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# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

20,12 Open to Public Inspection

	A F	or th	e 2012 calendar year, or tax year beginning	and ending		
	B c	heck if	C Name of organization		D Employer identifi	cation number
		Addre	I			
	$\vdash$	_ichano ∃Name			٠- ١	010000
		chang Initial	Doing Business As	<del></del>	910992	
	E	return Termi ated		Room/suit		er 483-7121
		Amer	ded		G Gross receipts \$	4,112,082.
	X	Appli	SCOTTSDALE, AZ 85254		H(a) Is this a group r	
		pend	F Name and address of principal officer:DEBBIE SEIBELS		for affiliates?	Yes X No
			SAME AS C ABOVE		H(b) Are all affiliates in	
	T	27-07		a)(1) or 52	<b>-</b>	
			te: NWW.JEWISHPHOENIX.ORG	3)(1) 01 32	<b>–</b>	list. (see instructions)
			organization: X Corporation Trust Association Other	I Voc	H(c) Group exemption	M State of legal domicile; AZ
	_	rt I	Summary		ii oi ioimation. ZOII	M State of legal doffliche. AZ
	Ь	1	Briefly describe the organization's mission or most significant activities: FU	MDDATCT	NG TO CIIDDOD	т Отигр
	Activities & Governance	•	NONPROFIT ORGANIZATIONS AND OVERSIGHT/	MANACE	MENT OF THE	
	na.	_				
	ě		Check this box I if the organization discontinued its operations or d	i		
	පී	3	Number of voting members of the governing body (Part VI, line 1a)	3	24	
	∞ರ	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	24
	ţį	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	38
	Ę	6	Total number of volunteers (estimate if necessary)	The Control of the Co	6	370
	Ac		Total unrelated business revenue from Part VIII, column (C), line 12-11	<b>— (</b> )	<u>7a</u>	0.
	$\rightarrow$	<u>b</u>	Net unrelated business taxable income from Form 990 Trime 34	The same	7b	0.
			1 1 1 mm	<u> </u>	Prior Year	Current Year
	힐	8	Contributions and grants (Part VIII, line 1h)	' ∟	23,187,411.	3,467,150.
Lan'	Ē	9	Trogram service revenue (Part VIII, line 29)		0.	459,335.
2015	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	LITAH L	0.	43,464.
	_	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 110 Caho Pie EN, 1  Total revenue and lines 8 through 11 (must equal Part VIII, column (A), lines		0.	-2,801.
9	$\Box$	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	23,187,411.	3,967,148.
0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,455,536.
AR		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
$\geq$	န	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10)	0.	1,375,812.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17.	×	b	Total fundraising expenses (Part IX, column (D), line 25)   388	,169.		
CARINED MAR	. "	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	2,103,236.
<u> </u>	:	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	4,934,584.
( , , ) ( ) ( )		19	Revenue less expenses. Subtract line 18 from line 12		23,187,411.	-967,436.
<b>64</b> 6	ig Si		- 1:- land	TO SLIFE	Beginning of Current Year	End of Year
	ssets or Salances	20	Total assets (Part X, line 16)	. \	28,342,461.	26,954,915.
		21	Total liabilities (Part X, line 26)	<del>5 ziri</del> 5 🖡	5,155,050.	4,108,896.
	Fund		Net assets or fund balances. Subtract line 21 from line 20	$\int L^{0.13} \Gamma$	23,187,411.	22,846,019.
		rt II	Signature Block			
	Inde	r pena	lties of perjury, I declare that I have examined this return, including accompanying sche	edules and state	ments, and to the best of m	y knowledge and belief, it is
	rue,	corre	t, and complete. Declaration preparer (other than officer) is based on all information	of which prepare	er has any knowledge.	
	Sign		Signature of officer		Date	
	lere	•	STUART/WACHS, PRESIDENT/CEO			
			Type or print name and title			
			Print/Type preparer's name Preparer's signature	-	Date Check	PTIN
	Paid		BRENDA BLUNT BRENDA BLUNT		11/15/13 of self-employ	<sub>ed</sub> №00075126
	Prep	arer	Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
	Use (	Only	Firm's address 1850 N CENTRAL AVE, SUITE 400			
			PHOENIX, AZ 85004-4527		Phone no. 6	02-264-5844
	May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	23200	1 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instr	uctions.	(~)	Form <b>990</b> (2012)

Pa	rt III Statement of Program Service Accomplishments	,
	Check if Schedule O contains a response to any question in this Part III	, X
1	Briefly describe the organization's mission: THE MISSION OF THE JEWISH COMMUNITY ASSOCATION OF GREATER PHOE	NIX IS
	TO BRING DIGNITY AND VALUE TO HUMAN LIFE, NURTURE AND ENRICH J	EWISH
	IDENTITY AND ENHANCE THE QUALITY OF JEWISH LIFE LOCALLY, IN IS	RAEL,
	AND AROUND THE WORLD.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	450 225
4a	2012 WAS AN EXCITING YEAR FOR THE JEWISH COMMUNITY ASSOCIATION	OF
	GREATER PHOENIX AS IT MARKED THE FORMATION OF OUR NEW ORGANIZ	
	WHICH MERGED THE FORMER JEWISH FEDERATION OF GREATER PHOENIX A	
	LEVINE JEWISH COMMUNITY CAMPUS. THE FOCUS DURING 2012 WAS REI	
	IN OUR INFRASTRUCTURE TO SET UP THE ORGANIZATION TO ACHIEVE SI	
	FUTURE GROWTH WHICH IN TURN WILL BENEFIT JEWISH ORGANIZATIONS,	LOCALLY,
	NATIONALLY, IN ISRAEL AND OVERSEES. THE REINVESTMENT INCLUDED	
	VP OF MARKETING AND PR AND DIRECTOR OF PLANNING & ORGANIZATION	
	RELATIONS.	
	DURING 2012 THE ASSOCIATION APPROVED ALLOCATIONS TOTALING \$1.4	MILLION
	TO ORGANIZATIONS (CONTINUED ON SCHEDULE O)	MILLION
41-		
4b	(Code) (Expenses \$	,
		<u> </u>
		<del></del>
		<del></del>
4c	(Code ) (Expenses \$ including grants of \$) (Revenue \$	
		<del></del>
	Other program convect (Decembe in Schoolide C.)	<del></del>
4d	, , , , , , , , , , , , , , , , , , , ,	,
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 3 , 174 , 462 .	
<del>40</del>	Total program service expenses F 5 / ± / ± / ± 0 2 0	F 990 (0010)

