7 2,542,934	3,246,665	1,362,271	3,421,763	13,917,540
4 5	Total. Add lines 1 through 3 The portion of total contributions	3,343,30	2,542,554	3,240,003	1,502,271	3,421,703	13,717,540
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						3,867,151
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	Public Support. Subtract line 5 from line 4						10,050,389
S	ection B. Total Support	L		1			
	endar year (or fiscal year	(=) 2006	(h) 2007	(=) 2008	(d) 2009	(e) 2010	(f) Total
	beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(a) 2009	(e) 2010	(f) Total
7	A mounts from line 4	3,343,907	2,542,934	3,246,665	1,362,271	3,421,763	13,917,540
8	Gross income from interest,						
	dividends, payments received on	2 400 057	1 256 241	1 260 067	640 574	1 122 562	6 700 401
	securities loans, rents, royalties	2,400,957	1,356,241	1,269,067	640,574	1,123,562	6,790,401
	and income from similar sources						
9	Net income from unrelated						
_	business activities, whether or						0
	not the business is regularly						0
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						0
	capital assets (Explain in Part IV)						
11	Total support (Add lines 7						20 707 044
	through 10)						20,707,941
12	Gross receipts from related activities	es, etc (See inst	tructions)			12	690,834
13	First Five Years If the Form 990 is f	or the organizati	on's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3) organ	ızatıon,
	check this box and stop here						▶ □
	action C. Communication of Duk	lia Commant F	\				
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			I 1 column (f))			40.530.0/
1 4 15	Public Support Percentage for 2009	· ·	•	LI Column (1))		14	48 530 %
					4.4 22.4100/	15	45 160 %
16a	33 1/3% support test—2010. If the and stop here. The organization qua				ne 14 is 33 1/3%	or more, check	this box ►✓
ь	33 1/3% support test—2009. If the	•	• • • •		a. and line 15 is 3	3 3 1/3% or more	
_	box and stop here. The organization				_,		▶ □
17a	10%-facts-and-circumstances test-	•		=	e 13, 16a, or 16b	and line 14	•
	ıs 10% or more, and ıf the organızat						
	in Part IV how the organization mee	ts the "facts and	d cırcumstances" t	est The organiza	ition qualifies as	a publicly suppo	
	organization	2000 151		haalaa haaa aa t	- 12 16 - 161		>
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	v
	supported organization				gazacion quai	as a pasife	' ▶ ┌
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and see	,
	instructions		,		•		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000105 **Software Version:** 2010v3.2

EIN: 86-0718936

Name: The Jewish Community Foundation of

Southern Arizona

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
Thomas Warne Vice President	3 00	x		х				0	0	0	
Thomas Newman Trustee	1 00	Х						0	0	0	
Stuart Shatken Trustee	1 00	Х						0	0	0	
Stuart Mellan President-JFSA	1 00	Х						0	170,932	27,621	
Steven Sım Vıce President	2 00	×		x				0	0	0	
Myron Rottenstein Vice President	2 00	Х		х				0	0	0	
Murray Brilliant Trustee	1 00	×						0	0	0	
Mıchael Mıron Trustee	1 00	Х						0	0	0	
Martha Sampson Trustee	1 00	Х						0	0	0	
Marc Tischler Trustee	3 00	Х						0	0	0	
Linda Tumarkin Trustee	1 00	Х						0	0	0	
Lawrence Haas Trustee	1 00	Х						0	0	0	
Larry Gellman Trustee	1 00	×						0	0	0	
Koreen Johannessen Vice President	3 00	Х		х				0	0	0	
Kerı Sılvyn Vıce President	3 00	х		х				0	0	0	
Karen Faitelson Trustee	1 00	Х						0	0	0	
Jerry Neuman Past President	3 00	Х		х				0	0	0	
Jeremy Sohn Trustee	1 00	Х						0	0	0	
Jeremy Lite Trustee	1 00	×						0	0	0	
Jennifer Miller Grant Trustee	1 00	Х						0	0	0	
Jennifer Cassius Trustee	1 00	Х						0	0	0	
Jeffery Katz Trustee	1 00	Х						0	0	0	
Jeff Jacobson Trustee	1 00	Х						0	0	0	
Jane Ash Trustee	1 00	Х						0	0	0	
Jamı Gan Trustee	1 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and						-				1
(A) Name and Title	(B) Average hours per	that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
James Whitehill VP/Secretary	1 00	Х		х				0	0	0
Howard Polster Trustee	1 00	Х						0	0	0
Harold Bongarten Trustee	1 00	Х						0	0	0
Gail Mordka Trustee	1 00	Х						0	0	0
Esther Sherberg Trustee	2 00	х						0	0	0
Daniel Gasch President	5 00	Х		х				0	0	0
Dana Adler Trustee	1 00	х						0	0	0
Carol Karsch Executive Direc	40 00				х			111,667	0	17,330
Bruce Beyer Treasurer	3 00	х		х				0	0	0
Brına Grusın Trustee	1 00	Х						0	0	0
Brenna Lacey Trustee	3 00	Х						0	0	0
Barry Friedman Trustee	1 00	Х						0	0	0
Ann Goldfein Trustee	1 00	Х						0	0	0
A ndrew Briefer Trustee	1 00	х						0	0	0

DLN: 93493201003251

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** The Jewish Community Foundation of

	letti Alizotia		86-0718936
Pai	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	250	
2	Aggregate contributions to (during year)	1,993,370	
3	Aggregate grants from (durıng year)	3,027,110	
1	Aggregate value at end of year	19,790,100	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit		•
Par	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure of a conservation
	easement on the last day of the tax year	ŗ	
	T. b. J	•	Held at the End of the Year
a	Total number of conservation easements	_	2a
Ь	Total acreage restricted by conservation easement	}	2b
C -	Number of conservation easements on a certified hi	` '	2c
d	Number of conservation easements included in (c) a	· ·	2d
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🛌		
1	Number of states where property subject to conserv	vation easement is located ►	
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents during the year ►
,	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during the year 🕨 \$
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(i)$?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	·
Part	Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researd	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		► \$
!	If the organization received or held works of art, his following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1	-	▶ - \$

b Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	llections of Art	, His	torical Tre	easu	res, or Otl	<u>ner Simi</u>	ilar Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	nat are	e a significan	t use of its	s collectio	n	
а	Public exhibition		d	┌ Loan o	rexch	ange progra	ms			
b	Scholarly research		e	┌ Other						
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they further	the o	rganızatıon's	exempt p	urpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•			sımılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang	•				answered	"Yes" to	Form 99	0,	
	Part IV, line 9, or reported an an									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions o	r other asset	s not	Г	Yes	∏ No
Ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng table				A		
_	December halon					<u> </u>	_	A mo	unt	
c	Beginning balance					1				
d	Additions during the year					1	+			
e	Distributions during the year					1				
f	Ending balance					1	f			_
2a	Did the organization include an amount on Fo		e 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV			1 1134		000 F) - 1 T) (1	10		
Рa	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes</u>)Prior Year				ne 10. ears Back (e) Four Ye	ears Back
1a	Beginning of year balance	13,396,108		10,970,467	(-)	15,344,522			- /	
b	Contributions	484,753		64,474		452,947	,			
c	Investment earnings or losses	1,761,829		2,892,598		-4,209,973	:			
d	Grants or scholarships									
e	Other expenditures for facilities and programs	464,564		510,199		512,507	,			
f	Administrative expenses	30,173		21,232		22,040				
g	End of year balance	15,147,953		13,396,108		11,052,949				
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	58 200 %								
Ь	Permanent endowment 🕨 37 500 %									
c	Term endowment ► 4 300 %									
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat are held	and a	dministered 1	or the			
	organization by							2-7:	Yes	No
	(i) unrelated organizations							. 3a(i) . 3a(ii)	_	No No
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio							. 3a(11)	<u> </u>	No.
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form 99	0, Pa	rt X, line 1	0.			
	Description of investment			(a) Cost or o		(b)Cost or oth basis (other)		umulated eciation	(d) Boo	ok value
1a	Land			1,25	3,703					L,253,703
ь	Buildings				13,374					143,374
	Leasehold improvements					66,9:	.5	43,621		23,294
d	Equipment					134,67	76	106,646		28,030
e	Other					3,13	31	3,131		

1,448,401

Part VII Investments—Other Securities. See		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4 8,939,241	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of the or year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. See Form 990, Part X, I		T
(a) Descr	iption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		<u> </u>
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Designated obligations	116,439	
Agency Funds	19,179,971	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	19,296,410	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,812,679
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,289,391
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-476,712
4	Net unrealized gains (losses) on investments	4	2,788,343
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-266,844
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,521,499
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,044,787
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	7,409,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,728,942		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,572,914
3	Subtract line 2e from line 1	3	3,836,742
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) -24,063		
c	Add lines 4a and 4b	4c	-24,063
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,812,679
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	4,306,343
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	66,113
3	Subtract line 2e from line 1	3	4,240,230
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 49,161		
c	Add lines 4a and 4b	4c	49,161
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,289,391

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Investment fees \$49161
Part XIII, Line 2d	,	Direct cost of special events \$24063 Expenses from consolidated entities \$42050
Part XII, Line 2d	amounts included in F/S but not	Change in value of split interest agrmt \$59348 Change in CRAT Value \$-528 Investment fees \$-48580 Revenue from consolidated entities \$833732
Part V, Line 4	1	Endowments are held for donor restricted uses and donor advised purposes

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DLN: 93493201003251

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 🟲 Attach to Form 990 or Form 990-EZ. 🏲 See separate instructions.

Name of the organization

Employer identification number

Southern Arizona	cion or				86-071893	6		
Part I Fundraising Ac	ctivities. Comple	te if the c	rganızat	tion answered "Yes"	to Form 990, Part I	V, line 17.		
 Indicate whether the organ Mail solicitations Internet and e-mail s 		s through a	any of the e f	following activities Ch Solicitation of no Solicitation of go	n-government grants			
c Phone solicitations d In-person solicitation								
 Did the organization have or key employees listed if "Yes," list the ten higher to be compensated at learners. 	n Form 990, Part VI est paid individuals o	I) or entity r entities (ın conne (fundraıse	ction with professional rs) pursuant to agreem	fundraising services? ents under which the fu			
(i) Name and address of individual or entity (fundraiser)		(iii) Dıd fundraıser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No					
Total					1	1		

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 Ethics Seminar (event type)	(b) Event #2 Summer Series (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	22,992	17,271		40,263
Revenue	2	Less Charitable contributions	10,000	2,000		12,000
<u>~</u>	3	Gross income (line 1 minus line 2)	12,992	15,271		28,263
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
Ä	7	Food and beverages				
Direct	8	Entertainment				
莅	9	Other direct expenses .	12,841	. 11,222		24,063
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌	24,063
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		4,200
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	Γ Yes % Γ No	☐ Yes % ☐ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· · Fyes FNo
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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DLN: 93493201003251 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

Internal Revenue Service			F Attach to Form 9				Inspection
Name of the organization The Jewish Community Foun	idation of					Employer identific	ation number
Southern Arizona						86-0718936	
Part I General Info							
 Does the organization the selection criteria u Describe in Part IV the 	ised to award the grar	nts or assistance?					√ Yes ┌ I
		to Governments and			Complete if the oras	anization answered	"Vos" to
Form 990, Pa	rt IV, line 21 for ar	ny recipient that received needed.	d more than \$5,000.	Check this box if n	o one recipient receiv	ed more than \$5,00	
1 (a) Name and address o organization or government	f (b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See attached listVarior Various, AZ 85712	us	501(c)(3)	3,292,210	0			
		I government organizations					1 0

