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DLN: 93493215001342

Form **990**

Department of the Treasury

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

2011

Open to Public Inspection

- Intomat	110701140					Inspection			
A Fo	r the	2011 calendar year, or tax year beginning 01-	01-2011 and ending 12-31-201		Employer i	dentification number			
		pplicable C Name of organization The Jewish Community Foundation of							
	dress ch	Doing Business As			36-07189 Gelephone i				
∏ Na	me cha	nge			•				
Init	tıal retu	Number and street (of P O box if mail is no	ot delivered to street address) Room/s	uite	520)577				
Г Те	rmınate	5546 E 4th Street			Joss receipt	ts \$ 25,045,423			
┌ Am	ended		L	_					
┌ Ap	plication	Tucson, AZ 85711 n pending							
		F Name and address of principal (officer	H(a) Is this a		un for			
		Kerı Sılvyn		affiliates?		⊤Yes ▼No			
		5546 E 4th St 100 Tucson, AZ 857111452							
		1403011,742 037111132		H(b) Are all affi					
Ta	x-exem	npt status	o)		ttach a iis emption r	st (see instructions)			
1 W	oheite	e: • www.jcftucson.org			Cilipcion	idilibel F			
				<u> </u>	<u> </u>				
		ganization Corporation Trust Association Ot	her 🕨	L Year of formati	on 1992	M State of legal domicile AZ			
Pa	rt I	Summary							
		Briefly describe the organization's mission or m							
		Our mission is to encourage charitable giving, institutions and activities that promote Jewish		•		•			
3		world	,						
듄	-								
E E	-								
Governance	2	Check this box 🔭 if the organization disconti	nued its operations or disposed	of more than 25%	of its net	assets			
		Number of voting members of the governing boo			з	30			
<u>6</u> 8	1	Number of independent voting members of the			4	29			
볼	1	Total number of individuals employed in calend		-	5	13			
Activities &	1	Total number of volunteers (estimate if necess			6	100			
-	1	Total unrelated business revenue from Part VI			7a	15,735			
		Net unrelated business taxable income from Fo			7b	12,472			
			·	Prior Ye	'	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	619,706	11,000,623					
≗	9		gram service revenue (Part VIII, line 2g)		80,133	493,031			
Revenue	10	Investment income (Part VIII, column (A), li			098,464	1,068,378			
걆	11	Other revenue (Part VIII, column (A), lines!	·	14,376	8,658				
	12	Total revenue—add lines 8 through 11 (must		ie					
		12)			812,679	12,570,690			
	13	Grants and similar amounts paid (Part IX, co		3,	292,210	3,371,531			
	14	Benefits paid to or for members (Part IX, colu				0			
SS.	15	Salaries, other compensation, employee bene- 5-10)	aries, other compensation, employee benefits (Part IX, column (A), lines						
Expenses	16a	Professional fundraising fees (Part IX, colum	n (A) line 11e)		493,518	457,030			
<u></u>	Ь	Total fundraising expenses (Part IX, column (D), line 2							
Ð	17	Other expenses (Part IX, column (A), lines 1			503,663	1,482,045			
	18	Total expenses Add lines 13–17 (must equal			289,391	5,310,606			
	19	Revenue less expenses Subtract line 18 from							
* or		Terendo less expenses editirate me 10 ms		Beginning of		7,260,084			
Net Assets or Fund Balances				Year		End of Year			
988 886	20	Total assets (Part X, line 16)		57,	623,058	64,488,616			
정	21	Total liabilities (Part X, line 26)		19,	416,573	18,596,928			
<u>호흡</u>	22	Net assets or fund balances Subtract line 2:	1 from line 20	38,	206,485	45,891,688			
Pa	rt II	Signature Block				_			
know		Ities of perjury, I declare that I have examined this and belief, it is true, correct, and complete. Declar							
		*****		1 2012 2	9.03				
Sigr	,	Signature of officer		2012-0 Date	0-02				
Her		Bruce Beyer Treasurer							
		Type or print name and title							
		Preparer's L	Date	Check if Pro	eparer's taxr	payer identification number			
Paid		signature Mike DeVries		I	ee instructioi	•			
	arer's								
Use		ıf self-employed),		EII	V 🕨				
-	•	address, and ZIP + 4 4349 East Fifth Street		Dh	one no 🕨	(520) 298-6200			
		Tucson, AZ 857112025		[""	F	() 02-00			

