

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA		D Employer identification number 86-0718936
	Doing business as		E Telephone number (520) 577-0388
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718		G Gross receipts \$ 37,367,098.
	F Name and address of principal officer: BRUCE ASH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527
J Website: ▶ WWW.JCFTUCSON.ORG
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1992 **M State of legal domicile:** AZ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,948.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,197,665.	21,684,869.
	9 Program service revenue (Part VIII, line 2g)	400,577.	314,681.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,489,894.	7,193,794.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,493.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,250,629.	29,193,344.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,804,748.	9,669,454.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	883,277.	820,658.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,790.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,202,171.	512,710.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,890,196.	11,002,822.
19 Revenue less expenses. Subtract line 18 from line 12	-639,567.	18,190,522.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 126,731,674.	End of Year 157,844,908.
	21 Total liabilities (Part X, line 26)	35,228,228.	42,436,483.
	22 Net assets or fund balances. Subtract line 21 from line 20	91,503,446.	115,408,425.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JEFF JACOBSON, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. DEVRIES	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00748581
	Firm's name ▶ HBL CPAS, P.C.	Firm's EIN ▶ 86-0360084	Phone no. (520) 886-3181		
	Firm's address ▶ 5470 E. BROADWAY BLVD. TUCSON, AZ 85711				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
JCF IS AN AFFILIATED CORPORATION OF THE JEWISH FEDERATION OF SOUTHERN ARIZONA. OUR MISSION IS: EMPOWERING INDIVIDUALS, FAMILIES AND ORGANIZATIONS TO INVEST IN STRONGER JEWISH AND GLOBAL COMMUNITIES FOR TODAY AND TOMORROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 10,473,384. including grants of \$ 9,669,454.) (Revenue \$ 314,681.)
THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA (JCF) PROVIDES SERVICES FOR INDIVIDUAL DONORS AND NON-PROFIT ORGANIZATIONS THAT HOUSE FUNDS WITH THE FOUNDATION, INCLUDING FUND INVESTMENT, MANAGEMENT AND REPORTING, GRANTING, AND FIELD OF INTEREST RESEARCH. JCF WORKS WITH INDIVIDUAL DONORS, OFTEN IN COLLABORATION WITH THEIR PROFESSIONAL ADVISORS, TO DEVELOP LEGACY PLANS TO FUND ENDOWMENTS THROUGH TESTAMENTARY PROVISIONS VIA THEIR WILLS, TRUSTS, LIFE INSURANCE POLICIES AND OTHER ESTATE VEHICLES. JCF MANAGES ENDOWMENTS, DONOR ADVISED FUNDS, ORGANIZATION ENDOWMENTS, CUSTODIAL FUNDS, AND CHARITABLE REMAINDER TRUSTS.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **10,473,384.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
- THE ORGANIZATION - (520) 577-0388
3718 E. RIVER ROAD #118, TUCSON, AZ 85718

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GRAHAM HOFFMAN (JCF) CEO	40.00			X			295,309.	0.	30,991.	
(2) JANE ESPINOZA (JCF) CFO	40.00			X			124,912.	0.	7,562.	
(3) BRENDA LANDAU EMPLOYEE	32.00				X		100,217.	0.	0.	
(4) BRUCE ASH CO-CHAIR	3.00	X		X			0.	0.	0.	
(5) ANNE HAMEROFF CO-CHAIR	3.00	X		X			0.	0.	0.	
(6) AARON ROTTENSTEIN VICE CHAIR	3.00	X		X			0.	0.	0.	
(7) LIZ KANTER GROSCHIND VICE CHAIR	3.00	X		X			0.	0.	0.	
(8) BEN SILVERMAN SECRETARY	3.00	X		X			0.	0.	0.	
(9) JEFF JACOBSON TREASURER	3.00	X		X			0.	0.	0.	
(10) DEBORAH OSERAN IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(11) MORGAN ABRAHAM TRUSTEE	1.00	X					0.	0.	0.	
(12) JEFF ARTZI TRUSTEE	1.00	X					0.	0.	0.	
(13) JANE ASH TRUSTEE	1.00	X					0.	0.	0.	
(14) JENNIFER CASSIUS TRUSTEE	1.00	X					0.	0.	0.	
(15) RANDY DAVIDSON TRUSTEE	3.00	X					0.	0.	0.	
(16) MADELINE FRIEDMAN TRUSTEE	1.00	X					0.	0.	0.	
(17) ELIZABETH FRIMAN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANNY GASCH TRUSTEE	1.00	X						0.	0.	0.
(19) LEAH GEISTFELD TRUSTEE	1.00	X						0.	0.	0.
(20) ROB GLASER TRUSTEE	1.00	X						0.	0.	0.
(21) LESLIE GLAZE TRUSTEE	1.00	X						0.	0.	0.
(22) MELISSA GOLDFINGER TRUSTEE	1.00	X						0.	0.	0.
(23) DEBBIE GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(24) RACHEL GREEN TRUSTEE	1.00	X						0.	0.	0.
(25) JOSH HURAND TRUSTEE	1.00	X						0.	0.	0.
(26) JEFFREY KATZ TRUSTEE	3.00	X						0.	0.	0.
1b Subtotal								520,438.	0.	38,553.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								520,438.	0.	38,553.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	216,058.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,468,811.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 900,000.				
	h Total. Add lines 1a-1f			21,684,869.			
Program Service Revenue	2 a ADMIN FEES / OTHER	Business Code					
		900099	314,681.	314,681.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			314,681.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,364,729.			6,364,729.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,002,819.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	8,173,754.				
	c Gain or (loss)	7c	829,065.				
d Net gain or (loss)			829,065.		829,065.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			29,193,344.	314,681.	0.	7,193,794.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,669,454.	9,669,454.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,809.	124,497.	107,002.	32,310.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	394,956.	186,388.	160,196.	48,372.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	161,893.	76,401.	65,664.	19,828.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,192.	2,752.	1,106.	334.
c Accounting	31,693.	17,280.	11,070.	3,343.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	269,625.	266,237.	2,602.	786.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	50,808.	48,005.	2,153.	650.
12 Advertising and promotion				
13 Office expenses	11,574.	5,462.	4,694.	1,418.
14 Information technology	53,710.	25,347.	21,785.	6,578.
15 Royalties				
16 Occupancy	21,999.	10,382.	8,923.	2,694.
17 Travel	11,173.	5,273.	4,532.	1,368.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,280.	1,076.	925.	279.
23 Insurance	32,681.	22,113.	8,117.	2,451.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DEVELOPMENT AND PROMOTI	11,930.	5,630.	4,839.	1,461.
b TELEPHONE	7,496.	3,538.	3,040.	918.
c REAL ESTATE TAXES	3,549.	3,549.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,002,822.	10,473,384.	406,648.	122,790.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	467.	1	11,059.
	2 Savings and temporary cash investments	22,018,873.	2	32,249,267.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	45,041.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,962,242.	7	1,991,618.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,915.	9	51,972.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 207,974.		
	b Less: accumulated depreciation	10b 121,953.		
	11 Investments - publicly traded securities	66,994,674.	11	76,524,050.
	12 Investments - other securities. See Part IV, line 11	21,430,350.	12	28,222,737.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,171,911.	15	18,708,184.
16 Total assets. Add lines 1 through 15 (must equal line 33)	126,731,674.	16	157,844,908.	
Liabilities	17 Accounts payable and accrued expenses	175,909.	17	219,706.
	18 Grants payable	268,250.	18	343,853.
	19 Deferred revenue		19	1,200.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,784,069.	25	41,871,724.
	26 Total liabilities. Add lines 17 through 25	35,228,228.	26	42,436,483.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	76,443,969.	27	99,093,696.
	28 Net assets with donor restrictions	15,059,477.	28	16,314,729.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	91,503,446.	32	115,408,425.
33 Total liabilities and net assets/fund balances	126,731,674.	33	157,844,908.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,193,344.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,002,822.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,190,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,503,446.
5	Net unrealized gains (losses) on investments	5	5,714,457.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	115,408,425.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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 Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,377,007.	11,623,979.	13,968,429.	11,197,665.	21,684,869.	65,851,949.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,377,007.	11,623,979.	13,968,429.	11,197,665.	21,684,869.	65,851,949.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,767,122.
6 Public support. Subtract line 5 from line 4.						48,084,827.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	7,377,007.	11,623,979.	13,968,429.	11,197,665.	21,684,869.	65,851,949.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,230,253.	1,710,055.	1,548,621.	1,114,498.	7,493,722.	13,097,149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-739.	-1,197.	-77,420.	-2,745.	14,753.	-67,348.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						78,881,750.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	60.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	48.15 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA

Employer identification number

86-0718936

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 662,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 497,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,841,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 900,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 576,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	LIFE ESTATE - HOUSE _____ _____ _____	\$ 900,000.	12/01/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number 86-0718936

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (Yes/No).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,417,941.	34,739,273.	30,617,326.	33,311,708.	30,131,061.
b Contributions	1,656,524.	1,422,205.	851,974.	328,489.	280,634.
c Net investment earnings, gains, and losses	5,683,461.	3,745,014.	4,710,698.	-1,649,898.	4,228,817.
d Grants or scholarships					
e Other expenditures for facilities and programs	992,613.	1,317,901.	1,295,627.	1,237,149.	1,229,155.
f Administrative expenses	465,944.	170,650.	145,098.	135,824.	99,649.
g End of year balance	44,299,369.	38,417,941.	34,739,273.	30,617,326.	33,311,708.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 76.0000 %
 - b Permanent endowment 16.0000 %
 - c Term endowment 8.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	11,403.		9,883.	1,520.
e Other	196,571.		112,070.	84,501.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,021.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	28,222,737.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	28,222,737.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	50,134.
(2) PARTNERSHIP INT AND CLOSELY HELD CORP	8,443,025.
(3) CASH SURRENDER VALUE LIFE INSURANCE	4,820,144.
(4) BENEFICIAL INTEREST IN TRUST, NET	4,494,881.
(5) REAL PROPERTY HELD FOR SALE	900,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	18,708,184.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	41,204,255.
(3) DESIGNATED OBLIGATIONS	667,469.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,871,724.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENTS ARE HELD FOR DONOR RESTRICTED USES AND DONOR ADVISED PURPOSES

PART X, LINE 2:

JCF HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT REQUIRE REPORTING

UNDER U.S. GENERAL ACCEPTED ACCOUNTING PRINCIPLES. JCF WOULD RECOGNIZE

INTEREST RELATED TO ANY SUCH UNCERTAINTIES IN INTEREST EXPENSE AND

PENALTIES IN OPERATING EXPENSES. DURING THE YEARS ENDED DECEMBER 31,

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM CONSOLIDATED ENTITY

LOSS ON DISPOSAL OF ASSET FROM CONSOLIDATED ENTITY

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE BETWEEN CONSOLIDATED ENTITIES - L2 SERVICE FEE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM CONSOLIDATED ENTITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES BETWEEN CONSOLIDATED ENTITIES - L2 SERVICE FEE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA**

Employer identification number
86-0718936

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADL - ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723		17,000.	0.			SUPPORT
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - 633 THIRD AVENUE, 20TH FLOOR - NEW YORK, NY 10017	13-1623886		11,400.	0.			SUPPORT
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781		753,277.	0.			SUPPORT
AMERICAN SOCIETY FOR THE PROTECTION OF NATURE IN ISRAEL - 15 EAST 40TH STREET, STE 904 - NEW YORK, NY 10016	52-1467954		10,000.	0.			SUPPORT
ANGEL CHARITY FOR CHILDREN 3132 N SWAN ROAD TUCSON, AZ 85712	86-0472794		21,000.	0.			SUPPORT
ARIZONA DAILY STAR SPORTSMENS FUND, INC. - P O BOX 16141 - TUCSON, AZ 85732-6141	86-6053274		6,000.	0.			SUPPORT