	•	•
art III	Grant	and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use S	edule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		1			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Grants can only be distributed to 501(c)(3) organizations. Before distributions are made we check their 501(c)(3) status by requesting a copy of their IRS Determination Letter, contact information, and a copy of their mission statement. We obtain the organization's status on GuideStar's Charity Check, which combines information from the IRS Determination letter, the IRS Pub 78, and the IRS BMF (Business Master File) reports. [IRS Revenue Procedure 2009-32 allows grantors to rely on third-party resources, such as GuideStar Charity Check, to obtain required Business Master File (BMF) data concerning a potential grantee's public charity classification under section 509(a)(1),(2) or (3)]Our board approves all new organizations before distributions are made. Annually the board re-approves our entire list of organizations after we have verified that their 501(c) (3) status is still in good order Distributions for grants made for restricted purposes are accompanied with a letter stating that the funds can only be used for that purpose. The letters also include the following notation. This grant is made to your organization through the Jewish Community Foundation of Southern Arizona. By accepting this check, your organization certifies to the Jewish Community Foundation that no tangible benefit, goods, or services are received by any individuals or entities connected with the above-mentioned gift. These funds cannot be used for meeting pledge obligations already made. Restricted purpose grants that are to be made annually from endowment funds require that the organization provide us with a report of how the funds were used before the next year's grant will be distributed Grants awarded under our competitive grants program require periodic reporting including copies of invoices and other supporting document prior to distributing funds to insure funds are being used for the purpose intended We do not make grants to individuals

DLN: 93493201003251

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	: Jewish Community Foundation of		• •			
	thern Arizona		86-0718936			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided ar 990, Part VII, Section A, line 1a Complete Part III to prov	•				
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiat	on fees			
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abo			1b		
2	Did the organization require substantiation prior to reimburs officers, directors, trustees, and the CEO/Executive Directo			2		
3	☐ Independent compensation consultant	,				
4	During the year, did any person listed in Form 990, Part VII or a related organization					
а	Receive a severance payment or change-of-control paymen	t from the organization or a related o	rganization?	4a		No
ь	Participate in, or receive payment from, a supplemental none	-		4b	Yes	
c	Participate in, or receive payment from, an equity-based cor	·		4c		Νο
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the		n Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must comp	ulete lines 5-9				
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of		ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue a	ny			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe		n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or a subject to the initial contract exception described in Regs s in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the rebutta	able presumption procedure describe	d in Regulations			· · •

section 53 4958-6(c)?

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name			W-2 and/or 1099-MI	SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
	_	(i) Base compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
(1) Stuart Mellan	(I) (II)	170,932				27,621	198,553	198,430
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
		ı		<u>I</u>	I		<u>I</u>	

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493201003251

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Schedule L (Form 990 or 990-EZ)

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	of the organization ish Community Foundation of							E	mployer i	dent if ica	ition numbe	er	
Southern								8	6-07189	36			
Part I													
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F	Part IV , line 25a o	or 25b,	or Form	990-EZ,	Part V , I			
1 (a) Name of disquali			alified person (b) Descript				rintion	ntion of transaction				(c) Corrected?	
					(b) Description of transaction					Yes	No		
2 En	ter the amount of tax ımpos	ed on t	he orgar	nization man	agers or	disqualified pers	ons dur	ing the y	year unde	r			
	ction 4958								•	• \$			
3 En	ter the amount of tax, ıf any	, on lin	e 2, abo	ve, reimburs	ed by th	e organization .			🕨	, \$			
			_										
Part I	Loans to and/or I Complete if the organiz					\ D==+ T\/ 2.6		000 1	EZ D+\/	l 20	_		
	Complete if the organiz	zation a	ins were	reson F	orm 990	, Part IV, line 26	, or For	m 990-i	(f)	, line 38	<u>a</u>		
		(b) Loan to or from the organization?					(e) In A		Approved (g)Writt		en		
(a) Nan	e of interested person and purpose			(c)Orig		(d)Balance due	default?		1 ''		agreeme	greement?	
		<u> </u>	T	principal amour	amount			1	commit	tee?			
		То	From				Yes	No	Yes	No	Yes	No	
								1					
otal .					▶ \$								
Part II													
	Complete if the orga							27.					
	(a) Name of interested pers	on	(1			een interested per ganization	rson	(c) A n	nount of g	rant or ty	ype of assis	tance	
				aı	id the or	gamzation							
							+						
							+						
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							+						

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Rucinocc	Trancactions	Tnvolvina	Intoracted	Darcane
DUSIIICSS	Transactions	THIVOIVING	Tillelesten	FCI SUIIS

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ii answered Tes on	ioini 550, i diciv, iii	ic 200, 200, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
L) Jeffrey Katz	Board Member	42,609	Rental of Office Space		Νo

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization **Employer identification number** The Jewish Community Foundation of Southern Arizona 86-0718936 Part I Types of Property (a) (b) (c) (d) Check if Number of Contributions or items Noncash contribution amounts Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line amounts Art-Works of art . . Art—Historical treasures Art-Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles . Boats and planes . . . Intellectual property . . Securities—Publicly traded 26 1,325,539 FMV Х 10 Securities-Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial Real estate—Other . . 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (Other ►(___ 26 Other ►(_ 27 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493201003251

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization The Jewish Community Foundation of Southern Arizona **Employer identification number**

86-0718936

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The policy of the Jew ish Community Foundation is upon request, to make its audited financial statements and Conflict of Interest Policy available for viewing at the office of the Foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Board formally assigned the responsibility of reviewing and approving the Form 990 to the Finance Committee. The Finance Committee meets, reviews and approves prior to filing. If there are any significant issues, the Finance Committee will bring them to the Board for informational purposes or approval.

ldentifier	Return Reference	Explanation
		Client Note 1 - Controlled Foreign Partnership ReportingThe taxpayer was required to file Form 8865, but is not doing so under the constructive owners exception. The taxpayer has an interest in the following entity which filed Form 8865 1818 Partners, LP140 BroadwayNew York, NY 10005-1101The taxpayer would have had to file Form 8865 for its indirect ownership in the entity listed below but for this exception 1818 Master Partners, Ltd 68 Fort Street, PO Box 705GTNew York, NY 10005-1101

DLN: 93493201003251

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
The Jewish Community Foundation of Southern Arizona

Employer identification number 86-0718936

Southern Anzona				86-0718936				
Part I Identification of Disregarded Entities (Comp	lete if the organizati	on answered "Yes	" on Form 990, Pa	rt IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organizatioi	n answered "Yes"	on Form 990, Part	: IV, line 34 becaus			
(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	Section 51 contr organi	12(b)(1 olled zation	
(1) L2 Foundation						Yes	No	
5546 E 4th Street Ste 100	Chantable Support	AZ	501(c)(3)	11	N/A		No	
Tucson, AZ 85711 27-0697033	S.M. Marie S. Appen	,_	332(3)(3)		.,,,,			
(2) The Steven A Lightman Family Foundation								
5546 E 4th Street Ste 100 Tucson, AZ 85711 26-4077303	Charitable Support	AZ	501(c)(3)	11	N/A		No	
(3) Jewish Federation of Southern Arizona								
3822 E River Road Suite 100	Charitable	AZ	501(c)(3)	7	N/A		No	
Tucson, AZ 85718 86-0096795			(-)(-)		.,			
	+	+	 	+	 	+		