# Form 990 (2012) GREATER PHOE Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1 If Yes, "complete Schedule B, Schedule B, Schedule of Contributors"  2 Is the organization required to complete Schedule B, Schedule of Contributors  3 July 1 In the organization required to complete Schedule C, Part II  4 Section 501(c)(6) organization. Dut the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as schedule In Review Procedule B-197 If "Yes," complete Schedule C, Part III  6 Did the organization and yold or advised funds or any similar funds or accounts? If "Yes," organizete Schedule D, Part II  7 Did the organization in an interest of the organization or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  8 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  9 Did the organization maintain collections of works of art, historical treasures, or other similar assestes? If "Yes," complete Schedule D, Part II  10 Life the organization maintain collections of works of art, historical treasures, or other similar assestes? If "Yes," complete Schedule D, Part II  10 Life the organization maintain collections of works of art, historical treasures, or other similar assestes? If "Yes," complete Schedule D, Part II  10 Life the organization maintain collections of works of art, historical treasures, or other similar assestes? If "Yes," complete Schedule D, Part II  10 Life the organization maintain of the following questions is "Yes," then complete Schedule D, Part II  10 Life the organization report an amount for land, buildings, and equipment in Part X, line 197 H "Yes," complete Schedule D, Part X X  11 Life X  11 Life X  12 Life the organization report an amount for land, buildings, and equipment in Part X, line 197 H "Yes," complete Schedule D, Part X X  11 Life X  11 L	1			Yes	No
2 Is the organization required to complete Schedule S, Schedule of Contributors  Dot the organization engage in direct or indent opticular ampaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(K) sequilazations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part III  Is the organization as defined in Reviewa Procedules 8479 If "Yes," complete Schedule C, Part III  Did the organization an	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Det 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 II  3 Section 601(x)(3) organizations. Dot the organization engage in lobbying activities, or have a section 601(x) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(x)(4), 501(x)(6), 601(x)(6), 601(x)(6)		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part I  4 Section SO1(K)3 organizations. Did the organization engage in lobbying activities, or have a section S01(k)) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as eaction S01(k)3 (sp. S01(k)6), or 501(k)6) or 501(k)6) or 501(k)6). The provide advised times as eaction S01(k)3 (sp. S01(k)6), or 501(k)6) or 501(k)6) or 501(k)6). The provide advised in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part II or brivide advised in new read and an analysis of a consensation or investment of amounts in such funds or accounts for which donors have the right to provide advised in new read and an analysis of accounts for which donors have the right to provide advised in an analysis or any similar funds or accounts for which donors have the right to provide advised in an analysis or any similar funds or accounts for which donors have the right to provide advised in a season and an analysis or any similar funds or accounts for which donors have the right to provide advised in a season and an analysis or any similar funds or accounts for which donors have the right to provide advised and an analysis or accounts for which donors have the right to provide advised and an analysis or any similar funds or accounts for which donors have the right to provide advised and an analysis or account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts in clisted in Part X, line 18 fart X,	2		2	X	
during the tax year? If "Yes," complete Schedule C, Part II  is the organization a section Schi(e)(s), 501(s)(s), or S01(s)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part III  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds assessed and are such assessment, including easements to preserve open space, the environment, historic land dress, or historic structures II "Yes," complete Schedule D, Part II II the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III III the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule D, Part X, line 107 If "Yes," complete Schedule	3		3		х
5 is the organization a section 601(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:187 if "Yes," complete Schedule C, Part III  7 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (iii "Yes," complete Schedule D, Part III  8 Did the organization did areas, or histone structures? If "Yes," complete Schedule D, Part III  9 Did the organization did areas, or histone structures? If "Yes," complete Schedule D, Part III  9 Did the organization or report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization is part and provide organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part V  11 If the organization is an amount for investments in the resolution of the complete Schedule D, Part V  12 Did the organization report an amount for investments in the securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments in program related 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 X III  14 Did the organization report an amount for other liabilities 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 X III  15 Did the	4		4		x
6 Dd the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Dd the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Dd the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodium 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 10 Dd the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasie-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 as applicable, 13 Dd the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 15 Dd 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 VI 16 Dd the organization report an amount for investments - other securities 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 XI 16 Dd 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 XI 16 Dd the organization report an amount for other liabilities 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 X 17 Dd the organization report an amount for other liabilities 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 X 18	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similiar assets? If "Yes," complete Schedule D, Part III Did the organization or proof an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 II If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, III, VIII, IVI, or X as applicable.  In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III II	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V  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  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  12 Did the organization report an amount for line state in Part X, line 107 If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI  14 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI  15 Did the organization report an amount for other assets in Part X, line 157 If "Yes," complete Schedule D, Part XI  16 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X X X X X X X X X X X X X X X X X X	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII  c 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 167 If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  d 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 167 If "Yes," complete Schedule D, Part XIII  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 167 If "Yes," complete Schedule D, Part XIII  b Ust the organization report an amount for other assets in Part X, line 25 If "Yes," complete Schedule D, Part XIII  b Ust the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XIII  b Ust the organization mobiled in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XIII and IV  b Ust the organization make a gargegate reviewels or special statements for the tax year? If "Yes,"			7		<u> </u>
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  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  11 if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, viii, Viii, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII  3 Did the organization report an amount for investments - other securities 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  3 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 VIII  4 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X  5 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  7 Did the organization organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  8 Did the organization organization answered "No" to line 12 such that a securities are such as a securities and the organization organization answered "No" to line 12 such the organization and the organization answered "No" to line 12 such the organization and the organization answered "No" to line 12 such the organization and the organization answered "No" to line 12 such the organization and the organization and the organization and an anamount or organization and the organization report on Pa	8		8		х
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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 18? If "Yes," complete Schedule D, Part VII  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 VII  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 VII  d Did the organization report an amount for other liabilities 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 XII  d Did the organization is port an amount for other liabilities 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 XIII  11c X  11d X  11d X  12d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  12d Did the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  12d Did the organization asserbed in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E  12d Did the organization asserbed in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E  12d 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?  12d Did the organization report on Part IX, column (A), line	9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		X
as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part V/  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 167 // "Yes," complete Schedule D, Part V/I  d 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 167 // "Yes," complete Schedule D, Part V/II  d Did the organization report an amount for other assets in Part X, line 157 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X/II  d Did the organization report an amount for other assets in Part X, line 257 // "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X in Ad X/I  b Was the organization incorpor obtain separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X in Ad X/I is optional in Yes, and if the organization incorpor in Complete Schedule Interest in Yes," complete Schedule D, Part X in Ad X/I is optional in Yes, and if the organization incorpor in Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States, or aggregate foreign investments valued at \$100,000 or more? // "Yes," complete Schedule F, Parts I and IV  15 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 United States? // "Yes," complete Schedule G, Part II  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more t	10		10		Х
Part VI  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  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  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 XIII  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization is part and xi in the tax year include a footnote that addresses the organization's liability for uncertain tax positions under IFI N4 & (ASC 740)* If "Yes," complete Schedule D, Part X  11a X  11b X  11c X  11d X  1	11				
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Part IV | Checklist of Required Schedules (continued)