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

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX, AZ 85004	23-7169261		75,980.	0.			SUPPORT
ARIZONA PUBLIC MEDIA P O BOX 210067 TUCSON, AZ 85721-0067	86-6050388		7,400.	0.			SUPPORT
ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON, AZ 85702	86-0211777		58,650.	0.			SUPPORT
ARIZONA YOUTH PARTNERSHIP 7575 W TWIN PEAKS ROAD, SUITE 165 TUCSON, AZ 85743	86-0669087		20,000.	0.			SUPPORT
ARTS EXPRESS INC 5870 E BROADWAY BLVD, SUITE 214 TUCSON, AZ 85711	86-0941657		12,000.	0.			SUPPORT
BABOQUIVARI EDUCATIONAL FOUNDATION P O BOX 248 SELLS, AZ 85634-0248	47-5200570		10,000.	0.			SUPPORT
BAY LAUREL PFA C/O BRIDGET KATZ, 24004 BESSEMER ST WOODLAND HILLS, CA 91367	95-4378605		11,800.	0.			SUPPORT
BETH SHALOM TEMPLE CENTER PO BOX 884 GREEN VALLEY, AZ 85622	86-0682304		6,722.	0.			SUPPORT
BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY - 4305 UNIVERSITY AVENUE, SUITE 590 - SAN DIEGO, CA 92105	95-2151526		6,500.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SUNDAY 6111 MELROSE AVENUE LOS ANGELES, CA 90038-3501	42-1765317		6,500.	0.			SUPPORT
B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET NW WASHINGTON, DC 20001	31-1794932		31,555.	0.			SUPPORT
BOYS AND GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON, AZ 85717	86-0172257		20,252.	0.			SUPPORT
BOYS TO MEN 3708 VILLAGE RUN DR DES MOINES, IA 50317-5113	46-4884647		7,100.	0.			SUPPORT
CHABAD AT THE UNIVERSITY OF ARIZONA - 1436 E DRACHMAN STREET - TUCSON, AZ 85719-4209	26-1892963		7,700.	0.			SUPPORT
CHABAD LUBAVITCH OF FREDERICK 1 WEST 9TH STREET FREDERICK, MD 21701	26-3271247		10,000.	0.			SUPPORT
CHABAD OF CORONADO 1330 ORANGE AVE, STE 120-130 CORONADO, CA 92118	33-0147470		13,700.	0.			SUPPORT
CLAL THE NATIONAL JEWISH CENTER 440 PARK AVENUE S, 4TH FL NEW YORK, NY 10016	23-7390358		6,555.	0.			SUPPORT
COMMUNITY FOOD BANK OF SA PO BOX 551 TUCSON, AZ 85702	51-0192519		112,185.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION FOR SA 5049 E BROADWAY BLVD, STE 201 TUCSON, AZ 85711	94-2681765		18,750.	0.			SUPPORT
CONGREGATION ANSHEI ISRAEL 5550 E FIFTH STREET TUCSON, AZ 85711	86-0117384		98,614.	0.			SUPPORT
CONGREGATION CHOFETZ CHAYIM 5150 E FIFTH STREET TUCSON, AZ 85711	86-0369304		19,529.	0.			SUPPORT
CONGREGATION OR CHADASH 3939 N ALVERNON WAY TUCSON, AZ 85718	86-0836569		22,508.	0.			SUPPORT
CONGREGATION RODEPH SHOLOM 2385 PARK AVENUE BRIDGEPORT, CT 06604	94-6030040		6,000.	0.			SUPPORT
CONGREGATION YOUNG ISRAEL 2443 E FOURTH STREET TUCSON, AZ 85719	86-0671070		8,751.	0.			SUPPORT
CONNECTING A CARING COMMUNITY 26610 AGOURA RD, SUITE 120 CALABASAS, CA 91302-3823	81-4101648		10,000.	0.			SUPPORT
DRAWING STUDIO 2760 N TUCSON BLVD TUCSON, AZ 85716	86-0992193		35,700.	0.			SUPPORT
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIRCLE EL PASO, TX 79927-2005	45-2893839		100,000.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS STREET TUCSON, AZ 85745	86-0816675		66,500.	0.			SUPPORT
ESPERANZA DANCE PROJECT P O BOX 90064 TUCSON, AZ 85752-0064	82-2280520		15,000.	0.			SUPPORT
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599		8,750.	0.			SUPPORT
FIGHTING AGAINST MEDIOCRITY FOUNDATION - 4927 N SABINO GULCH COURT - TUCSON, AZ 85750	86-0981064		6,000.	0.			SUPPORT
FROM THE HEART PRODUCTIONS INC 1455 MANDALAY BEACH ROAD OXNARD, CA 93035	95-4445418		15,000.	0.			SUPPORT
FUCHS MIZRACHI SCHOOL 26600 SHAKER BLVD BEACHWOOD, OH 44122	34-1400924		5,474.	0.			SUPPORT
GLOBAL INVESTMENT FOUNDATION FOR TOMORROW INC - 1201 N ORANGE ST SUITE 7265 - WILMINGTON, DE 19801-1268	20-5545018		50,000.	0.			SUPPORT
GREGORY SCHOOL 3231 N CRAYCROFT ROAD TUCSON, AZ 85712	86-0374130		23,500.	0.			SUPPORT
HANDMAKER JEWISH SERVICES FOR THE AGING - 2221 N ROSEMONT BLVD - TUCSON, AZ 85712-2113	86-0626077		16,166.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM , MA 01001-1913	04-6685725		50,000.	0.			SUPPORT
HIAS INC (HEBREW IMMIGRANT AID SOCIETY) - 1300 SPRING STREET, SUITE 500 - SILVER SPRING, MD 20910	13-5633307		100,000.	0.			SUPPORT
HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER ROAD TUCSON, AZ 85705	86-0112798		5,200.	0.			SUPPORT
INITIATIVE FOR MEDICINES, ACCESS & KNOWLEDGE - 16192 COASTAL HWY - BROOKLYN, NY 19958-3608	20-8559302		150,000.	0.			SUPPORT
INTEGRATIVE TOUCH FOR KIDS 5675 N ORACLE ROAD #3201 TUCSON, AZ 85704	74-3145036		13,700.	0.			SUPPORT
INTERFAITH COMMUNITY SERVICES 2820 W INA ROAD TUCSON, AZ 85741	86-0520997		120,000.	0.			SUPPORT
INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT - P O BOX 17749 - TUCSON, AZ 85731-7749	85-0254535		5,500.	0.			SUPPORT
ISRAEL CNTR FOR EXCELLENCE 9 SOUTH 753 CIRCLE AVENUE WILLOWBROOK, IL 60527	27-3032809		8,249.	0.			SUPPORT