(a) ame, 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) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership	
								Yes	No			Yes	No		
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,	
Name, address, an	(a) Id EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	en		Income (g) Share of end-of-year assets		(h) Percentage ownership	

q O ther transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

No No

hedule R (Form 990) 2010		Рa	ge 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	Ne
During the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a		Ne
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		N
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		N
f Sale of assets to other organization(s)	1f		N
g Purchase of assets from other organization(s)	1 g		N
h Exchange of assets	1h		N
i Lease of facilities, equipment, or other assets to other organization(s)	1 i		N
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n Sharing of paid employees	1n		N
• Reimbursement paid to other organization for expenses	10		N
p Reimbursement paid by other organization for expenses	1р		N
			\vdash

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) L2 Foundation	k	739	Cash Payment
(2) The Steven A Lightman Family Foundation	k	5,000	Cash Payment
(3) Jewish Federation of Southern Arizona	b	1,312,920	Cash Payment
(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 Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General managi partne	
			Yes	No		Yes	No		Yes	No
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Grant Recipient Name	EIN#	Amt Paid	Address		Cıty	St	Zip Code
1st Rate 2nd Hand Thrift Store	27-0884542	1,500 00	5252 E Speedway Blvd		Tucson	AZ	85712
92nd Street Y	13-1624229	21 00	1395 Lexington Avenue		New York	Ž	10128
AARP Foundation - Long Beach CA	52-0794300	100 00	PO Box 93207		Long Beach	S	90809-3207
Alameda County Food Bank	94-2960297	3,000.00	PO Box 2599		Oakland	S	94614
Alaska Raptor Rehabilitation Center	92-0098901	100 00	1000 Raptor Way		Sıtka	AK	99835
ALS Association	13-3271855	579.62	27001 Agoura Road	Suite 150	Calabasas Hills	S	91301
Alzheimer's Association - Desert SW Chapter	er 13-3039601	5,000.00	Southern Arizona Region	PO Box 27352	Tucson	AZ	85726
Alzheimer's Diseases and Related Disorders A·13-3039601	A·13-3039601	20,200 00	Major Gifts Department	225 N Michigan Ave Chicago	4ve Chicago	=	60601-7633
America-Israel Friendship League	23-7252135	10,500.00	4729 E. Sunrise Drive	PMB 437	Tucson	AZ	85718
American Cancer Society	86-0113940	55.00	1636 N Swan	Suite 151	Tucson	AZ	85712
American Committee for the Weizmann Instit 13-1623886	tit 13-1623886	200 00	633 Third Avenue	20th Floor	New York	N	10017-6706
American Diabetes Association - Mountain Pa 13-1623888	Pa 13-1623888	22 00	333 W Fort Lowell Road	Suite 123	Tucson	AZ	85705-5922
American Friends of Leket Israel	20-8202424	17,800.00	1402 Teaneck Road	Unit 223	Teaneck	ž	2992
American Friends of Melitz Education		25,905.00					
American Friends of the Israel Arts & Science , 36-3535518	se, 36-3535518	4,918 69	211 E Chicago Avenue	Suite 1020	Chicago	⊒	60611
American Friends of the Open University of Isi 13-3091674	Isi 13-3091674	200 00	180 W 80th Street		New York	Ž	10024
American Friends of Yad Eliezer Inc	11-3459952	44.00	1102 E 26th Street		Brooklyn	ž	11210
American Jewish Committee - NY	13-5563393	250 00	PO Box 705		New York	ž	10150
American Jewish Committee Arizona Chapter 13-5563393	er 13-5563393	200.00	4725 N Scottsdale Road	Suite 243	Scottsdale	AZ	85251-7622
American Jewish Joint Distribution Committee 13-1656634	tet 13-1656634	3,000.00	711 Third Avenue	10th Floor	New York	ž	10017
American Jewish World Service	22-2584370	222.00	45 W. 36th Street		New York	ž	10018-7904
American Parkinson Disease Association	13-1962771	250.00	135 Parkınson Avenue		Staten Island	ž	10305
American Red Cross of Greater Los Angeles	53-0196605	10,500 00	11355 Ohio Avenue		Los Angeles	S	90025
American Red Cross Southern Arizona Chapte 86-0098908	te 86-0098908	7,278 00	5301 E. Broadway Blvd		Tucson	ΑZ	85711-3710
American Society for Yad Vashem	13-3106768	200 00	500 5th Avenue	42nd Floor	New York	ž	10110-1699
Amgos De Las Americas	74-1547146	45.00	5618 Star Lane		Houston	ĭ	77057
Angel Charity For Children	86-0472794	7,800 00	PO Box 14225		Tucson	AZ	85732-4225
Anti-Defamation League	13-1818723	300 00	Department RL	PO Box 96226	Washington	DC	20090-6226
Antı-Defamation League - B'naı B'rith	13-1818723	200 00	One E Camelback Road	Suite 670	Phoenix	AZ	85012
Ara Parseghian Medical Research Foundation	on 86-0775966	28.00	3530 E Campo Abierto	Suite 105	Tucson	ΑZ	85718
Arizona Cancer Center - UAF	86-6050388	200 00	PO Box 245024	1515 N. Campbell Ar Tucson	A ₁ Tucson	ΑZ	85724-5013
Arizona Friends of Chamber Music	86-0683043	2,500.00	PO Box 40845		Tucson	ΑZ	85717
Arizona Greyhound Rescue	86-0761748	1,250.00	8987 E Tanque Verde	PMB 309-153	Tucson	AZ	85749
Arizona Kidney Foundation	86-6052343	200.00	4203 E. Indian School Road	Suite 140	Phoenix	AZ	85018

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of Souther
Foundation of
The Jewish Community Foun