Par		of Program Service A ule O contains a response	ccomplishments to any question in this Part 1	III	
1	Briefly describe the o		, .		·
endo quali acco	wment giving, to help e ty of life in Southern Ar mplish its mission the l	nsure the continued vitality izona and throughout the Je Foundation promotes the va	of those institutions and ac ewish world, and to manage t alue of planned giving, works	ission is to encourage charitab tivities that promote Jewish id- hose funds received in a prude cooperatively with non-profit a imunity needs, according to do	entity or support a high nt and effective manner To agencies to encourage
2	the prior Form 990 or	,	ogram services during the year of the year	ear which were not listed on	┌ Yes ┌ No
3	services?		significant changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	se changes on Schedule O			
4	expenses Section 50	1(c)(3) and 501(c)(4) orga	inizations and section 4947	three largest program services (a)(1) trusts are required to repeach program service reported	s, as measured by port the amount of
4a	reporting, field of interest Charitable Gift Annuities, sponsor educational progreducation seminars for procontinue to fund worthy perpetuity 3 Continue to working with local agencia provided allocations and gassets totaled over \$3.3 revium, a two year projection or participating organizations training and support, same	rvices for individual donors and not research, and consultations with Insurance Policies, and more. We arms on estate planning, legacy professional advisors. There were in programs via grants and philanth of promote legacy planning and erest to encourage planned giving a grants to almost 300 charitable. Simillion dollars. We were one of firect, was launched the last quarters to build endowments for the future ple marketing materials, and other stress and considerable and considerable.	n professional advisors. Legacy plans manage Donor Advised Funds (no planning and funding opportunities no significant changes to our programopic distributions. 2. Continue to procurage donors to support the orgamong their constituencies. (See Arol (c)(3) organizations that provide we foundations from across the courier of 2010. It is a partnership between the lewish community. Partner services during this initiative which controls are provided to the services during this initiative which controls and for the services during this initiative which controls are provided to the services during this initiative which controls are provided to the services during this initiative which controls are provided to the services are provided to	3,371,531) (Revenue \$ s with the Foundation, including fund ining options include Donor Advised Einendowed) and teen philanthropy fifor donors and the Jewish community ims in 2011 Objectives for Fiscal Year romote endowments to support the Janizations they care about in perpetueiving grant award under accomplishments to be selected to receive the present the Jewish Community Foundation in the Jewi	Indowment Funds, Bequests, unds (B'nai Tzedek Tucson) We at large, along with continuing Beginning January 1, 20121 ewish community's institutions in the 4 Continue an emphasis on itents) Accomplishments In 2011, all services Grants made from new trigious "Areivim" matching grant of Southern Arizona and twelve incentive grants, high-quality ated workshops to attorneys, CPA:
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
	Other program service	ces (Describe in Schedule	O)		
-	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program service	e expenses►\$	1,794,513		

Part IV	Checklist o	f Reauired	Schedules
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	•		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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 temporarily restricted endowments, permanent endowments, 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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	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		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 \blacksquare	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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		N o
	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		N o
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
С	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 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 Ma	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		N o
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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		N o
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	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 25			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
	Statements filed for the calendar year ending with or within the year covered by this			
	return	ļ		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Sa	year?	За	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 or securities	4a		NI -
	account)?	-ra		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ou	organization solicit any contributions that were not tax deductible?	••		110
Ь	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
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			110
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	<u> </u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			140
y	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		No
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?	8		No
0		-		140
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		N o
_	•	9a 9b		No
10	Did the organization make a distribution to a donor, donor advisor, or related person?	30		No
10	Section 501(c)(7) organizations. Enter Instruction foce and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other	•		
_	sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
		124		140
O	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
4.4-		4.4-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No
b	THE SECOND REPORT A FORM 7 AND TO REPORT THESE DAYMENTS ? If "No." provide an explanation in Schedule ()	∟ 14b ∣	i e	1

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

Se	ection A. Governing Body and Management			
			Yes	No
4_				
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	Yes	
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		No
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		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	\vdash		No
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	H		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		INO
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed. AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

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

5546 E 4th Street 100 Tucson, AZ 857111452

(520) 577-0388

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

hours for related organizations in Schedule O) See Additional Data Table		MISC)	(relat organiza	1
see Additional Data Table					
			+		
			+		
			+		
1b Sub-Total					
c Total from continuation sheets to Part VII, Section A					
d Total (add lines 1b and 1c)	130,691	174,21	.6		44,025
Total number of individuals (including but not limited to those listed above) who received \$100,000 of reportable compensation from the organization►1	d more tha	n			
				Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest	compens	ated employee			
on line 1a? If "Yes," complete Schedule J for such individual		• • •	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other con organization and related organizations greater than \$150,000? If "Yes," complete Schedu					
ındıvıdual		[4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person.	anızatıon o	r individual for	_		l <u>.</u> .
services remarks to the organization 17 yes, complete selection 5 dell person 1			5		No
Section B. Independent Contractors					
Complete this table for your five highest compensated independent contractors that recession,000 of compensation from the organization. Report compensation for the calendar or within the organization's tax year.					
(A) Name and business address	Descr	(B) ription of services		(C Comper	
SEI Investments Co One Freedom Valley Drive Oaks, PA 19456	Investment f	Mgr			126,527
			+		
			1		
Total number of independent contractors (including but not limited to those listed above)	who receiv	ed more than	+		