21 but the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, cultim (A), line 17 if "Fes," complete Schedule I, Parts I and if I 21 X 22 I X 23 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 I X 24 but the organization are report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 I X 25 but the organization are report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 I X 25 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 I X 25 but the organization where a tax-exempt bond saue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer into \$24b through 24 and complete Schedule K. If "INO", go to line 25 but the organization marks an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24b but the organization marks an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d but the organization was that the squared or any of the borganization engage in an excess benefit transaction with a disqualified person in a princy year, and that the transaction has not been reported on any of the organization spore Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X 25b				Yes	No -
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX.  22 X  23 Did the organization expert "Yes" or Part VII, Section N, lies 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 I, Section N, lies 2, 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 II was a size of a true experiment of the vers. that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  24a Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Did the organization minest an escrow account other than a refunding escrow at any time during the year 1 defease any tax-exempt bonds?  25c Did the organization man a escrow account other than a refunding escrow at any time during the year?  25d Did the organization and 501(c)(4) organizations. Did the organization experts of the organization and 501(c)(4) organizations. Did the organization and 501(c)(4) organizations. Did the organization and 501(c)(4) organizations. Did the organization with a disqualified person during the year?  25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25d Is the organization as the end of the organization's tax year? If "Yes," complete Schedule L, Part II and that the transaction are of the enganization and the time transaction with organization and the time transaction with organization and the time transaction with o	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
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person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  31			_		<u> </u>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II  32 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, III, or IV, and Part V, Inne 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2  34 X  35 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, Inne 2  36 Section 501(c)(3)	26			37	
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	38				
			38	X	

# Form 990 (2012) GREATER PHOENIX Part V Statements Regarding Other IRS Filings and Tax Compliance

	*Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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	Х	
<b>2</b> a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for 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		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	Х	_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
_b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12 for public use of slub facilities.		ļ	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
ıı a	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
12a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	120		
u	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 24		1 1 1	
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	24			
		ł		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ا ا	x	
	officer, director, trustee, or key employee?	2	- 25	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	İ		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	l		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	İ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l	l <u></u>	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	<b>-</b>	
	DEBBIE SIEBELS - 480-483-7121			
	12701 N SCOTTSDALE ROAD, STE 201, SCOTTSDALE, AZ 85254			

Form 990 (2012)

GREATER PHOENIX

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

Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)  Name and Title	(B) Average	/		(C Pos	ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	not c , unle cer an	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALISON BETTS	1.00	.,								
DIRECTOR	1 00	X	_			<u> </u>		0.	0.	0.
(2) MICHAEL FEINBERG	1.00	x						0.	0.	0
DIRECTOR (3) ADAM GOODMAN	1.00	^				<u> </u>	-	U .	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(4) STEVE GUBIN	1.00	<u> </u>	$\vdash$	_	<del> </del>	<del> </del> —		0.	· · ·	•
DIRECTOR	1.00	x						0.	0.	0.
(5) ANITA GUTKIN	1.00	<del></del>			$\vdash$	$\vdash$	$\vdash$			
DIRECTOR		x						0.	0.	0.
(6) IRWIN KANEFSKY	1.00	Ħ			-	$\vdash$	_			
DIRECTOR		X						٥.	0.	0.
(7) RABBI DARREN KLEINBERG	1.00	T				,				
DIRECTOR		Х						0.	0.	0.
(8) KIM KUR	1.00							-		
DIRECTOR		X						0.	0.	0.
(9) JULEE LANDAU SHAHON	1.00							-		
DIRECTOR		Х						0.	0.	0.
(10) MARCIA MINTZ	1.00									_
DIRECTOR		Х					_	0.	0.	0.
(11) ELISA PINKUS	1.00									
DIRECTOR		X				_	_	0.	0.	0.
(12) STEVEN SCHWARZ	1.00		;						_	_
DIRECTOR	1 00	X				_	ļ	0.	0.	0.
(13) MICHAEL SILVERBERG	1.00									
DIRECTOR (14) JAY STEIN	1 00	X						0.	0.	0.
DIRECTOR	1.00	x								0
(15) MARY STONE TESSLER	1.00	_	_		_	<u> </u>		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID TINKELMAN	1.00	Λ		_		$\vdash$	┝╌		0.	0.
DIRECTOR		x						0.	0.	0.
(17) RUDY TROISI	1.00	<del>  ^`</del>	$\vdash$			$\vdash$	-	0.		
DIRECTOR		x						0.	0.	0.
020007 40 40 40	I				_			, , ,		Form 990 (2012)

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GREATER PHOENIX

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			,	
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(40	not c	Pos	ition	) than	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		ar	nount	
	week	⊢	cer an	ia a a	recit	Ji/trus	Tee,	from	from related			other	
	(list any hours for	recto						the	organizations	"		pensa	
	related	ō.	8			sated		organization	(W-2/1099-MISC	"		om th	
	organizations	ustee	trust		_ g	uben		(W-2/1099-MISC)			_	anızat d relat	
	below	dad t	trona		ge	st cor	<u>.</u>					anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	l g						
(18) DAVID WEINER	1.00	_			_					╅			
DIRECTOR		Х						0.	(	0.			0.
(19) GARY WEISS	1.00									П			
DIRECTOR		Х						0.	(	0.			0.
(20) BARRY ZEMEL	1.00									$\Box$			
DIRECTOR		Х						0.	(	0.			0.
(21) BOB SILVER	1.00												
CHAIR		Х		Х				0.	(	0.			0.
(22) RICH KASPER	1.00												
VICE CHAIR		X		X				0.	(	0 .			0.
(23) JOEL KRAMER	1.00								-				
TREASURER		Х		X		L		0.	(	0.			0.
(24) SUSAN LEVINE	1.00												_
SECRETARY		X		Х				0.		0.			0.
(25) STUART WACHS	42.00												
PRESIDENT AND CEO	1.00			X			L.	222,630.		0.	2	3,2	<u>53.</u>
(26) DEBBIE SIEBELS	24.00												
CFO	16.00			Х				0.	90,530			3,8 7,0	41.
1b Sub-total								222,630.	90,53	_	2	7,0	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c) ▶ 222,630 ⋅ 90,530 ⋅									2	7,0	94.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable				4
compensation from the organization								<del></del>				- V I	<u> </u>
										г		Yes	No
3 Did the organization list any former officer,		uste	e, ke	y en	npic	yee	, or	highest compensated e	mployee on		_		Х
line 1a? If "Yes," complete Schedule J for s					_					-	3		
4 For any individual listed on line 1a, is the su									tne organization			х	İ
and related organizations greater than \$150										-	4		
5 Did any person listed on line 1a receive or a							relat	ted organization or indiv	idual for services		5		Х
rendered to the organization? If "Yes," com-	piete Scriedui	eji	OF SI	JCII	pers	SOII					5		
	mnonceted in	done	ando	nt o	ont	roote	are t	that received more than	\$100,000 of comp	ones	ation	from	
1 Complete this table for your five highest co the organization. Report compensation for										61136	ation	IIOIII	
the organization. Report compensation for (A)	trie calendar y	ear	enai	ng v	VILIT	OI W	T	(B)	year.		((	2)	
Name and business	address	NO	INC	₹.				Description of s	ervices	Co		nsatio	n
-							-				<u> </u>		
							一						
					-		寸		·				
								<u>-</u>					
							٦						
2 Total number of independent contractors (		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨					0			I				