JEWISH COMMUNITY FEDERATION OF CLEVELAND - 25701 SCIENCE PARK DRIVE - BEACHWOOD, OH 44122	34-0714445		10,948.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FOUNDATION OF GREATER PRESCOTT - P O BOX 2684 - PRESCOTT, AZ 86302-2684	86-0941893		12,000.	0.			SUPPORT
JEWISH FAMILY & CHILDREN'S SVCS 4301 E FIFTH STREET TUCSON, AZ 85711	86-0623896		145,817.	0.			SUPPORT
JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-1643388		15,000.	0.			SUPPORT
JEWISH FEDERATION OF SA 3718 E RIVER ROAD, STE 100 TUCSON, AZ 85718	86-0096795		1,130,656.	0.			SUPPORT
JEWISH HISTORY MUSEUM P O BOX 889 TUCSON, AZ 85702-0889	86-0762311		26,894.	0.			SUPPORT
JEWISH NATIONAL FUND - USA INC 42 E 69TH STREET NEW YORK, NY 10021	83-2880252		26,255.	0.			SUPPORT
LAW COLLEGE ASSOCIATION OF THE UNIVERSITY OF ARIZONA - P O BOX 210176 - TUCSON, AZ 85721-0176	86-6037148		55,316.	0.			SUPPORT
LEAD GUITAR PO BOX 40206 TUCSON, AZ 85717	26-1416560		26,000.	0.			SUPPORT
LOS ANGELES RONALD MCDONALD HOUSE 4560 FOUNTAIN AVENUE LOS ANGELES, CA 90029	95-3167869		14,500.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	04-1564655		75,000.	0.			SUPPORT
MENORAH PARK CENTER FOR SENIOR LIVING - 27100 CEDAR ROAD - BEACHWOOD, OH 44122	34-0714443		5,474.	0.			SUPPORT
OUR FAMILY SERVICES 2590 N ALVERNON WAY TUCSON, AZ 85712	94-2598560		25,000.	0.			SUPPORT
PRIMAVERA FOUNDATION 151 W 40TH STREET TUCSON, AZ 85713	86-0733182		6,400.	0.			SUPPORT
PROTECT DEMOCRACY PROJECT 82 NASSAU STREET, #601 NEW YORK, NY 10038	81-4777062		150,000.	0.			SUPPORT
RABBI ELCHANAN THEOLOGICAL SEMINARY - 515 WEST 185TH STREET, RM 629 - NEW YORK, NY 10033	13-2673756		21,896.	0.			SUPPORT
ROSE COMMUNITY FOUNDATION 4500 CHERRY CREEK DRIVE SOUTH, SUITE DENVER, CO 80246	84-0920862		50,000.	0.			SUPPORT
SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316		51,033.	0.			SUPPORT
SCULPTURETUCSON.ORG PO BOX 816 TUCSON, AZ 85702	81-4077958		23,500.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMON WIESENTHAL CENTER 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928		8,500.	0.			SUPPORT
SO. ARIZONA SYMPHONY ORCHESTRA PO BOX 43131 TUCSON, AZ 85733	95-3403204		25,000.	0.			SUPPORT
SOCIAL VENTURE PARTNERS TUCSON 5049 E BROADWAY BLVD, STE 233 TUCSON, AZ 85711	82-2964855		25,500.	0.			SUPPORT
SOCIETY TO IMPROVE DIAGNOSIS IN MEDICINE - 1501 HINMAN AVENUE, UNIT 7B - EVANSTON, IL 60201	45-2670824		242,000.	0.			SUPPORT
SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER - 2329 E AJO WAY - TUCSON, AZ 85713	26-3208123		20,000.	0.			SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743		15,250.	0.			SUPPORT
STEP UP TO JUSTICE 320 N COMMERCE PARK LP., STE 100 TUCSON, AZ 85745	81-3776452		27,500.	0.			SUPPORT
SUNNYSIDE FOUNDATION 2485 W TORTOLITA BLUFFS DRIVE TUCSON, AZ 85742	86-0459085		7,300.	0.			SUPPORT
TEMPLE ALIYAH 6025 VALLEY CIRCLE BLVD WOODLAND HILLS, CA 91367	95-2236425		15,000.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH SHOLOM 4200 MUNSON TOPEKA, KS 66604	48-0679976		11,000.	0.			SUPPORT
TEMPLE EMANU-EL 225 N COUNTRY CLUB ROAD TUCSON, AZ 85716	86-0117389		30,656.	0.			SUPPORT
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240		20,827.	0.			SUPPORT
TU NIDITO CHILDREN & FAMILY SERVICES - 3922 N. MOUNTAIN AVENUE - TUCSON, AZ 85719	86-0769031		32,650.	0.			SUPPORT
TUCSON DESERT SONG FESTIVAL P O BOX 65866 TUCSON, AZ 85728-5866	27-3777745		25,000.	0.			SUPPORT
TUCSON GIRLS CHORUS ASSOCIATION INC - 4020 E RIVER ROAD - TUCSON, AZ 85718-6950	86-0505318		6,000.	0.			SUPPORT
TUCSON HEBREW ACADEMY 3888 E RIVER ROAD TUCSON, AZ 85718	86-0274412		279,761.	0.			SUPPORT
TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718	86-0183578		294,659.	0.			SUPPORT
TUCSON MUSEUM OF ART 140 N MAIN AVENUE TUCSON, AZ 85701	86-6006371		6,250.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCSON SYMPHONY ORCHESTRA 2175 N SIXTH AVENUE TUCSON, AZ 85705	86-0107538		14,959.	0.			SUPPORT
U OF A HILLEL FOUNDATION 1245 E SECOND STREET TUCSON, AZ 85719	86-6053800		91,258.	0.			SUPPORT
UC HASTINGS FOUNDATION 200 MCALLISTER STREET SAN FRANCISCO, CA 94102-4978	23-7135898		150,000.	0.			SUPPORT
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVENUE TUCSON, AZ 85721-0111	86-6050388		540,553.	0.			SUPPORT
UNIVERSITY OF DENVER 2199 S UNIVERSITY BLVD DENVER, CO 80210-4711	84-0404231		10,000.	0.			SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090	39-0743975		75,000.	0.			SUPPORT
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 9509 - WARWICK, RI 02889	23-2888152		3,000,000.	0.			SUPPORT
WASHINGTON INST FOR NEAR EAST POLICY - 1111 19TH STREET, NW, STE 500 - WASHINGTON, DC 20036	52-1376034		50,000.	0.			SUPPORT
WOMENS FOUNDATION OF SOUTHERN ARIZONA - P O BOX 89518 - TUCSON, AZ 85752-9518	31-1660702		7,000.	0.			SUPPORT