Form 99								Page 9
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es 1b					
રે. ∰	c	Fundraising eve	ents 1c					
#ੁ≅	d	Related organiz	zations 1d					
E E	e	Government grant	s (contributions) 1e					
ntio er s	f	All other contributed similar amounts no	ons, gifts, grants, and 1f ot included above	11,000,623				
^듩	g	Noncash contri	butions included in					
멸	_	lines 1a-1f \$ _	s 1a-1f		11,000,623			
<u>O 46</u>	h	Iotal. Add lines	5 1 a - 1 f		11,000,023			
ē	20	Admin Face/Other		Business Code	400.004	402.024		
Program Serwce Revenue	2a b	Admin Fees/Other	_		493,031	493,031		
	°							
Ş	d							
<u>3</u>	e							
ran E	f	All other progra	am service revenue					
ွိ	-							
	д 3		s 2a-2f		493,031			
	3		ome (including dividen ar amounts)		1,119,426		15,735	1,103,691
	4		stment of tax-exempt bond	F	0		•	, ,
	5	Royalties		▶	0			
			(ı) Real	(11) Personal				
	6a	Gross rents	8,658					
	b	Less rental expenses						
	c	Rental income or (loss)	8,658					
	d	, ,	me or (loss)		8,658			8,658
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	12,421,594	2,091				
	ь	than inventory Less cost or other basis and sales expenses	12,469,238	5,495				
	c	Gain or (loss)	-47,644	-3,404				
	d	Net gain or (los	ss)	▶	-51,048			-51,048
e E	8a	Gross income f events (not inc \$						
Other Revenue		of contributions	reported on line 1c)					
<u>-</u>	١		a					
듔	b с		penses b (loss) from fundraising		0			
-	9a		rom gaming activities ie 19					
	ь		penses b		o			
	10a	Net income or (Gross sales of returns and allo		vities	0			
	ь		a oods sold b					
	c	=	(loss) from sales of inv	entory 🟲	0			
		Miscellaneous		Business Code				
	11a							
	b							
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d		О			
	12	Total revenue.	See Instructions .	▶	12,570,690	493,031	15,735	1,061,301

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,371,531	3,371,531		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	147,095	80,833	48,050	18,212
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	241,091	132,487	78,754	29,850
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,965	7,125	4,235	1,605
9	Other employee benefits	28,851	15,855	9,424	3,572
10	Payroll taxes	27,028	14,853	8,829	3,346
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	3,744	3,464	203	77
c	Accounting	20,167	12,209	5,771	2,187
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	70,276	70,150	91	35
g	Other	325,721	178,994	106,399	40,328
12	Advertising and promotion	69,918	38,422	22,839	8,657
13	Office expenses	26,137	14,363	8,538	3,236
14	Information technology	24,449	13,436	7,986	3,027
15	Royalties	0			
16	Occupancy	132,677	72,910	43,340	16,427
17	Travel	13,674	7,514	4,467	1,693
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	12,795	7,031	4,180	1,584
20	Interest	0			
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	29,067	15,973	9,495	3,599
23	Insurance	647,089	642,712	3,174	1,203
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	25,934	14,254	8,470	3,210
b	A reivim expenses	80,397	80,397		_
c					
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	5,310,606	4,794,513	374,245	141,848
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		-		rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 500 500 1 1 2.490.563 2 1.749.472 2 3 3 0 4 54.000 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 2,104,027 7 2,104,027 8 9 16,396 9 35,536 Prepaid expenses and deferred charges 10a 1,520,775 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 120,466 b Less accumulated depreciation 1,448,401 10c 1,400,309 663,234 11 1,072,295 11 48,939,241 55,965,622 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 1,941,556 15 2,125,995 15 57,623,058 64,488,616 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 109,275 17 185,382 17 Accounts payable and accrued expenses . 18 18 19 10,888 19 8,250 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 19,296,410 25 18,403,296 D 26 19,416,573 26 18,596,928 **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 27 38,712,194 Unrestricted net assets 31,157,564 1,372,777 28 1,500,595 28 Temporarily restricted net assets Fund 29 5,676,144 29 5,678,899 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 38.206.485 33 45.891.688 34 Total liabilities and net assets/fund balances 57.623.058 64.488.616