Grantee Listing

500 00 PO Box 41601 6,550 00 PO Box 1631 900 00 2833 N Third Street 7,000 00 619 Palisade Avenue 180.00 434 S Williams Blvd 1,250.00 369 N. Fairfax Avenue 38.00 1307 N Alvenon Way 200 00 PO Box 41176 200 00 3009 Broadway 200 00 3001 Broadway Street NE 1,800 00 8831 Venice Boulevard 100.00 PO Box 13673 850.00 2090 Kittredge Street
2833 N Third Street 2833 N Third Street 519 Palisade Avenue 134 S Williams Blvd 369 N. Fairfax Avenue 1307 N Alvenon Way 20 Box 41176 3009 Broadway 3001 Broadway Street NI 3831 Venice Boulevard 20 Box 13673 2090 Kittredge Street
2833 N Third Street 619 Palisade Avenue 434 S Williams Blvd 369 N. Fairfax Avenue 1307 N Alvenon Way PO Box 41176 3009 Broadway 3001 Broadway Street NI 8831 Venice Boulevard PO Box 13673 2090 Kittredge Street
519 Palisade Avenue 434 S Williams Blvd 369 N. Fairfax Avenue 1307 N Alvenon Way DO Box 41176 3009 Broadway 3001 Broadway Street NI 8831 Venice Boulevard DO Box 13673 2090 Kittredge Street
134 S Williams Blvd 369 N. Fairfax Avenue 1307 N Alvenon Way 20 Box 41176 3009 Broadway 3001 Broadway Street NI 3831 Venice Boulevard 20 Box 13673 2090 Kittredge Street
869 N. Fairfax Avenue 1307 N Alvenon Way PO Box 41176 3009 Broadway 3001 Broadway Street NI 8831 Venice Boulevard PO Box 13673 2090 Kittredge Street
1307 N Alvenon Way O Box 41176 S009 Broadway S001 Broadway Street NI S831 Venice Boulevard O Box 13673 2090 Kittredge Street
20 Box 41176 3009 Broadway 3001 Broadway Street NI 3831 Venice Boulevard 20 Box 13673 2090 Kittredge Street
8009 Broadway 8001 Broadway Street NI 8831 Venice Boulevard PO Box 13673 2090 Kittredge Street
3001 Broadway Street NI 3831 Venice Boulevard 20 Box 13673 2090 Kittredge Street
8831 Venice Boulevard O Box 13673 1090 Kittredge Street
OBOX 13673 O90 Kittredge Street 700 Ninth Street
090 Kittredge Street 700 Ninth Street
700 Ninth Street
13613 Orchard Road
PO Box 2092
Beth El Sisterhood
14 Fred Eller Drive
of Green Valley
4414 E. Second Street
2109 Broadway
1 Autumn Street
Del E Webb Administrative i 2645 N. 24th Street. Phoenix
PO Box 40217
PO Box 2270
PO Box 1113
36 Rockwood Place
PO Box 68
1940 E. Silverlake Road
120 N. Tucson Blvd
1101 N. Fourth Avenue
PO Box 36017

Catalina Foothills School District Foundation	94-2916325	23 00 PO Box 65150		Tucson	AZ	85728-5150
Catholic Charities Archdiocese of New Orlean: 74-0408911	n:74-0408911	5,000 00 1000 Howard Avenue	Suite 1000	New Orleans	4	70113
Catholic Community Services of Southern AZ,	, 86-0100880	500 00 140 W Speedway Blvd	Suite 230	Tucson	AZ	85705
Center for Biological Diversity	85-0420285	200 00 PO Box 710		Tucson	ΑZ	85702-0710
Central Asia Institute	51-0376237	25.00 PO Box 7209		Bozeman	\sqsubseteq	59771
Chabad at the University of Arizona		2,500.00 1025 N Euclid Avenue		Tucson	ΑZ	85719
Chabad Lubavitch of Frederick		360.00 805 Aztec Drive		Frederick	MD	21701-4679
Chabad of Coronado		1,800 00 956 Orange Avenue		Coronado	S	92118-2610
Chabad of Tucson	86-0441056	9,200 00 1315 N. Mountain		Tucson	ΑZ	85719
Child & Family Resources, Inc	86-0251984	(260.00) 2800 Broadway Boulevard		Tucson	ΑZ	85716-5310
Children's Home Society of Florida Foundatior 59-3055343	or 59-3055343	200 00 6363 NW Sixth Avenue	Suite 150	Fort Lauderdale	님	33309
Chimes Foundation	52-1796571	9,750 00 4815 Seton Drive		Baltimore	MD	21215
Circles of Peace	20-3452166	250 00 404 W Crawford Street		Nogales	AZ	85621
CLAL The National Jewish Center	23-7390358	24,000 00 Learning And Leadership, In 440 Park Ave South, New York	n 440 Park Ave South	ı, New York	×	10016-8012
Combined Jewish Philanthropies of Greater B. 04-2103559	B. 04-2103559	750.00 126 High Street		Boston	MA	02110-2700
Community Food Bank	51-0192519	24,714.40 PO Box 26727		Tucson	AZ	85726
Community Foundation of Southern Arizona	94-2681765	25,000 00 2250 E Broadway Blvd		Tucson	AZ	85719
Congregation Anshei Israel		37,223.75 5550 E Fifth Street		Tucson	ΑZ	85711
Congregation Bet Shalom		500 00 3881 E River Road		Tucson	ΑZ	85718
Congregation Beth El		18 00 1118 W Glendale Avenue		Phoenix	AZ	85021-8698
Congregation Beth Emeth		1,000.00 12523 Lawyers Road		Herndon	Α>	20171
Congregation Beth-El Zedeck		270 00 600 W 70th Street		Indianapolis	Z	46260
Congregation Chofetz Chayım	86-0369304	8,766 70 5150 E. Fifth Street		Tucson	AZ	85711
Congregation Kehilas Yaakov		1,800.00 7211 W Beverly Blvd		Los Angeles	S	90036
Congregation Kol Shofar		500.00 PO Box 970		Mill Valley	S	94942
Congregation M'Kor Hayım		300.00 PO Box 31806		Tucson	AZ	85751-1806
Congregation Or Chadash		33,203.00 3939 N Alvernon Way		Tucson	AZ	85718
Congregation Young Israel		3,481 38 2443 E 4th Street		Tucson	AZ	85719
Doctors Without Borders, USA	13-3433452	4,700 00 333 7th Avenue	2nd Floor	New York	ž	10001-5004
Drawing Studio	86-0992193	2,000 00 33 S Sixth Avenue		Tucson	AZ	85701
East Bay Children's Book Project	80-0320661	250 00 2008 Park Blvd		Oakland	S	94606
East Bay SPCA	94-1322202	750.00 8323 Baldwin Street		Oakland	S	94621
Educational Enrichment Foundation	74-2354578	500.00 3809 E 3rd Street		Tucson	ΑZ	85716
Elderhostel Inc	04-2632526	200 00 Attn Department of Resour≀ 11 Avenue de Lafay∈Boston	rı 11 Avenue de Lafay	∢ Boston	MA	2111
Foundation for an Independent Tomorrow	88-0377684	18 00 1931 Stella Lake Drive		Las Vegas	Š	89106