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	rt VII		nue					
,		Check if Schedule O cont	tains a response	to any question	ın this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					1
irar		Membership dues	1b		1			
Ğ,Ĕ		Fundraising events	1c	45,500.				
a ii		Related organizations	1d					1
S,E		Government grants (contribut			1			1
Sign		All other contributions, gifts, gran	′ <del>                                    </del>		1			
her	•	similar amounts not included abo	ove 1 3.	421.650.				
Ę ō		Noncash contributions included in lines	: 1a-1f \$	421,650. 2,500.	1			
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f			3,467,150.			
_		Total / Ida iii ii s Ta Ti		Business Code				
9	2 a	RENTAL INCOME		532000	346.379.	346.379		Ì
, kic	_ b	OMITTED DECORATE T	INCOME	900099	346,379. 112,956.	346,379. 112,956.		1
Ser	c	-						
am eve	d						•	
Program Service Revenue	e		<del></del>	-				<del>                                     </del>
Pr	f	All other program service reve	enue					
	g			<b>&gt;</b>	459,335.			1
	3	Investment income (including	dıvıdends, inter	est, and				
		other similar amounts)		•	24,773.			24,773.
	4	Income from investment of ta	x-exempt bond r	oroceeds >				
	5	Royalties		<b>&gt;</b>				
		•	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses			]			
	С	Rental income or (loss)			]			İ
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	14,779.	3,912.				
	b	Less: cost or other basis						
		and sales expenses	0.	0.				
	C	Gain or (loss)	14,779.	3,912.				
		l Net gain or (loss)		<u> </u>	18,691.			18,691.
e e	8 a	Gross income from fundraisin						
Other Revenue		including \$ 45,5	500. of					
Pe		contributions reported on line						
ē		Part IV, line 18	а	107,940.	1			
₽		Less: direct expenses		144,934.		İ		25.004
		Net income or (loss) from fund	•		-36,994.			-36,994.
	9 a	Gross income from gaming ac						1
		Part IV, line 19	a					
		Less: direct expenses	b		1			
		Net income or (loss) from gan	•				<del></del>	ļ
1	10 a	Gross sales of inventory, less						
		and allowances	a		1			
		Less: cost of goods sold	b		-			
	<u>c</u>	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu	ie	Business Code				24 102
				300033	34,193.			34,193.
- 1	b	·						ļ
Í	C	———·		ļ	-			<del> </del>
	d			1	34,193.			
		Total. Add lines 11a-11d  Total revenue See instructions.			3,967,148.	459,335.	0 .	40,663.
23200	12	TOTAL TERETIME SEC INSUMEDIOUS.	<del> </del>		0,201,1±0.	,	<u> </u>	

Form 990 (2012)

## Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	<u>'</u>
	Check if Schedule O contains a respor		s Part IX	(2)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			İ	
	organizations in the United States. See Part IV, line 21	1,455,536.	1,455,536.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u>-</u>
5	Compensation of current officers, directors,	224 255		105 044	04 000
	trustees, and key employees	231,067.		137,044.	94,023.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		404 453	000 010	160 001
7	Other salaries and wages	889,217.	494,473.	233,813.	160,931.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	120 056	00 714	07 670	1 064
9	Other employee benefits	132,256.	99,714.	27,678.	4,864. 27,215.
10	Payroll taxes	123,272.	56,399.	39,658.	41,415.
11	Fees for services (non-employees).				
а	Management				
b	Legal				<del></del>
	Accounting	<del></del>			
	, ,			<u> </u>	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25,	144,909.	12 524	73,030.	50 355
	column (A) amount, list line 11g expenses on Sch 0.)	8,945.	13,524. 393.	6,295.	58,355. 2,257.
12	Advertising and promotion	85,745.	3,324.	56,507.	25,914.
13	Office expenses	05,745.	3,324.	30,307.	25,514.
14	Information technology				<u> </u>
15	Royalties	218,924.	218,924.		<del> </del>
16	Occupancy	17,184.	2,511.	13,805.	868.
17	Travel	17,104.	2,3110	23,0031	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials			· · · · · ·	·
19	Conferences, conventions, and meetings	51,785.		51,785.	<u> </u>
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	628,888.	603,207.	25,681.	
23	Insurance	62,406.	40,949.	21,457.	
23 24	Other expenses. Itemize expenses not covered	, 2001		,	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT EXPENSES	647,440.	-	647,440.	
a b	REPAIRS AND MAINTENANCE	176,370.	161,409.	14,961.	
c	PROGRAM AND SPECIAL ACT	42,510.	22,621.	7,823.	12,066.
d	MISCELLANEOUS	17,220.	1,478.	14,066.	1,676.
-	All other expenses	910.		910.	
25	Total functional expenses. Add lines 1 through 24e	4,934,584.	3,174,462.	1,371,953.	388,169.
26	Joint costs. Complete this line only if the organization	· · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-10-12				Form <b>990</b> (2012)

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Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 1,085,262. 1 Cash - non-interest-bearing 1 1,529,180. 983,557. 2 2 Savings and temporary cash investments 208,778. 811,840. 3 3 Pledges and grants receivable, net 2,179,420. 357,179. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 30,000. 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net Inventories for sale or use 8 83,053. 67,458. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 32,042,638. basis. Complete Part VI of Schedule D 10a 8,428,519. 23,138,510. 23,614,119. 10c 10b b Less: accumulated depreciation 17,500. 5,500. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,186,020. 15 Other assets. See Part IV, line 11 15 28,342,461. 26,954,915. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 174,593. 3,535,697 17 17 Accounts payable and accrued expenses 4,542,367. 18 18 Grants payable 35,553. 29,193. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 402,537. 544,006. Schedule D 25 4,108,896. 5,155,050. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 23,107,856. 22,610,262. 27 27 Unrestricted net assets 235,757. 79,555. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 23,187,411. 22,846,019. 33 Total net assets or fund balances 28,342,461. 26,954,915. Total liabilities and net assets/fund balances