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

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

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

PART I, LINE 2:

GRANTS MAY ONLY BE DISTRIBUTED TO 501(C)(3) ORGANIZATIONS. BEFORE DISTRIBUTIONS ARE MADE THE ORGANIZATION IS VETTED BY OBTAINING A COPY OF THEIR IRS DETERMINATION LETTER, CONTACT INFORMATION, AND A COPY OF THEIR MISSION STATEMENT. WE OBTAIN THE ORGANIZATION'S IRS STATUS ON GUIDESTAR'S CHARITY CHECK, WHICH COMBINES INFORMATION FROM THE IRS DETERMINATION LETTER, THE IRS PUB 78, AND THE IRS BMF (BUSINESS MASTER FILE) REPORTS.

[IRS REVENUE PROCEDURE 2009-32 ALLOWS GRANTORS TO RELY ON THIRD-PARTY

RESOURCES, SUCH AS GUIDESTAR CHARITY CHECK, TO OBTAIN REQUIRED BUSINESS

Part IV Supplemental Information

MASTER FILE (BMF) DATA CONCERNING A POTENTIAL GRANTEE'S PUBLIC CHARITY

CLASSIFICATION UNDER SECTION 509(A)(1),(2) OR (3)]

OUR BOARD APPROVES ALL NEW ORGANIZATIONS BEFORE DISTRIBUTIONS ARE MADE.

ANNUALLY THE BOARD RE-APPROVES OUR ENTIRE LIST OF ORGANIZATIONS AFTER WE

HAVE VERIFIED THAT THEIR 501(C)(3) STATUS IS STILL IN GOOD ORDER.

DISTRIBUTIONS FOR GRANTS MADE FOR RESTRICTED PURPOSES ARE ACCOMPANIED WITH

A LETTER STATING THAT THE FUNDS CAN ONLY BE USED FOR THAT PURPOSE. THE

LETTERS ALSO INCLUDE THE FOLLOWING NOTATION:

THIS GRANT IS MADE TO YOUR ORGANIZATION THROUGH THE JEWISH COMMUNITY

FOUNDATION OF SOUTHERN ARIZONA (JCF). BY ACCEPTING THIS CHECK, YOUR

ORGANIZATION CERTIFIES TO THE JCF THAT:

1) NO TANGIBLE BENEFIT, GOODS OR SERVICES ARE RECEIVED BY ANY INDIVIDUALS

CONNECTED WITH THE ABOVE-MENTIONED GIFT. TANGIBLE BENEFITS MAY INCLUDE,

BUT ARE NOT LIMITED TO DUES (OTHER THAN SYNAGOGUE MEMBERSHIP DUES),

EVENT/ADMISSION TICKETS, TABLES, AND MEALS;

2) FUNDS WILL NOT BE USED TO DISCHARGE OR SATISFY A LEGALLY ENFORCEABLE

CHARITABLE PLEDGE OR OBLIGATIONS OF ANY PERSON; AND

3) NO INDIVIDUALS CONNECTED WITH THE ABOVE-MENTIONED GIFT WILL BENEFIT FROM

GRANTS, LOANS, COMPENSATION OR SIMILAR PAYMENTS.

RESTRICTED PURPOSE GRANTS THAT ARE TO BE MADE ANNUALLY FROM ENDOWMENT FUNDS

REQUIRE THAT THE ORGANIZATION PROVIDE US WITH A REPORT OF HOW THE FUNDS

WERE USED BEFORE THE NEXT YEAR'S GRANT WILL BE DISTRIBUTED.

Part IV Supplemental Information

GRANTS AWARDED UNDER OUR COMMUNITY GRANTS PROGRAM REQUIRE PERIODIC

REPORTING TO ENSURE FUNDS ARE BEING USED FOR THE PURPOSE INTENDED.

GRANTS ARE NOT MADE TO INDIVIDUALS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA

Employer identification number 86-0718936

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GRAHAM HOFFMAN (JCF)	(i)	295,309.	0.	0.	24,000.	6,991.	326,300.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	900,000.	FMV PER APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING INDIVIDUALS, FAMILIES AND ORGANIZATIONS TO INVEST IN
STRONGER JEWISH AND GLOBAL COMMUNITIES FOR TODAY AND TOMORROW.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2021 ACCOMPLISHMENTS

JCF MADE DISTRIBUTIONS TO OVER 500 DIFFERENT CHARITABLE 501(C)(3)

ORGANIZATIONS THAT PROVIDE HEALTH, EDUCATIONAL, CULTURAL, AND SOCIAL

SERVICES TO LOCAL, NATIONAL, AND INTERNATIONAL COMMUNITIES. GRANTS MADE

FROM NET ASSETS TOTALED ALMOST \$9.6 MILLION DOLLARS. ANOTHER \$1.8

MILLION WAS DISTRIBUTED FROM ORGANIZATION FUNDS HELD BY THE JCF IN A

CUSTODIAL CAPACITY.

TO ADDRESS THE CRITICAL NEEDS IN OUR COMMUNITY THAT WERE EXACERBATED BY

THE PANDEMIC, A COLLABORATIVE EFFORT WAS LAUNCHED IN 2020 AND CONTINUED

IN 2021 RAISING OVER \$460K TO SUPPORT LOCAL AGENCIES DEALING DIRECTLY

WITH INDIVIDUALS IMPACTED BY THE PANDEMIC. A TASK FORCE WAS CREATED TO

STRATEGICALLY ADDRESS, BOTH IN THE SHORT TERM AND LONG TERM, FOOD

INSECURITY, EVICTION AND HOMELESSNESS, MEDICAL ISSUES, AND OTHER BASIC

NEEDS AND TO ASSIST ORGANIZATIONS IN OBTAINING ESSENTIAL PERSONAL

PROTECTIVE EQUIPMENT (PPE). GRANTING OF THE FUNDS IN THE LOCAL

COMMUNITY BEGAN IN 2020 AND CONTINUED IN 2021.