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		12,5	570,69
2	Total expenses (must equal Part IX, column (A), line 25)	2			310,60
3	Revenue less expenses Subtract line 2 from line 1	3		7,2	260,08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		38,2	206,48
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4	125,11
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		45,8	391,68
Pai	TEXTI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			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		2 c	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				
За	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		No
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		No

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	ern Arız	zona 86-0718936								
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions							
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			,					
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Г	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)(iii). Enter the hospital's name, city, and state								
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t 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	⊽	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public						
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Ĺ.	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	up fees, ar	ıd aros	SS					
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that		_						
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr								
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11	, T	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h		1)(3).	Check					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more dother 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 su check this box	pporting o	rganıza	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)		Yes	No					
		and (III) below, the governing body of the the supported organization?	11g(i)							
		(ii) a family member of a person described in (i) above?	11g(ii)							
_		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)							
h		Provide the following 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 organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Support Schedule for Organizations Described in IRC 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	e organization	fails to qualify u	inder the tests	listed below, ple	ease cor	mplete	Part III.)
	ection A. Public Support	1	1	1 1	<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,542,93	4 3,246,665	1,362,271	3,421,763	2	,500,623	13,074,256
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	2,542,93	3,246,665	1,362,271	3,421,763	2	,500,623	13,074,256
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							2,957,934
6	Public Support. Subtract line 5							10 116 222
	from line 4							10,116,322
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	2,542,934	3,246,665	1,362,271	3,421,763	2	,500,623	13,074,256
8	Gross income from interest,	2,312,331	3,210,003	1,302,271	3,121,703		,300,023	13,071,230
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,356,241	1,269,067	640,574	1,123,562	1,	,128,084	5,517,528
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							0
11	Total support (Add lines 7 through 10)							18,591,784
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		1,044,905
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		· 	, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organı	zation,
14	Public Support Percentage for 201			11 column (f))		14		54 410 %
15	Public Support Percentage for 201	-				15		48 530 %
	33 1/3% support test—2011. If the	•	•	v on line 12 and 1	ine 14 is 22 1/20/		chack	
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization medorganization	alifies as a public organization did n qualifies as a p — 2011. If the org tion meets the "f	ly supported orga not check the bo ublicly supported anization did not o acts and circums	nization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is 3 ne 13, 16a, or 16b ck this box and st	33 1/3% and line op here.	or more, e 14 Explain	check this
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization Private Foundation If the organizationstructions	nization meets th tion meets the "f	e "facts and circu acts and circums	mstances" test, o tances" test The	check this box and organization qual	d stop he Ifies as a	e re. a publicly	′ ▶⊏

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493215001342

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	PACCACITO	offit 550. F See Separate instructions.	
The	me of the organization : Jewish Community Foundation of Ithern Arizona		Employer identification number
	organizations Maintaining Donor A organization answered "Yes" to Form 9		nds or Accounts. Complete if the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	250	
2	Aggregate contributions to (during year)	5,766,365	
3	Aggregate grants from (during year)	2,651,212	
4	Aggregate value at end of year	23,366,308	
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	nefit of the donor or donor advisor, or for an	y other purpose
	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreased Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure) Preservation of an I	historically importantly land area ertified historic structure of a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	2d	
3	Number of conservation easements modified, transf	ے erred, released, extinguished, or terminated	by the organization during
	the taxable year 🕨	,	,
4	Number of states where property subject to conserv	vation easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspect ▶ \$	ing, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sect	rion ┌ Yes
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 s	
Par	t III Organizations Maintaining Collection Complete if the organization answered		r 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 researc	h ın furtherance of publıc 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 in	
	(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	<u>cal Trea</u>	isures, or C)the	<u>er Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing tha	t are a signific	ant ı	use of its collecti	on	
а	Public exhibition		d	Γ	Loan or e	exchange prog	rams	5		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further t	he organızatıoı	ı's e	xempt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								- Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "\	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	ediary	force	ontributio	ns or other as:	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	able	Γ		Ame	ount	
c	Beginning balance					-	1c	A	/unc	
d	Additions during the year					}	1d		-	
e	Distributions during the year					}	1e			
f	Ending balance					}	1f			
2a	Did the organization include an amount on Fo	orm 990 Dart V Jose	717 م			L			Yes	
	If "Yes," explain the arrangement in Part XIV		C Z I '					'	163	1 140
	rt V Endowment Funds. Complete		2 2 2 2	word	d "Voc"	to Form 990	Da	rt IV line 10		
Гa	Endowment Funds. Complete	(a)Current Year)Prior				d)Three Years Back	(e)Four '	 Years Back
1a	Beginning of year balance	15,147,953	•		,396,108	10,970,4	_	<i>'</i>		
ь	Contributions	4,713,486			484,753	64,4	174			
С	Investment earnings or losses	155,113		1	,761,829	2,892,5	598			
d	Grants or scholarships									
e	Other expenditures for facilities and programs	640,155			464,564	510,1	199			
f	Administrative expenses	46,811			30,173	21,2	232			
g	End of year balance	19,329,586		15	,147,953	13,396,	108			
2	Provide the estimated percentage of the yea	r end balance held a	as		•			•		
а	Board designated or quasi-endowment	68 100 %								
ь	Permanent endowment > 29 400 %									
c	Term endowment ► 2 500 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held ar	nd administere	d for	the .		
	organization by	J							Yes	No
	(i) unrelated organizations							3a(i		No
	(ii) related organizations							. Ja(ii)	No
	If "Yes" to 3a(II), are the related organizatio	•					٠	<u>3b</u>		No
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X,	line 10.	<u> </u>				
	Description of property) Cost or oth			(c) Accumulated depreciation	(d) Bo	ook value
1 a	_and				1,275	,861				1,275,861
b i	Buildings				91	,966				91,966
c l	_easehold improvements					66	,915	57,005		9,910
d i	Equipment					82	,902	60,330		22,572
_e (Other	<u></u>				3	,131	3,131		
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).) .			▶		1,400,309
								Schedule D	(Form 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 13		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-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)	55,965,622		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
	<u>* </u>		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
(a) Descri	ption		(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
	(b) Amount		
Federal Income Taxes	222.22		
Designated obligations	209,039		
Capital lease obligations	12,600		
Agency Funds	18,181,657		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	10 402 200		
- Stan (Column (b) Should equal Form 990, Falt A, Col (b) line 25)	18,403,296		