Form 990 (2012)

		THE DEWISH COMMUNITY ASSOCIATION OF				•	
	990 (2012)						
Pa	rt XI Reconciliati	on of Net Assets				-	
	Check if Schedu	ule O contains a response to any question in this Part XI			•		
1	Total revenue (must e	qual Part VIII, column (A), line 12)	1	3,96			
2	Total expenses (must	equal Part IX, column (A), line 25)	2	4,93			
3	Revenue less expense	es. Subtract line 2 from line 1	3	<u> </u>			
4	Net assets or fund bal	lances at beginning of year (must equal Part X, line 33, column (A))	4	23,18			
5	Net unrealized gains (I	losses) on investments	5	10:	1,9	48	
6	Donated services and	use of facilities	6				
7	Investment expenses		7				
8	Prior period adjustmen	nts	8	524	4,0	<u>96</u>	
9	Other changes in net	assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund bal	lances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))		10	22,84	5,0	<u> 19</u>	
Pa	rt XIII Financial St	atements and Reporting					
	Check if Schedu	ule O contains a response to any question in this Part XII				<u></u>	
					Yes	No	
1	-	sed to prepare the Form 990. Cash X Accrual Cther					
	If the organization cha	anged its method of accounting from a prior year or checked "Other," explain in Sched	lule O.			l	
2a	Were the organization	's financial statements compiled or reviewed by an independent accountant?		2a		X	
		below to indicate whether the financial statements for the year were compiled or revie	wed on a	1 1			
	separate basis, conso	olidated basis, or both:					
	Separate basis	Consolidated basis Both consolidated and separate basis		1 1		١	
b	· ·	's financial statements audited by an independent accountant?		_2b		X	
	If "Yes," check a box I	below to indicate whether the financial statements for the year were audited on a sepa	arate basis,				
	consolidated basis, or			] ]			
	Separate basis	Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2	b, does the organization have a committee that assumes responsibility for oversight o	f the audit,				
	review, or compilation	of its financial statements and selection of an independent accountant?		2c		1	

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

X

Act and OMB Circular A-133?

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

2012

Open to Public Inspection

Name of the organization

THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

Employer identification number 45-3910992

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d \_\_\_\_ Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο the governing body of 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). (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col in col. (i) listed in your organization in col. (described on lines 1-9 organization support (I) organized in the U.S.? governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes Nο

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A Public Support

36	Judii A. Fubiic Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")				23187411.	3467150.	26654561.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3		,		23187411.	3467150.	26654561.		
5	The portion of total contributions								
	by each person (other than a		1						
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the		!						
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4						26654561.		
Sec	ction B. Total Support						10		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4				23187411.	3467150.	26654561.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources					24,773.	24,773.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)						0.6650004		
	<b>Total support.</b> Add lines 7 through 10		<u>i</u>				26679334.		
	Gross receipts from related activities,	•	•			12	601,468.		
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth	tax year as a sectio	n 501(c)(3)	. 🖼		
e o	organization, check this box and store ction C. Computation of Publ	here	roontago				<b>▶</b> [X]		
	·-··		<del></del>						
	Public support percentage for 2012 (		-	column (t))		15	<u>%</u>		
	Public support percentage from 2011				- 14 - 00 1/00/	· · · · · · · · · · · · · · · · · · ·	<u>%</u>		
16a	33 1/3% support test - 2012. If the c	-			e 14 is 33 1/3% or ii	iore, check this bo	ox and ⊾□		
	stop here. The organization qualifies		-		ad line 15 in 22 1/20/	ormore check ti	hio box		
D	33 1/3% support test - 2011. If the c	=			10 line 15 is 33 1/376	or more, check u	IIIS DOX		
47.	and stop here. The organization qual				10 16 16b -	and line 14 is 100/			
1/a	10% -facts-and-circumstances tes								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
L	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
D		-							
	more, and if the organization meets the organization meets the "facts-and-circ						· .		
12	Private foundation. If the organization		•	•					
10	rivate roundation. If the organization	n did not check a	DON OF THE 13, 10	a, 100, 17a, 01 1			or 990-EZ) 2012		
						MANU A 11 OH 111 330			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	ction A. Public Support	slow, please com	ipiete Fait II.)			-	-
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
78	a Amounts included on lines 1, 2, and		1				
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	.1 's first second this	rd fourth or fifth +	ay year as a socti	n 501(a)(3) argani	zation
• • •	check this box and stop here	the organization	s mst, second, trii	a, iourui, or mart	ax year as a section	on sor(c)(s) organi.	zation,
Sec	ction C. Computation of Publi	c Support Pe	ercentage	**		***************************************	
	Public support percentage for 2012 (ii			column (fl)		15	%
	Public support percentage from 2011	,,,	•	001011111 (1))		16	%
	ction D. Computation of Inves			<del></del>	*	1 10 1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	•	• •	(7)		18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	<del></del>	
	more than 33 1/3%, check this box ar						<b>&gt;</b>
Ł	33 1/3% support tests - 2011. If the		-	, ,	• • •		and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Name of the organization

THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

Employer identification number 45-3910992

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nızation answered "Yes" to Form 990, l	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, at		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
_	conservation easements.	A	NI
Pai	rt III Organizations Maintaining Collections of		iner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	· ·	
	historical treasures, or other similar assets held for public exhib		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>*</b>
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	·	ai gain, provide
J	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	<b>•</b> •
	Revenues included in Form 990, Part VIII, line 1		<b>*</b>
D	Assets included in Form 990, Part X		<b>▼</b> a