Calendar Year 2010

Grantee Listing

The Jewish Community Foundation of Southern Arizona

	021000-00	1,750.00 PO BOX 1008		Tucson	ΑZ	85702-0008
Friends of DVI Jerusalem Children's Clinic	13-3202264	4,918 69 12 East 41st Street	Suite 1100	New York	ž	10017
Friends of the Israel Defense Forces	13-3156445	200 00 350 Fifth Avenue	Surte 2011	New York	ž	10118
Fuchs Mizrachi School	34-1400924	3,281.38 2301 Fenwick Road		University Heights	НО	44118
Ghost Ranch	23-7188767	500 00 HC 77, BOX 11		Abiquiu	Σ	87501
Girl Scout Council of the Nation's Capital	54-0732966	6,000.00 4301 Connecticut Avenue	NN	Washington	DC	22008
Glassman Foundation	47-0882703	500 00 4644 E Fort Lowell Road		Tucson	AZ	85712-1111
Grassroot Soccer	43-1957920	21.00 198 Church Street	PO Box 712	Norwich	7	50555
Green Fields Country Day School	86-0192719	10,000 00 6000 N Camino De La Tierra	ra	Tucson	AZ	85741
GREY2K USA Eudcation Fund, Inc	04-3553133	1,000 00 PO Box 440142		Somerville	MA	2144
Gurwin Jewish Geriatric Foundation	11-3109869	1,000 00 68 Hauppauge Road	PO Box 9017	Commack	ž	11725-9017
HABBJACH-Dollars for Scholars	04-2296967	2,913 75 6602 E Villa Dorado Drive		Tucson	AZ	85715
Habitat For Humanity - Tucson	94-2725100	750.00 621 West Lester		Tucson	AZ	85705
Hadassah Southern Arizona	23-7033432	180.00 4301 E 5th Street		Tucson	AZ	85711
Hadassah, The Women's Zionist Organization	n 23-7033432	1,000.00 50 W 58th Street		New York	Σ	10019-2590
Handmaker Foundation	83-0415132	17,774 53 2221 N Rosemont Blvd		Tucson	AZ	85712-2113
Handmaker Jewish Services For The Aging	86-0626077	16,107 68 2221 N Rosemont Blvd		Tucson	AZ	85712-2113
Haven, Inc	23-7112026	250 00 1107 E Adelaide		Tucson	AZ	85719
Hebrew College	04-2103559	1,000 00 160 Herrick Road		Newton Centre	MA	2459
Heifer International	35-1019477	22 00 One World Avenue		Little Rock	AR	72202
HIAS Inc	13-5633307	500.00 333 Seventh Avenue	Suite 17	New York	χ	10001
Hillel Foundation	52-1225987	35,197.36 University of Arizona	1245 E Second Stree Tucson	ee Tucson	AZ	85719
Humane Borders	86-0113954	200 00 PO Box 27024	740 E Speedway Blv Tucson	Blv Tucson	AZ	85726-7024
Humane Society	86-0250431	500 00 of the White Mountains	PO Box 909	Lakeside	AZ	85929
Humane Society of Southern Arizona	86-0112798	1,150.00 3450 N Kelvin Blvd		Tucson	AZ	85716
Institute for Applied Meditation	22-3061758	250.00 PO Box 86149		Tucson	AZ	85754-6149
Interfaith Alliance Foundation	81-0587332	200.00 1012 14th Street NW	Suite 700	Washington	DC	20005
Interfaith Community Services	86-0520997	4,325 00 2820 W Ina Road		Tucson	ΑZ	85741-2502
International Community Foundation	33-0457858	500.00 2505 N Avenue		National City	CA	91950
nvisible Theatre	86-0283009	1,000 00 1400 N First Avenue		Tucson	AZ	85719
srael Cancer Research Fund	51-0181215	200.00 1290 Avenue of the Americ. Suite 550	c. Suite 550	New York	ž	10104
srael Project - DC	37-1472882	4,000.00 2020 K Street NW	Surte 7600	Washington	OC	20006
Israel Youth Village	11-3254490	200.00 770 Eastern Parkway		Brooklyn	ž	11212
JDub Records	27-0095012	18 00 1845 Glendon Avenue	Suite 207	Los Angeles	CA	90025
Jewish Community Association of Austin	74-1469465	500 00 7300 Hart Lane		Austin	×	78731

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Grantee Listing

Cieveiaild Richmond yzata Blvd Minneapo
Minneapolis Jewish Federat 13100 Wayzata Blvd Minneapolis 116 E. 27th Street 10th Floor New York
Terminal Annex Los Angeles
6101 Montrose Road Rockville
Suite 1700 New York
Rock Island
E River Road Suite 100 Tucson
Bikur Cholim of California 8489 W Third Stree Los Angeles
Tucson
1779 Massachusetts Avenu Suite 515 Washington
42 E 69th Street New York
Memorial Foundation 411 East Avenue Rochester
36 Battery Place New York
Southeastern Wisconsin Ch. 3333 N Mayfair Roa Wauwatosa
13123 E 16th Avenue Suite B390 Aurora
223 S. Formosa Avenue
Southern California Public R 1570 E Colorado Blv Pasedena
c/o Ms Deborah Veady 3820 Chatwin Avent Long Beach
One Lyman Cırcle Shaker Heights
2850 E Speedway Blvd Tucson
801 N La Brea Avenue
Los Angeles
Tucson
1926 Arch Street, 4R
of Central & Southern Az 711 E. Northern Ave Phoenix
5342 Tilly Mill Road Dunwoody
333 Mamaroneck Avenue PMB 342 White Plans
13400 East Shea Boulevard Scottsdale
1990 S. Bundy Drive Suite 260 Los Angel