OUR IMPACT INVESTMENT POOL WAS LAUNCHED AS A NEW INVESTMENT OFFERING

FOR DONOR ADVISED FUND HOLDERS. THE ROLE OF THE IMPACT POOL IS TO 1)

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

Schedule O (Form 990) 2021

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

INVEST IN A SOCIALLY RESPONSIBLE WAY, 2) CREATE GREATER COMMUNITY

IMPACT AND 3) PROVIDE EXPOSURE TO GLOBAL COMPANIES WITH HIGH ESG

PERFORMANCE.

FORM 990, PART VI, SECTION A, LINE 2:

DISCLOSED RELATIONSHIPS:

- BRENNA LACEY AND STEPHEN RODGVELLER ARE MARRIED.

- JEFFREY KATZ AND RANDY DAVIDSON ARE SIBLINGS.

- SHELLY SILVERMAN AND LESLIE GLAZE ARE SIBLINGS.

FORM 990, PART VI, SECTION A, LINE 4:

IN MAY 2021, THE JEWISH COMMUNITY FOUNDATION OF SO ARIZONA (JCF) AND ITS

AFFILIATED ORGANIZATION, THE JEWISH FEDERATION OF SO ARIZONA (JFSA) CAME

TOGETHER UNDER A NEWLY FORMED CORPORATION, THE CENTER FOR JEWISH

PHILANTHROPY OF SO ARIZONA (CJP), WHICH HAS FILED FOR ITS 501(C)(3) TAX

EXEMPTION AND A NAME CHANGE TO JEWISH PHILANTHROPIES OF SOUTHERN ARIZONA

(JPSA). JCF'S BYLAWS AND ARTICLES OF INCORPORATION WERE AMENDED AND

RESTATED PRIMARILY TO REFLECT THAT CJP IS THE SOLE MEMBER OF JCF. CJP IS

ALSO THE SOLE MEMBER OF JFSA. ALL THREE ORGANIZATIONS ARE NOW GOVERNED BY

THE SAME BOARD OF TRUSTEES. THE EIN FOR CJP IS 87-1814239.

FORM 990, PART VI, SECTION A, LINE 6:

IN MAY 2021, THE JEWISH COMMUNITY FOUNDATION OF SO ARIZONA (JCF) AND ITS

AFFILIATED ORGANIZATION, THE JEWISH FEDERATION OF SO ARIZONA (JFSA) CAME

TOGETHER UNDER A NEWLY FORMED CORPORATION, THE CENTER FOR JEWISH

PHILANTHROPY OF SO ARIZONA (CJP), WHICH HAS FILED FOR ITS 501(C)(3) TAX

EXEMPTION AND A NAME CHANGE TO JEWISH PHILANTHROPIES OF SOUTHERN ARIZONA

(JPSA). JCF'S BYLAWS AND ARTICLES OF INCORPORATION WERE AMENDED AND

Name of the organization THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA

Employer identification number
86-0718936

RESTATED PRIMARILY TO REFLECT THAT CJP IS THE SOLE MEMBER OF JCF. CJP IS

ALSO THE SOLE MEMBER OF JFSA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD HAS FORMALLY ASSIGNED THE RESPONSIBILITY OF REVIEWING AND

APPROVING THE FORM 990 TO THE FINANCE AND AUDIT COMMITTEE. THE FINANCE AND

AUDIT COMMITTEE MEETS, REVIEWS AND APPROVES THE ENTIRE PUBLIC DISCLOSURE

COPY OF THE RETURN PRIOR TO FILING. IF THERE ARE ANY SIGNIFICANT ISSUES,

THE FINANCE AND AUDIT COMMITTEE WILL BRING THEM TO THE BOARD FOR

INFORMATIONAL PURPOSES OR APPROVAL. THE FORM 990 IS MADE AVAILABLE TO ALL

BOARD MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY EVERY BOARD MEMBER IS ASKED TO SIGN A CONFLICT OF INTEREST

STATEMENT AS WELL AS COMPLETE A FORM WHICH DISCLOSES CERTAIN PERSONAL AND

BUSINESS RELATIONSHIPS. THE BOARD MAKES IT A PRACTICE TO PUT THE FOLLOWING

REMINDER ON EVERY WRITTEN AGENDA THAT READS "BOARD MEMBERS MUST DISCLOSE

ANY POTENTIAL CONFLICT OF INTEREST RELATED TO THE FOLLOWING AGENDA AS WELL

AS TOPICS DISCUSSED DURING THE MEETING." PERIODICALLY BOARD MEMBERS ARE

ALSO VERBALLY REMINDED AT THE MEETING TO DISCLOSE ANY POTENTIAL CONFLICTS.

IN ADDITION ALL EMPLOYEES AND COMMITTEE MEMBERS ARE ALSO REQUIRED TO SIGN A

CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

IN 2020, A TASK FORCE CONDUCTED A "KEY EMPLOYEE COMPENSATION SURVEY" USING

INFORMATION FROM COMPARABLE FOUNDATION'S FORMS 990 AND AN INDEPENDENT

COMPENSATION STUDY OF FOUNDATIONS. THE FINDINGS OF THE TASK FORCE WERE

PRESENTED TO THE BOARD, WHICH CONCURRED THAT THE COMPENSATION PAID UNDER

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

THE CEO'S THEN CURRENT WRITTEN AND BOARD-APPROVED CONTRACT WAS APPROPRIATE
 COMPARED TO OTHER SIMILARLY SITUATED EXECUTIVES. THIS CONTRACTED WAS FOR
 THE PERIOD 1/1/2020 TO 5/31/2020.

LATER IN 2020, THE CEO'S RESPONSIBILITIES WERE EXPANDED TO MANAGE BOTH THE
 JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA AND THE JEWISH FEDERATION
 OF SOUTHERN ARIZONA UNDER A SINGLE CEO MODEL.