Sche	dule D (Form 990) 2012 GREATER	PHOENIX			45-3	3910992	Page 2
	rt III. Organizations Maintaining Co	ollections of Art, His	torical Treasures,	or Other	Similar As	sets(continue	ed)
3	Using the organization's acquisition, accession	n, and other records, chec	k any of the following tha	at are a signi	ficant use of	its collection i	tems
	(check all that apply):						
а	Public exhibition	d 🖳	Loan or exchange progra	ams			
b	Scholarly research	е 🗀	Other				
С	Preservation for future generations			• •			
4	Provide a description of the organization's co	llections and explain how t	hey further the organizati	ion's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations of art, h	nstorical treasures, or oth	er sımilar as	sets		
	to be sold to raise funds rather than to be ma					Yes	□ No
Pai	rt IV Escrow and Custodial Arrang	<b>jements.</b> Complete if th	e organization answered	"Yes" to For	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part	: X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or other as	ssets not inc	luded		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following	table:				
						Amount	
С	Beginning balance				_1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on Fo	· ·			l	Yes	<u></u> No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the explanat	on has been provided in	Part XIII			
Pai	t V Endowment Funds. Complete if	the organization answered	l "Yes" to Form 990, Part	IV, line 10.			
	<u> </u>	(a) Current year (b) i	Prior year (c) Two yea	rs back (d)	Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	····					
f	Administrative expenses						
g	End of year balance	<u>.                                    </u>					
2	Provide the estimated percentage of the curre	ent year end balance (line :	1g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment >	%					
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c shoul	· · · · · · · · · · · · · · · · · · ·					
За	Are there endowment funds not in the posses	ssion of the organization th	at are held and administe	ered for the	organization	<u></u>	
	by:					Y	es No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•				3b	
4	Describe in Part XIII the intended uses of the						
Par			1				
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu		(d) Book v	alue
	<u> </u>	basis (investment)	basis (other)	depred	ciation	0.005	000
	Land		9,037,000.	F 65		9,037	
	Buildings		19,970,552.	5,67	8,823.	14,291,	729.
С	Leasehold improvements	1	I				

> 23,614,119. Schedule D (Form 990) 2012

285,390.

2,749,696.

d Equipment

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

e Other

3,035,086.

Schedule D (Form 990) 2012 GREATER PHOENIX

45-3910992 Page 3

Part VII Investments - Other Securities. See				•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests			<u> </u>	
(3) Other				
(A)			- <del></del>	
(B)				
(C)			•••	
(D)				
(E)				
(F)				
(G)				
(H)				· · ·
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See		13.		
(a) Description of investment type	(b) Book value	(c) Method of valua	ation: Cost or end	i-of-year market value
(1)				
(2)			_	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	5.			
(a) D	escription			(b) Book value
(1)				
(2)	·			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)			-
Part X Other Liabilities. See Form 990, Part X, III	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO AFFILIATES		471,413.		
(3) LEASE PAYABLE		72,593.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	544,006.		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

45-3910992 Page 4 GREATER PHOENIX Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

TEWTSH COMMINITY ASSOCIATION OF

**Open To Public** Inspection

-	ISH COMMUNITY ASSO PHOENIX	CIA	TIO	N OF		mployer ide 45-3910	ntification number 992		
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid and compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g X Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-ga govern asing of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees c	X Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) indraiser d in col. (i)	(vi) Amount paid to (or retained by) organization		
MARGERY AND PETER ARNOLD -	FULFILLING THE PROMISE	Yes	No x	603 500		F2 076	630, 404		
15850 N THOMPSON PEAK PARKWAY	CAMPAIGN		4	683,500.		53,076.	630,424.		
Total			<b></b>	683,500.	d (+ , o, o	53,076.	630,424.		
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contric	utions	or has been notined	u II IS e	xempt from re	egistration		
AZ									

Sch	edu	ile G (Form 990 or 990-EZ) 2012 GREATER				3910992 Page 2
Pa	rt I		_		-	
_		of fundraising event contributions and great				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MEGA	MAZALPALOOZA	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ηne			(event type)	(CVCIIC type)	(total Hamber)	· · · · · · · · · · · · · · · · · · ·
Revenue	1	Gross receipts	122,405.	19,405.	11,630.	153,440
ď	Ī	G. 555 (655)p.5				
	2	Less: Contributions	45,500.			45,500
	3	Gross income (line 1 minus line 2)	76,905.	19,405.	11,630.	107,940
	4	Cash prizes				
	_					ŀ
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	16,606.			16,606
xbe	Ü	Herioraciinty costs	20,000.			10,000
걸	7	Food and beverages	62,017.			62,017
Dire					<del></del>	
	8	Entertainment	62,341.			62,341
	9	Other direct expenses	3,970.			62,341
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		<b>&gt;</b>	( 144,934
Th.		Net income summary. Combine line 3, column			<u> </u>	-36,994
Pa	11.		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant		(d) Total some o (odd
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
eve				_		· · · · · · · · · · · · · · · · · · ·
Œ	1	Gross revenue				
S	2	Cash prizes				
Expenses						
χĎ	3	Noncash prizes				
ect E						
Dire	4	Rent/facility costs				
	_	Other direct expenses				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No 70	No No	
	_			1 10 1		
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	\ (
			` '		,	
	8	Net gaming income summary. Combine line 1	, column d, and line 7			
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac	tivities in each of these s	states?		L Yes L No
b	IT "	No," explain:	<del> </del>			
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax s	/ear?	Yes No
		Vos " evoluin:		acoa danny the tax y	our i	163 140

Sch	edule G (Form 990 or 990-EZ) 2012 GREATER PHOENIX	45-39	10992	Page 3
11	Does the organization operate gaming activities with nonmembers?	L	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			1
	to administer charitable gaming?	[	Yes	☐ No
13	Indicate the percentage of gaming activity operated in.			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	_	100	
14	The the hame and address of the person who prepares the organization's gaining/special events books and resor	us.		
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
-	of gaming revenue retained by the third party > \$			
c	e if "Yes," enter name and address of the third party:			
	· · · · · · · · · · · · · · · · · · ·			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Coming manager companyation			
	Gaming manager compensation  \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
	—			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	ımns (III) ar	nd (v), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS	:	
,	\			
<u>(I</u>	) NAME OF FUNDRAISER: MARGERY AND PETER ARNOLD			
, -	) ADDDEGG OF BUNDDATGED.			
<u>(I</u>	) ADDRESS OF FUNDRAISER:			
15	850 N THOMPSON PEAK PARKWAY #2031, SCOTTSDALE, AZ 85260			
	55 I. India bon Lant limitall "2051, bedilbbill, in 65200			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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.