Grantee Listing	
The Jewish Community Foundation of Southern Arizona	

Mercy & Sharing Foundation	84-1323007	5,000 00 201 N Mill Street	Suite 201	Aspen	9	81611
Metropolitan Opera	13-1624087	2,000.00 Lincoln Center		New York	×	10023
Michael S. Jacobs Foundation	20-2561022	1,250.00 1878 S Wadsworth Blvd		Lakewood	0	80232
Milo Foundation	68-0337858	500 00 PO Box 6625		Albany	S	94706
Miriam Hospital Foundation	05-0377502	200 00 164 Summit Avenue		Providence	R	2906
Muscular Dystrophy Association, Inc.	13-1665552	26 00 3300 E. Sunrise Drive		Tucson	AZ	85718
Museum of Modern Art	13-1624100	300 00 11 W 53rd Street		New York	Σ	10019
Music For Refief	20-2142644	21 00 c/o GSO	15260 Ventura Blvd, Sherman Oaks	d, Sherman Oaks	C	91403
Musical Arts Association	34-0714468	5,000.00 Severance Hall	11001 Euclid Avenu Cleveland	iu: Cleveland	ОН	44106
Musical Elements	13-3045778	2,500 00 Dan Asia, Inc	5230 N Apache Hills Tucson	lls Tucson	AZ	85750
NAMM Foundation	33-0797657	35 00 American Music Conference 5790 Armada Drive	t 5790 Armada Drıv	e Carlsbad	CA	92008
National Jewish Medical & Research Center	74-2044647	300 00 1400 Jackson Street	Room M116	Denver	00	80206
New Shul	73-1645783	400 00 7825 E Paradise Lane		Scottsdale	AZ	85260
Ocean Beach Volunteer Fire Department	27-0488746	550 00 PO Box 386		Ocean Beach	Z	11770
Old Pueblo Children's Academy	86-1014447	2,000.00 8987 E Tanque Verde Road	I PMB 380	Tucson	AZ	85749
Opening Minds Through The Arts	20-0184741	1,000.00 3208 E Fort Lowell Road	Suite 106	Tucson	AZ	85716
Our Family Services	94-2598560	15,205 01 3830 E Bellevue Street		Tucson	AZ	85716
Oxfam-America Inc	23-7069110	200 00 226 Causeway Street	5th Floor	Boston	MA	02114-2206
Partners in Health	04-3567502	1,000 00 PO Box 845578		Boston	MA	02284-5578
Peaceful Resources Center	48-1258011	3,000 00 PO Box 14254		Tucson	AZ	85732
Pediatric Foundation of Arizona Inc	86-0917603	300 00 2600 N Central	Suite 740	Phoenix	AZ	85004
PICOR Charitable Foundation	86-0786838	500 00 1100 N Wilmot Road	Suite 200	Tucson	AZ	85712
Pima Community College	86-0345089	500 00 Desert Visa Campus	5901 S Calle Sant Cri Tucson	CriTucson	AZ	85709-6000
Pima Library Foundation	86-1034492	700 00 PO Box 13245		Tucson	AZ	85732-3245
Planned Parenthood of Southern Arizona	86-0172843	239.00 2255 N. Wyatt Avenue		Tucson	AZ	85712
Point Isabel Dog Owners Association & Friend 94-3348406	d 94-3348406	500 00 PO Box 8282		Berkeley	CA	94707
PresenTense Group, Inc	26-3301983	41 00 131 W 86th Street	7th Floor	New York	Ž	10024
Primavera Foundation	86-0733182	10,880 00 702 S 6th Avenue		Tucson	AZ	85701
Rabbı Elchanan Theological Seminary	13-2673756	13,125.50 Yeshiva University	500 W 185th Street	et New York	Ž	10033
Rodel Charitable Foundation of Arizona	86-0941890	6,500 00 6720 N Scottsdale Road	Suite 380	Scottsdale	AZ	85253
Ronald McDonald House of Southern Arizona	a 95-3526934	1,000 00	P O Box 40725	Tucson	ΑZ	85717
Safe Kıds Worldwide - Beterem	52-1627574	1,000.00 1301 Pennsylvania Avenue	Suite1000	Washington	DC	20004
Salvation Army Temple Corp		21.00 1001 N. Richey Blvd		Tucson	ΑZ	85716
Santa Barbara Middle School	95-3134383	5,000 00 2300A Garden Street		Santa Barbara	S	93105-3624
Sher'aım USA	52-6696432	500 00 PO Box 747		Bala Cynwyd	РА	19004-0747

Arizona
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h Community Four
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Grantee Listing