201	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,570,690
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,310,606
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,260,084
4	Net unrealized gains (losses) on investments	4	80,512
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	344,607
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	425,119
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,685,203
	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	12,428,321
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· ·
а	Net unrealized gains on investments		
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	-145,773
3	Subtract line 2e from line 1	3	12,574,094
4	Amounts 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)		
c	Add lines 4a and 4b	4c	-3,404
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,570,690
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	5,074,259
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
_ а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	-236,347
3	Subtract line 2e from line 1	3	5,310,606
4	Amounts 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)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,310,606
Par	t XIV Supplemental Information		

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 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

Identifier	Return Reference	Explanation
Part V, Line 4	Part V , Line 4 Intended uses of the	Endowments are held for donor restricted uses and donor
	endowment fund	advised purposes

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Schedule I (Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2011

DLN: 93493215001342

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Jewish Community Foundation of

Employer identification number

86-0718936

Southern Arizona Part I General Inform	nation on Gran	ts and Assistance				00-0710930	
Does the organization mai			he grants or assistance	e. the grantees' eligibil	tv for the grants or ass	ıstance. and	
the selection criteria used	l to award the gran	ts or assistance?					✓ Yes
2 Describe in Part IV the or	<u> </u>				C 1. (1)		Usz II i
		to Governments and y recipient that receive					
Part IV and Sche	edule I-1 (Form s	990) if additional space	ıs needed . '.' .				▶ □
(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) LIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) See attached listVarious Various, AZ 85712		501(c)(3)	3,121,371	0			
		government organizations					54
5 Enter total number of othe		ted in the line 1 table			· · · · · · ·		0 edule I (Form 990) 2011
cor Privacy Act and Paperwork Red	IUCHON ACT NOTICE. 9	see the instructions for form	1 7 7 U.	UAL NO SUUSSP		Scne	-cone i (rorm 990) 2011

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	art IV, line 22.
	Use Schedule 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

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

Identifier	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 the organization is vetted by obtaining a copy of their IRS Determination Letter, contact information, and a copy of their mission statement. We obtain the organization's IRS 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 ensure funds are being used for the purpose intended We do not make grants to individuals

Compensation Information

DLN: 93493215001342

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization
The Jewish Community Foundation of
Southern Arizona

Employer identification number

86-0718936

Pa	Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	▼ Compensation committee	<u> </u>	Written employment contract			
	☐ Independent compensation consultant	\sqcap	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c Participate in, or receive payment from, an equity-based compensation arrangement?						Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
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, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Kegs s	section 53 4958-4(a)(3)/11 "Yes," describe			NI ~
_			ahla maannaahaa maaadama daa ambadan Daamia)	8		No
9	section 53 4958-6(c)?	e reputta	able presumption procedure described in Regulations	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Stuart Mellan	(1) (11)	174,216				27,621	201,837	
-								
				ı	I		ı	

Schedule J (Form 990) 2011 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) 2011

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DLN: 93493215001342

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered or Form 990-EZ, Part V lines 38a or 40b.