GREATER PRODUITA

THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

#### Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, an criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Forr recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

recipient that received more than S	55,000. Part II cai	n be duplicated if addi	tional space is need	iea.	/// Mathadiat	- 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Dese non-cash
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700						
- NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	202,000.	0.		
ARIELLA US						
139 SOUTH BEVERLY DR. STE 215						
BEVERLY HILLS, CA 90212	13-1656634	501(C)(3)	10,000.	0.		
BUREAU OF JEWISH EDUCATION		}				
12701 N. SCOTTSDALE RD. STE 206						
SCOTTSDALE, AZ 85254	86-0560654	501(C)(3)	77,089.	0.		
PHOENIX HEBREW ACADEMY						
515 E BETHANY HOME RD		1				
PHOENIX, AZ 85012	86-0199058	501(C)(3)	24,915.	0.		
-	.,					
HILLEL @ ASU						
1012 SOUTH MILL AVE.	06 6053800	501/01/21	00.000	_		
TEMPE, AZ 85281	86-6053800	501(C)(3)	80,000.	0.		
VALLEY OF THE SUN JEWISH COMMUNITY						
CTR - 12701 N. SCOTTSDALE RD. STE			1			
201 - SCOTTSDALE, AZ 85254	86-0622258	501(C)(3)	524,882.	0.		İ

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

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

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27

Schedule I (Form 990)

GREATER PHOENIX	X
-----------------	---

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Metho						
organization or government	(4,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Descript non-cash ass
EAST VALLEY JCC						
908 N ALMA SCHOOL RD						+
CHANDLER, AZ 85224	86-0618301	501(C)(3)	81,700.	0.	<del></del>	
JEWISH FAMILY & CHILDRENS SERVICES						
4220 N. 20TH AVE						
PHOENIX, AZ 85015	86-0096781	501(C)(3)	257,000.	0.		
JEWISH FREE LOAN						
3443 N. CENTRAL AVE. #707						
PHOENIX, AZ 85012	86-6052446	501(C)(3)	25,000.	0.		
	-			-		
COUNCIL FOR JEWISH WITH SPECIAL						
NEEDS - 12701 N. SCOTTSDALE RD.						
STE 205 - SCOTTSDALE, AZ 85254	86-0626273	501(C)(3)	32,825.	0.	<b>,</b>	
PARDES JEWISH DAY SCHOOL						
3916 E PARADISE LANE						
PHOENIX, AZ 85032	86-0969657	501(C)(3)	48,015.	0.		
			,			<del> </del>
JEWISH ARIZONANS ON CAMPUS						
13039 N 70TH ST.						
SCOTTSDALE, AZ 85254	26-1614122	501(C)(3)	10,000.	0.		<u> </u>
VALLEY BEIT MIDRASH						
4645 E. MARILYN RD						1
PHOENIX, AZ 85032	45-5443715	501(C)(3)	10,800.	0.		ļ
EAST VALLEY DAY SCHOOL						
908 N ALMA SCHOOL RD						
CHANDLER, AZ 85224	26-1762927	501(C)(3)	5,445.	0.		
TORAH DAY SCHOOL						
1118 W. GLENDALE AVE						
PHOENIX, AZ 85021	27-3219251	501(C)(3)	10,395.	0.		

THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

Schedule I (Form 990) GREATER P  Part II Continuation of Grants and Other		overnments and Orga		Jnited States (Sch	nedule I (Form 990). P	art II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Desc non-cash
GREATER PHOENIX JEWISH FILM FESTIVAL - 6501 EAST GREENWAY PARKWAY - SCOTTSDALE, AZ 85254	26-3418857	501(C)(3)	7,500.	. 0.	,	

GREATER PHOENIX Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in Part III can be duplicated if additional space is n	the United States. Comeeded.	plete if the organiz	ation answered "Yes	" to Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
				-	
		:			
Part IV	Supplemental Information. Complete this part	to provide the information	n required in Part I	, line 2, Part III, colum	n (b), and any other additional info
			-		-
		<del></del> -	<u>.                                    </u>	<u>.</u>	
		1.27	30		· <del>- sr.</del>
232102 12-1	8-12		30		

232102 12-18-12

#### SCHEDULE J (Form 990)

# **Compensation Information**

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

rt IV, line 23.

See separate instructions.

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

► Attach to Form 990. ► See separate instruction
THE JEWISH COMMUNITY ASSOCIATION OF
GREATER PHOENIX

Employer identification number 45-3910992

OMB No 1545-0047

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

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

GREATER PHOENIX

45-3910992

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents
(1) STUART WACHS	(i)	210,900.	11,250.	480.	0.	23,253.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)					
	[(i) ]					
	(ii)	_				
	(0)					
	(ii)				_	
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)			-		
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	(i) (ii)			<del>-</del>		
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	(ii)		_			
	(i)					
	(ii)					
	(i)					
	(ii)					

Schedule J (Form 990) 2012

GREATER PHOENIX

Part III	Supplemental Information							
Complete	this part to provide the information, explanation, or descriptions required for Part I, lines	s 1a,	1b, 3, 4	a, 4b,	4c, 5a, 5b,	6a, 6b	7, and 8	, and for
a. al al a. a. a. a.	l #							

additional information.
PART I, LINE 1A: PER STUART WACH'S EMPLOYMENT CONTRACT, TEMPORARY
HOUSING WAS PROVIDED AT A DONORS PLACE OF RESIDENCE FROM MARCH 1, 2012 TO
SEPTEMBER 2012.
VALLEY OF THE SUN JEWISH COMMUNITY CENTER ("VOSJCC"), A RELATED
ORGANIATION, HAS A FITNESS FACILITY AND A FAMILY MEMBERSHIP IS PROVIDED TO
ALL FULL-TIME, BENEFIT-ELIGIBLE EMPLOYEES OF EITHER ORGANIZATION.
ACCORDINGLY, AS THE PRESIDENT/CEO OF BOTH THE THE FILING ENTITY AND VOSJCC,
STUART WAS PROVIDED A FREE MEMBERSHIP AS WELL.

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

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

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

Employer identification number 45-3910992

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by 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 Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or (i) Written (b) Relationship (d) Loan to or (a) Name of (c) Purpose (e) Original (f) Balance due (g) In with from the of loan principal amount agreement? interested person default? committee? organization organization? From Yes Yes То No Yes STUART WACHS PRESIDENHOUSING 30,000. 30,000. X Х X 30,000 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (d) Type of (e) Purpose of (a) Name of interested person (b) Relationship between assistance assistance assistance interested person and the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