	77-7704720	400 00 1399 S Roxbury Drive		Los Angeles	S	90035
Smile Train Inc	13-3661416	1,700 00 41 Madison Avenue	28th Floor	New York	ž	10010
Smith College	04-1843040	500.00 33 Elm Street		North Hampton	MA	01063-0024
Somaly Mam Foundation	26-0392207	24 00 PO Box 4569		New York	Ň	10163
Southern Poverty Law Center	63-0598743	31.00 400 Washington Avenue		Montgomery	AL	36104
Special Olympics Arizona	86-0307564	500 00 1850 N Central Avenue	Surte 900	Phoenix	AZ	85004-4540
Special Olympics Colorado	84-0713739	200 00 410 17th Street	Suite 200	Denver	00	80202
Special Operations Warrior Foundation	52-1183585	200.00 PO Box 13483	4409 El Prado Blvd	Tampa	근	33681
Sportmen's Fund Inc	86-6053274	200 00 C/O Arizona Daily Star	PO Box 16141	Tucson	AZ	85732-6141
St Gregory College Preparatory School	86-0374130	148 00 3231 N Craycroft Road		Tucson	AZ	50450
St Luke's Board of Visitors	86-0388550	1,000 00 PO Box 31596		Tucson	ΑZ	85751
Steele Memorial Children's Research Center	86-6050388	52 00 UAF	PO Box 245073	Tucson	AZ	85724-5073
Steven M Gootter Foundation	20-3798976	250.00 PO Box 64583		Tucson	AZ	85728-4583
Style for Smiles	95-4807886	1,300.00 149 S Barrington Avenue	Suite 743	Los Angeles	S	90049
Sun City Vistoso Community Foundation	86-0999490	200.00 1565 E Rancho Vistoso Blvd	þ/	Oro Valley	AZ	85737
Sunrise Drive Elementary School FFO	94-2926826	250.00 5301 E Sunrise Drive		Tucson	AZ	85718
Susan G. Komen Breast Cancer Foundation	75-1835298	288.00 5005 LBJ Freeway	Suite 250	Dallas	ĭ	75244
Sustainable Schools International	68-0572605	524.00 236 Walnut Street		Fort Collins	8	80524
Temple Alıyah		3,300.00 6025 Valley Circle Blvd		Woodland Hills	S	91367
Temple Beth Sholom		500.00 4200 Munson		Topeka	ξŞ	66604
Temple Emanu-El		81,597.03 225 N. Country Club Road		Tucson	AZ	85716
Temple Emanuel - Iowa		500 00 1115 Mississippi Avenue		Davenport	⊴	52803
Touch Point Connection	26-1530589	26,920 00 PO Box 36960		Tucson	AZ	85740-6960
Tourette Syndrome Association, Inc	23-7191992	32.00 42-40 Bell Blvd	Suite 205	Bayside	Ž	11361-2820
Tu Nidito	86-0769031	78 00 3922 N Mountain Avenue		Tucson	AZ	85719
Tucson Children's Museum Inc	86-0676237	750 00 PO Box 2609	200 S. Sixth Avenue Tucson	Tucson	AZ	85702-2609
Tucson Cinema Foundation Inc	46-0477843	650.00 The Loft Cinema	3233 E Speedway B Tucson	3 Tucson	AZ	85716
Tucson Clean and Beautiful, Inc / YARDS	74-2401313	1,000 00 PO Box 27210		Tucson	AZ	85726-7210
Tucson Festival of Books	26-2145432	1,000 00 c/o William Viner	5633 E Grant Road	Tucson	AZ	85712
Tucson Hebrew Academy	86-0274412	176,193.90 3888 East River Road		Tucson	AZ	85718
Tucson Jewish Community Center	86-0183578	129,335.38 3800 East River Road		Tucson	AZ	85718
Tucson Medical Center Foundation	86-0504015	3,225.00 PO Box 42195		Tucson	AZ	85733
Tucson Museum of Art	86-6006371	1,500.00 140 N Main Avenue		Tucson	AZ	85701
Tucson Symphony Orchestra	86-0107538	8,412.85 Development Department	2175 N 6th Avenue	Tucson	AZ	85705-5606
Tucson Wildlife Center	86-1001344	500.00 PO Box 18320		Tucson	AZ	85731-8320

TWLOHA Inc.	26-0789229	30 00	APO Box 206	Cocoa	급 (32923-0206
UCLA Foundation - Center for Cerebral Palsy UNICEF	95-225080 <u>T</u>	10,000.00 /60 Westwood Plaza Room 37-444	Room 37-444	Los Angeles New York	S S	90059
Union for Reform Judaism	13-1663143)))))))	New York	ž	10017
Unitarian Universalist Church of Tucson	86-6006433	18.00 No More Deaths	PO Box 40782	Tucson	AZ	85717
United States Holocaust Memorial Museum	52-1309391	700 00 PO Box 1852		Highland Park	=	60035
University Medical Center Foundation	86-0572438	582,536 00 655 E River Road	Bldg 2	Tucson	AZ	85704-5840
University of Arizona Foundation	86-6050388	155,039 09 PO Box 210109	1111 N Cherry Aver Tucson	r Tucson	AZ	85721-0109
University of Denver	84-0404231	750 00 Office of Gift Processing	Dept 585	Denver	8	80291
University of Miami Sylvester Comprehensive 59-0624458	59-0624458	1,000.00 PO Box 016960 M867		Miami	긥	33101
Up with People	95-2563102	540 00 6830 Broadway	Unit A	Denver	00	80221-2851
Venice Family Clinic	95-2769432	25,000 00 604 N Rose Avenue		Venice	CA	90291
Voices Community Stories	86-0951679	250.00 Past And Present Inc	PO Box 2088	Tucson	AZ	85702-2088
Voices For Education	86-0996116	3,050 00 48 N. Tucson Blvd	Suite 104	Tucson	ΑZ	85716
Washington and Lee University	54-0505977	500.00 204 W Washington Street	Development Buildıı Lexington	ıı Lexington	۸V	24450
Water of Life Metropolitan Community Churc 86-0404400	: 86-0404400	500 00 3269 N Mountain Avenue		Tucson	AZ	85719
Western Reserve Academy	34-0714390	1,000 00 115 College Street		Hudson	ОН	44236
Westside Food Bank	95-3685875	10,000 00 1710 22nd Street		Santa Monica	CA	90404
Williams College	04-2104847	10,000 00 Bogt House	75 Park Street	Williamstown	MA	1267
Women in Need	13-3164477	500 00 226 W 31st Street	7th Floor	New York	ž	10001
Women's Foundation of Southern Arizona	31-1660702	200 00 2250 E Broadway Blvd		Tucson	AZ	85719
World Jewish Congress Foundation	20-2690833	200.00 501 Madison Avenue	17th Floor	New York	ž	10022-5602
World ORT Inc	06-1669917	18.00 2152 Ralph Avenue	Suite 146	Brooklyn	ž	11234
World Union for Progressive Judaism	13-1930176	1,000 00 633 Third Avenue	Sixth Floor	New York	N	10017
Wounded Warrier Project	20-2370934	200.00 PO Box 758517		Topeka	KS	66675-8517
YMCA of Metropolitan Tucson	86-0101237	1,395.00 PO Box 1111		Tucson	ΑZ	85702
Youth on Their Own	86-0644388	8,704 00 1443 W Prince Road		Tucson	ΑZ	85705
YouthCARE	41-1322470	200.00 2701 University Avenue SE Suite 205	Suite 205	Mınneapolis	Σ	55414
YWCA of Tucson	86-0098937	1,000.00 525 N. Bonita Avenue		Tucson	AZ	85745-3057