> Open to Public **Inspection**

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization The Jewish Community Foundation of Southern Arizona Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

			·		
Part IV	Business	Transactions	Involving	Interested	Persons

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

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?	
(1) Jeffrey Katz	organization			Yes	No	
(1) Jeffrey Katz	Board Member	43,887	Rental of Office Space		No	

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493215001342

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** The Jewish Community Foundation of Southern Arizona 86-0718936 Part I Types of Property (d) (a) (b) (c) Check Number of Contributions Contribution amounts Method of determining reported on ıf or items contributed contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . 22 643,404 FMV Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . Drugs and medical supplies . 20 21 Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (__ 26 Other ►(___ **27** Other ▶(__ 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 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 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

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

32a

Νo

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) 2011

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DLN: 93493215001342

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.

2011
Open to Public Inspection

Name of the organization
The Jewish Community Foundation of
Southern Arizona

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 Jewish 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
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.
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 without full Board approval on September 17, 2008. 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.
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Trustees Keri Silvyn and James Whitehill are step siblings Trustee Keri Silvyn is a partner in a law firm that provides legal services to another trustee, Jeffrey Katz
		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

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

DLN: 93493215001342

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.

2011

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2011

Department of the Treasury Internal Revenue Service

ame of the organization ne Jewish Community Foundation of outhern Arizona				86-0718936	ntification number		
Part I Identification of Disregarded Entities (Comp	lete if the organization	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 (state 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		ıf the organizatior	n answered "Yes"	on Form 990, Pa	rt IV, line 34 becaus	e it had	one
(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 5 cont	g) 12(b)(13 rolled nization
1) L2 Foundation						Yes	No
5546 E 4th Street Ste 100	Charitable Support	AZ	501(c)(3)	11	N/A	Yes	
Tucson, AZ 85711 17-0697033							
2) The Steven A Lightman Family Foundation							
5546 E 4th Street Ste 100	Charitable Support	AZ	501(c)(3)	11	N/A	Yes	
Tucson, AZ 85711 16-4077303							
3) Jewish Federation of Southern Arizona							
1822 E River Road Suite 100 Fucson, AZ 85718 16-0096795	Chantable	AZ	501(c)(3)	7	N/A		No

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets			Disproprtionate		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No							
												i						

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2011			Pag	је З
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part 3	IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	'es	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts I	II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a			No
b Gift, grant, or capital contribution to related organization(s)	1b	Y	'es	
c Gift, grant, or capital contribution from related organization(s)	1c			No
d Loans or loan guarantees to or for related organization(s)	1d			No
e Loans or loan guarantees by related organization(s)	1e	-		No
f Sale of assets to related organization(s)	1f	+		No
g Purchase of assets from related organization(s)	19			No
h Exchange of assets with related organization(s)	1h			No
i Lease of facilities, equipment, or other assets to related organization(s)	<u>1i</u>			No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	+		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Y	'es	
I Performance of services or membership or fundraising solicitations by related organization(s)	11			No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	n		No
n Sharing of paid employees with related organization(s)	1n			No
Reimbursement paid to related organization(s) for expenses	10	+		No
P Reimbursement paid by related organization(s) for expenses	1p			No
Other transfer of cash or property to related organization(s)	1q			No
r Other transfer of cash or property from related organization(s)	1r			No

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	
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(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) L2 Foundation	k	18,292	Cash Payment
(2) The Steven A Lightman Family Foundation	k	5,754	Cash Payment
(3) Jewish Federation of Southern Arizona	b	808,588	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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									
							-						