	DEWISH COMMUNITY ASSO	CIATION OF	45 2010		
Schedule L (Form 990 or 990-EZ) 2012 GREA	TER PHOENIX		45-3910	992	Page 2
Part IV Business Transactions Inv	<del>-</del>	0. 00			
(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 2  (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
DAVID WEINER	BOARD MEMBER	329.537.	INSURANCE E	Yes	No X
DAVID WHINEK	BOARD HEADER	323,337	INDOMINED L	1	<del>                                     </del>
					<u> </u>
				ļ	ļ
				ļ	<u> </u>
		<u> </u>		ļ	<del> </del>
15.17.16					<u></u>
Part V Supplemental Information	ional information for responses to question	os on Sahadula I. (sas	inetructions)		
Complete this part to provide addit	iorial information for responses to question	is on schedule L (see	instructions).		
SCHEDULE L, PART II, LOA	NS TO AND FROM INTERE	STED PERSON	is:		
/ A NAME OF DEDGOM, GRAN	DE MAGNA				
(A) NAME OF PERSON: STUA	RT WACHS				
(B) RELATIONSHIP WITH OR	GANIZATION: PRESIDENT	/CEO			
(4) DUDDOGE OF LOW WOL	arva spirsyan				
(C) PURPOSE OF LOAN: HOU	SING ADVANCE				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:		
(A) NAME OF PERSON: DAVI	D WEINER				
(D) DESCRIPTION OF TRANS	ACTION: INSURANCE BRO	KER - BECAU	JSE THE		
COMMISSION PORTION IS UN	KNOWN THE AMOUNT BED	ለውጥዌስ ነር ጥ	IF TOTAL DEF	MIIM	ſĊ
COMMISSION FORTION IS ON	KNOWN, THE AMOUNT KEE	OKIED IS II	IE TOTAL FRE	MION	10
PAID TO THE INSURANCE CO	MPANIES ON THE POLICI	ES FOR WHIC	CH HE IS THE		
DROVER					
BROKER.			····-		
			<del></del>		

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

Employer identification number 45-3910992

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY CAMPUS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WHICH BENEFITED 45 JEWISH PROGRAMS, LOCALLY, NATIONALLY, IN ISRAEL AND
OVERSEAS. IN ADDITION, DURING 2012 THE ASSOCIATION LAUNCHED 3 SPECIAL
EMERGENCY CAMPAIGNS WHICH RAISED AT TOTAL OF \$31K FOR THE ISRAEL
CRISIS, HURRICANE ISAAC, AND HURRICANE SANDY.
MORE THAN 1500 COMMUNITY MEMBERS ATTENDED THE ASSOCIATION'S LARGE-SCALE
EVENTS - THE ANNUAL MEETING AND THE ANNUAL MEGA EVENT. BOTH FEATURED
THEMES WITH A CONNECTING THREAD, THE POWER OF YOU AND THE POWER OF
COMMUNITY.
WOMEN'S PHILANTHROPY DREW MORE THAN 300 PARTICIPANTS TO EDUCATIONAL,
OUTREACH, AND FUNDRAISING EVENTS, INCLUDING THE LION OF JUDAH AND
POMEGRANATE DIVISION EVENTS, AS WELL AS THE FALL AND HANUKKAH PROGRAMS.
IN ADDITION, THE INAUGURAL WOMEN'S PHILANTHROPY LEAGUE ENGAGED 24 WOMEN
IN A YEAR-LONG+ PROGRAM OF HANDS-ON VOLUNTEERISM IN SOCIAL SERVICE
AGENCIES, WHILE LEARNING ABOUT OUR COMMUNITY AND THE ASSOCIATION.
IMPACT, THE YOUNG WOMEN'S PHILANTHROPY GROUP, WAS FORMED AND BEGAN TO
PROGRAM ACTIVITIES FOR WOMEN IN THEIR 20'S/30'S/EARLY 40'S.

THE ASSOCIATION IS THE SOLE MEMBER OF THE INA LEVINE JEWISH COMMUNITY

CAMPUS WHICH PROVIDES SPACE FOR VARIOUS JEWISH ORGANIZATIONS AS WELL AS

THE CENTRAL LOCATION TO HOLD COMMUNITY WIDE EVENTS.

FORM 990, PART VI, SECTION A, LINE 2: DAVID TINKELMAN, JUDI GOTTSCHALK AND JOEL KRAMER HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B: THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS REVIEWED BY THE ORGANIZATION'S CFO, AUDIT CHAIR AND CEO PRIOR TO FILING. THE RETURN IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY

EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM ANNUALLY.

THE FORMS ARE REVIEWED INITIALLY BY THE CFO FOR POTENTIAL CONFLICTS. ANY

POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. ANY PERSON

WITH A CONFLICT IS RESTRICTED FROM VOTING ON RELATED MATTERS WHERE A

CONFLICT MAY OCCUR.

FORM 990, PART VI, SECTION B, LINE 15A: THE OFFICER TEAM RECOMMENDS THE COMPENSATION FOR THE PRESIDENT, CONDUCTS PERIODIC PERFORMANCE REVIEWS OF THE PRESIDENT AND DEVELOPS A PLAN FOR PRESIDENTIAL SUCCESSION. LAST DONE IN 2012.

Name of the organization THE JEWISH COMMUNITY ASSOCIATION OF  GREATER PHOENIX									Employer identification number 45-3910992		
GOVERNING	DOCU	MENTS,	CONFLIC	T OF	INTEREST	POLICY	AND	FINA	NCIAL	STATEMENTS	
AVAILABLE	то т	HE PUB	LIC UPON	REQ	UEST.	h					
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Schedule O (Form 990 or 990-EZ) (2012)

Page 2

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

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.

Name of the organization

THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENTY

(a)	(b)	(c)	(d)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		ome	End-d	
JEWISH COMMUNITY CAMPUS, LLC - 86-0096784						
12701 N SCOTTSDALE RD STE 201	7					
SCOTTSDALE, AZ 85254	MANAGEMENT	ARIZONA	1,230	0,428.	2	
	$\exists$					
	=					
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	zations (Complete if the organizati	ion answered "Yes" to Form 990	), Part IV, line 34 b	ecause	ıt had	
(a)	(b)	(c)	(d)	7	(e)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	status	Public cha status (if se 501(c)(3	
VALLEY OF THE SUN JEWISH COMMUNITY CENTER,			<del> </del>	<b>-</b>		
INC 86-0622258, 12701 N SCOTTSDALE RD						
#203, SCOTTSDALE, AZ 85254	CHARITY	ARIZONA	501(C)(3)	LINE	11A,	
				+		
				+		
	7					

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

232161 12-10-12 LHA

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Schedule R (Form 990) 2012

GREATER PHOENIX

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 beca organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dispropor ate allocat

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line organizations treated as a corporation or trust during the tax year.)

Organization floated to a corporation of flate dailing the tax yearly										
(a)	(b)	(c)	(d)	(e)	(f)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income					
		4.0								

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232162 12-10-12

# THE JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX

Schedule R (Form 990) 2012

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

on Amount involved Methods)
240,000.COST
232,300.COST
524,882.COST
96,715.COST

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Schedule R (Form 990) 2012

GREATER PHOENIX

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 (measi that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners 501 (c) (orgs 4	(f) Share of total income	(g) Share of pend-of-year all all

# THE JEWISH COMMUNITY ASSOCIATION OF 45-3910992 Page 5 GREATER PHOENIX Schedule R (Form 990) 2012 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).