A WELL-ESTABLISHED FIRM SPECIALIZING IN THE RECRUITMENT OF EXECUTIVES FOR
 NONPROFIT ORGANIZATIONS WAS HIRED TO RECRUIT FOR THE NEW SINGLE CEO
 POSITION. THIS FIRM ALSO WAS ENGAGED TO PERFORM A COMPENSATION ANALYSIS.
 IT PROVIDED INFORMATION TO A TASK FORCE THAT RECOMMENDED, TO THE BOARD, A
 COMPENSATION PACKAGE IT FELT APPROPRIATE AND COMPARABLE TO SIMILARLY
 SITUATED EXECUTIVES BASED ON THE OUTSIDE ANALYSIS. THE BOARD CONCURRED
 WITH THE RECOMMENDATION OF THE TASK FORCE AND APPROVED A WRITTEN CONTRACT
 THAT WAS EFFECTIVE 6/1/2020.

FORM 990, PART VI, SECTION C, LINE 19:
 THE POLICY OF THE JEWISH COMMUNITY FOUNDATION IS TO UPON REQUEST MAKE ITS
 AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR
 VIEWING AT THE OFFICE OF THE FOUNDATION.

FORM 990, PART XII, LINE 2C:
 NO CHANGES HAVE BEEN MADE TO THE ORGANIZATION'S PROCESS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JCF TUCSON HOLDINGS, LLC - 45-5152892 3718 E. RIVER ROAD #118 TUCSON, AZ 85718	REAL ESTATE HOLDINGS	ARIZONA			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEWISH FEDERATION OF SOUTHERN AZ - 86-0096795, 3718 E. RIVER ROAD #100, TUCSON, AZ 85718	CHARITABLE	ARIZONA	501(C)(3)	LINE 7			X
L2 FOUNDATION - 27-0697033 3718 E. RIVER ROAD #118 TUCSON, AZ 85718	CHARITABLE SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I		X	

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH FEDERATION OF SOUTHERN AZ	B	1,130,656.	CASH VALUE
(2) JEWISH FEDERATION OF SOUTHERN AZ	P	58,922.	FMV
(3) JEWISH FEDERATION OF SOUTHERN AZ	Q	220,482.	CASH VALUE
(4)			
(5)			
(6)			

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA**

EIN or SSN
86-0718936

Name and title of officer or person subject to tax **JEFF JACOBSEN
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>409.</u>
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HBL CPAS, P.C. to enter my PIN 07210
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86127085711

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature HBL CPAS, P.C.

Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	Taxpayer identification number (TIN) 86-0718936
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3718 E. RIVER ROAD #118	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85718	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ▶ **3718 E. RIVER ROAD #118 - TUCSON, AZ 85718**

Telephone No. ▶ (520) 577-0388 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

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

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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 3718 E. RIVER ROAD #118</p> <p>City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718</p>	<p>D Employer identification number 86-0718936</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 157,844,908.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

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

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

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

L The books are in care of ▶ THE ORGANIZATION Telephone number ▶ (520) 577-0388

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	2,948.
2 Reserved	2	
3 Add lines 1 and 2	3	2,948.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,948.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	2,948.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	1,948.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	409.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	409.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	409.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	409.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	409.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
1	\$ 81,362.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	Title _____ Date _____	TREASURER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MICHAEL J. DEVRIES			P00748581
	Firm's name HBL CPAS, P.C.	Firm's EIN 86-0360084		
Firm's address 5470 E. BROADWAY BLVD. TUCSON, AZ 85711	Phone no. (520) 886-3181			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

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

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

C Unrelated business activity code (see instructions) 1 D Sequence: 1 of 1

E Describe the unrelated trade or business PARTNERSHP UBI

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 5 Income (loss) from a partnership or an S corporation, 13 Total.

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

Table with 3 columns: Line number, Description, and Amount. Rows include 1 Compensation of officers, directors, and trustees, 7 Depreciation, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
DRD DESERT PARCEL, LLC - ORDINARY BUSINESS INCOME (LOSS)	28,025.
DRD DESERT PARCEL, LLC - OTHER INCOME (LOSS)	-13,285.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	14,740.

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 2

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
81,362.	11,792.	69,570.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	1,197.	0.	1,197.	1,197.
12/31/19	77,420.	0.	77,420.	77,420.
12/31/20	2,745.	0.	2,745.	2,745.
NOL CARRYOVER AVAILABLE THIS YEAR			81,362.	81,362.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

S Corporations and Partnerships: Use Form 204 to request an extension of time to file a composite return on Form 140NR for nonresident individual shareholders or nonresident individual partners.

For the calendar year 2021 or fiscal year beginning _____ and ending _____.

Name THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA			Employer Identification Number (EIN) 86-0718936	
Address - number and street or PO Box 3718 E. RIVER ROAD #118			Business Telephone Number (with area code) (520) 577-0388	
City, Town or Post Office TUCSON	State AZ	ZIP Code 85718	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN.				
B <input type="checkbox"/> Check if name and/or address has changed.			81 PM 66 RCVD	
C <input type="checkbox"/> Check if EIN has changed. Enter prior EIN: _____				
Check type of return to be filed: <input type="checkbox"/> 120 <input type="checkbox"/> 120A <input checked="" type="checkbox"/> 99T <input type="checkbox"/> 99M <input type="checkbox"/> 120S <input type="checkbox"/> 165				

All applications for an extension of time to file **must be postmarked on or before the original due date of the return**, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be postmarked on or before the business day following such Saturday, Sunday, or legal holiday.

An Arizona extension for a C corporation cannot be granted for more than seven months beyond the original due date of the return. An Arizona extension for a partnership or S Corporation cannot be granted for more than six months beyond the original due date of the return. Arizona will accept a valid federal extension for the same period of time covered by the federal extension.

CHECK ONE BOX <input checked="" type="checkbox"/> Form 120, Form 120A, Form 99T, or Form 99M: This is a request for an automatic <i>seven-month extension</i> until	Extension Date	Taxable Year Ending
	12/15/2022	12/31/2021
<input type="checkbox"/> Form 120S, or Form 165: This is a request for an automatic <i>six-month extension</i> until		
<input type="checkbox"/> A federal extension will be used to file this tax return. See instructions if this form is being used to transmit the Arizona extension payment.		

EXTENSION PAYMENT COMPUTATION (Forms 120, 120A, 120S and 99T only)

1 Tax liability for the taxable year: See instructions	1	50	00
2 Less estimated tax payments	2		00
3 Balance of Tax: Subtract line 2 from line 1. Enter the difference	3	50	00
4 Enter amount of extension payment made electronically. See instructions	4		00
5 Enter amount of payment enclosed with this extension. See instructions PAYMENT ENCLOSED ►	5	50	00

- Make check payable to Arizona Department of Revenue and **include EIN on payment.**
- Mail application and payment to:
Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
- Mail application **without** payment to:
Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079.