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

2011 Form 990 Grantee Listing - all grants made to 501(c)(3) Organizations

Name	Ē	Cash Grant	Address 1	Address 2	City	State	Zio
Alameda County Food Bank	94-2960297	6,000.00	PO Box 2599		Oakland	٩	94614
Alzheimer's Diseases and Related Disorders As	13-3039601	2,000 00	Major Gifts Department	225 N. Michigan Ave. Foor 17	Chicago	; =	60601
America-Israel Friendship League	23-7252135	18,395.00	4729 E. Sunrise Drive	PMB 437	Tucson	. AZ	85718
American Friends of DVI Jerusalem Children's Clinic	13-3202264	5,875.00	29 W. 57th Street	Suite 1200	New York	ž	10019
American Red Cross of Greater Los Angeles	53-0196605	10,000.00	11355 Ohio Avenue		Los Angeles	S	90025
Arizona Theatre Company	86-0211777	6,200.00	PO Box 1631		Tucson	AZ	85702
Arnold P Gold Foundation	22-3052098	8,000.00	619 Palisade Avenue		Englewood Cliffs	2	7632
Beth Medrash Eeyun Hatalmud	11-2062483	5,700.00	14 Fred Eller Drive		Monsey	Ň	10952
Beth Shalom Temple Center	86-0682304	5,349.00	of Green Valley	PO Box 884	Green Valley	AZ	85622
Boy Scouts of America	86-0107516	30,000,00	Catalina Council	5049 E. Broadway Blvd, Ste 200	Tucson	AZ	85711
Boys and Girls Club of Tucson	86-0172257	11,722.00	PO Box 40217		Tucson	ΑZ	85717
Canyon Ranch Institute	82-0566227	10,000 00	8600 E. Rockcliff Road		Tucson	AZ	85715
Carleton College	41-0694747	100,000.00	Office of Development	One North College Street	Northfield	Σ	55057
Chabad of Tucson	86-0441056	18,000.00	1315 N. Mountain		Tucson	ΑZ	85719
CLAL The National Jewish Center	23-7390358	14,000.00	Learning and Leadership, Inc.	440 Park Avenue S, 4th FL	New York	ž	10016
Community Food Bank	51-0192519	22,944.00	PO Box 26727		Tucson	ΑZ	85726
Community Foundation of Southern Arizona	94-2681765	16,200.00	2250 E. Broadway Blvd		Tucson	ΑZ	85719
Congregation Anshei Israel	86-0117384	47,437.00	5550 E. Fifth Street		Tucson	ΑZ	85711
Congregation Chofetz Chayım	86-0369304	7,030 00	5150 E. Fifth Street		Tucson	AZ	85711
Congregation Or Chadash	86-0836569	30,532 00	3939 N Alvernon Way		Tucson	AZ	85718
Congregation Young Israel	23-7072340	13,837.00	2443 E. Fourth Street		Tucson	ΑZ	85719
Critical Path Institute	20-1991334	27,500.00	1730 E River Road		Tucson	ΑZ	85718
El Rio Health Center Foundation	86-0816675	5,200.00	839 W Congress Street		Tucson	ΑZ	85745
Handmaker Foundation	83-0415132	25,101 00	2221 N. Rosemont Blvd		Tucson	ΑZ	85712
Handmaker Jewish Services For The Aging	86-0626077	17,323.00	2221 N Rosemont Blvd		Tucson	ΑZ	85712
Hillel Foundation	52-1225987	210,895.00	University of Arizona	1245 E Second Street	Tucson	AZ	85719
Interfaith Community Services	86-0520997	7,000.00	2820 W. Ina Road		Tucson	AZ	85741
Israel Center for Excellance through Educatio	36-3535518	5,875.00	Israel Arts & Science Academy	211 E Chicago Avenue	Chicago	=	60611
Jewish Community Federation of Cleveland	34-0714445	8,024 00	1750 Euclid Avenue		Cleveland	Н	44115
Jewish Community Federation of Richmond	54-1623966	36,000.00	5403 Monument Avenue		Richmond	Α>	23226
Jewish Council for Public Affairs	13-1624104	8,100.00	116 E. 27th Street	10th Floor	New York	ž	10016
Jewish Family & Children's Services of Southern Arizona	86-0623896	123,191.00	4301 E. Fifth Street		Tucson	ΑZ	85711
Jewish Family Services	54-0526201	100,000.00	6718 Patterson Avenue		Richmond	۸	23226
Jewish Federation of Greater Los Angeles	95-1643388	7,300 00	PO Box 54269	Terminal Annex	Los Angeles	5	90054
Jewish Federation of Southern Arizona	86-0096795	431,576.00	3822 E. River Road	Suite 100	Tucson	ΑZ	85718
Jewish Federations of North America	13-1624240	24,128.00	25 Broadway	Suite 1700	New York	ž	10004
Jewish History Museum	86-0762311	10,768 00	PO Box 889		Tucson	AZ	85702
Jewish Primary Day School - Nation's Capital	52-2115715	5,000.00	6045 16th Street NW		Washington	DC	20011
Rabbi Elchanan Theological Seminary	13-2673756	16,049.00	Yeshiva University	500 W. 185th Street	New York	ž	10033

Rodel Charitable Foundation of Arizona	86-0941890	8,300.00	6720 N. Scottsdale Road	Surte 380	Scottsdale	AZ	85253
San Miguel Cristo Rey High School	48-1270906	5,000.00	6601 S. San Fernando Road		Tucson	ΑZ	85756
Solomon Schechter Day School of Albuquerque	85-0444326	00.000,6	5520A Wyoming Blvd NE		Albuquerque	Σ	87109
Southern Arizona Symphony Orchestra	95-3403204	12,000.00	PO Box 43131		Tucson	AZ	85733
Stanford Law School	94-1156365	5,000.00	Crown Quadrangle	559 Nathan Abbott Way	Stanford	5	94305
Temple B'rıth Shalom	86-0437897	5,000.00	2077 Brohner Way		Prescott	AZ	86301
Temple Emanu-El	86-0117389	166,071.00	225 N. Country Club Road		Tucson	ΑZ	85716
Touch Point Connection	26-1530589	15,400.00	PO Box 36960		Tucson	ΑZ	85740
Tucson Hebrew Academy	86-0274412	105,454.00	3888 E. River Road		Tucson	ΑZ	85718
Tucson Jewish Community Center	86-0183578	66,557.00	3800 E. River Road		Tucson	ΑZ	85718
Tucson Museum of Art	86-6006371	101,837.06	140 N. Main Avenue		Tucson	ΑZ	85701
Tucson Symphony Orchestra	86-0107538	32,395.50	Development Department	2175 N. Sixth Avenue	Tucson	ΑZ	85705
University Medical Center Foundation	86-0572438	720,018 00	655 E. River Road	Bldg 2	Tucson	AZ	85724
University of Arizona Foundation	86-6050388	348,087 00	PO Box 210109	1111 N. Cherry Avenue	Tucson	ΑZ	85721
Washington Institute for Near East Policy	52-1376034	00'000'09	1828 L Street NW	Suite 1050	Washington	20	20036
		3,121,370.56					

3,121,370.56

Software ID: 11000144
Software Version: 2011v1.2

EIN: 86-0718936

Name: The Jewish Community Foundation of

Southern Arizona

Form 990, Special Condition Description:

Special Condition Description

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

(A)	(B)			C)				(D)	(E)	(F)
Name and Title	A verage hours per		ition that a	(che	/)			Reportable compensation from the	Reportable compensation from related	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
Thomas Newman Trustee	1 00	Х						0	0	0
Brına Grusın Trustee	1 00	Х						0	0	0
Kerı Sılvyn Presıdent	3 00	Х		х				0	0	0
Ann Goldfein Trustee	1 00	Х						0	0	0
Stuart Mellan President-JFSA	1 00	Х						0	174,216	27,621
Howard Polster Trustee	1 00	Х						0	0	0
Amy Lederman Trustee	1 00	Х						0	0	C
Jeremy Sohn Trustee	1 00	Х						0	0	C
Martha Sampson Trustee	1 00	Х						0	0	C
Myron Rottenstein Vice President	2 00	Х		Х				0	0	C
Ed Koven Trustee	1 00	Х						0	0	C
Gail Mordka Trustee	1 00	Х						0	0	(
Michael Miron Trustee	1 00	Х						0	0	(
Jamı Gan Trustee	1 00	Х						0	0	(
Jeremy Lite Vice President	1 00	Х		х				0	0	(
Barry Friedman Trustee	1 00	Х						0	0	C
Andra Karnofsky Trustee	1 00	Х						0	0	C
Jeffery Katz Trustee	1 00	Х						0	0	0
Jeff Jacobson Trustee	1 00	Х						0	0	C
Anne Hameroff Trustee	1 00	Х						0	0	C
Stuart Shatken Vice President	1 00	Х		х				0	0	C
Linda Tumarkin Trustee	1 00	Х						0	0	C
Jennifer Cassius Trustee	1 00	Х						0	0	C
Karen Faitelson Trustee	1 00	Х	_	_				0	0	C

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

(A) Name and Title	(B) Average hours		() tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Goggy Davidowitz Trustee	1 00	Х						0	0	0
Dina Benita Trustee	1 00	Х						0	0	0
Harold Bongarten Trustee	1 00	Х						0	0	0
Jane Ash Trustee	1 00	Х						0	0	0
Bruce Beyer VP/Treasurer	3 00	Х		X				0	0	0
Steven Sım Trustee	1 00	X						0	0	0
Koreen Johannessen Trustee	3 00	Х						0	0	0
Esther Sherberg Trustee	2 00	Х						0	0	0
Larry Gellman Trustee	1 00	Х						0	0	0
Daniel Gasch Immed Past Pres	5 00	X		X				0	0	0
Jerry Neuman Past President	3 00	Х						0	0	0
Brenna Lacey Trustee	3 00	Х						0	0	0
Carol Karsch Executive Direc	40 00			Х				130,691	0	16,404