The taxpayer will be liable for the extension underpayment penalty if at least 90 percent of the tax liability disclosed by the return has not been paid by the original due date of the return. Taxpayers subject to the extension underpayment penalty are not subject to the late payment penalty prescribed by A.R.S. §42-1125(D). Interest accrues on any additional tax due from the original due date of the return until paid. **Taxpayers that have a tax liability of \$500 or more for tax year 2021 must make tax payments by electronic funds transfer.**

Declaration	Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.		
Please Sign Here	SIGNATURE OF OFFICER OR AGENT	05/13/2022	CPA
		DATE	TITLE
	MICHAEL J DEVRIES	(520) 886-3181	86-0360084
	PRINTED NAME	BUSINESS PHONE (with area code)	AGENT'S TIN

1 Arizona tax liability: See instructions before completing this line	1	106	00
2 Required annual payment:			
a Enter 90% of line 1	2a	95	00
b Forms 99T, 120, and 120A: Enter the tax as shown on the 2021 return. See instr.	2b	95	00
c Form 120S: See instructions	2c		00
d Forms 99T, 120, and 120A: Enter the smaller of line 2a or line 2b. Form 120S: Enter the smaller of line 2a or line 2c	2d	95	00

Required Installments - Due Dates and Amounts					
	(a)	(b)	(c)	(d)	
3 Installment due dates: See instructions	3	04/18/22	06/15/22	09/15/22	12/15/22
4 Required installments: Enter 25% of line 2d in columns (a) through (d) unless the taxpayer uses the annualized income installment method, the adjusted seasonal installment method or is a "large corporation". See instructions	4	30	30	30	30

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2022 or fiscal year beginning _____ and ending _____.

Name of Firm - exactly as it will appear on the return THE JEWISH COMMUNITY FOUNDATION <input type="checkbox"/> OF SOUTHERN ARIZONA	Employer Identification Number (EIN) 86-0718936
<input type="checkbox"/> Address - number and street or PO Box 3718 E. RIVER ROAD #118	Business Phone Number (with area code) (520) 577-0388
<input type="checkbox"/> Address - continued	REVENUE USE ONLY. DO NOT MARK IN THIS AREA <input type="checkbox"/>
<input type="checkbox"/> City State ZIP Code TUCSON, AZ 85718	
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. B <input type="checkbox"/> Check if name and/or address has changed. C <input type="checkbox"/> Check if EIN has changed. Enter prior number: _____	
1 The enclosed amount is payment number: <u> 1 </u>	<input type="checkbox"/> PM <input type="checkbox"/> RCVD

2 Payment: Round estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 30 | 00

- Make check payable to Arizona Department of Revenue.
- Include EIN on payment.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2022 or fiscal year beginning _____ and ending _____ .

Name of Firm - exactly as it will appear on the return THE JEWISH COMMUNITY FOUNDATION <input type="checkbox"/> OF SOUTHERN ARIZONA	Employer Identification Number (EIN) 86-0718936
<input type="checkbox"/> Address - number and street or PO Box 3718 E. RIVER ROAD #118	Business Phone Number (with area code) (520) 577-0388
<input type="checkbox"/> Address - continued	REVENUE USE ONLY. DO NOT MARK IN THIS AREA <input type="checkbox"/>
<input type="checkbox"/> City State ZIP Code TUCSON, AZ 85718	
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. B <input type="checkbox"/> Check if name and/or address has changed. C <input type="checkbox"/> Check if EIN has changed. Enter prior number: _____	
1 The enclosed amount is payment number: <u> 2 </u>	<input type="checkbox"/> PM
2 Payment: Round estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$	<input type="checkbox"/> RCVD

\$ 30 00

- Make check payable to Arizona Department of Revenue.
- Include EIN on payment.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2022 or fiscal year beginning _____ and ending _____.

Name of Firm - exactly as it will appear on the return THE JEWISH COMMUNITY FOUNDATION <input type="checkbox"/> OF SOUTHERN ARIZONA	Employer Identification Number (EIN) 86-0718936						
<input type="checkbox"/> Address - number and street or PO Box 3718 E. RIVER ROAD #118	Business Phone Number (with area code) (520) 577-0388						
<input type="checkbox"/> Address - continued	REVENUE USE ONLY. DO NOT MARK IN THIS AREA <input type="checkbox"/>						
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City</td> <td style="width:33%; border: none;">State</td> <td style="width:33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> TUCSON, AZ</td> <td style="border: none;">AZ</td> <td style="border: none;">85718</td> </tr> </table>		City	State	ZIP Code	<input type="checkbox"/> TUCSON, AZ	AZ	85718
City		State	ZIP Code				
<input type="checkbox"/> TUCSON, AZ	AZ	85718					
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. B <input type="checkbox"/> Check if name and/or address has changed. C <input type="checkbox"/> Check if EIN has changed. Enter prior number: _____							
1 The enclosed amount is payment number: <u> 3 </u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><input type="checkbox"/> PM</td> <td style="width:50%; text-align: center;"><input type="checkbox"/> RCVD</td> </tr> </table>	<input type="checkbox"/> PM	<input type="checkbox"/> RCVD				
<input type="checkbox"/> PM	<input type="checkbox"/> RCVD						

2 Payment: Round estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 30 00

- Make check payable to Arizona Department of Revenue.
- Include EIN on payment.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2022 or fiscal year beginning _____ and ending _____.

Name of Firm - exactly as it will appear on the return THE JEWISH COMMUNITY FOUNDATION <input type="checkbox"/> OF SOUTHERN ARIZONA	Employer Identification Number (EIN) 86-0718936
<input type="checkbox"/> Address - number and street or PO Box 3718 E. RIVER ROAD #118	Business Phone Number (with area code) (520) 577-0388
<input type="checkbox"/> Address - continued	REVENUE USE ONLY. DO NOT MARK IN THIS AREA <input type="checkbox"/>
<input type="checkbox"/> City State ZIP Code TUCSON, AZ 85718	
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. B <input type="checkbox"/> Check if name and/or address has changed. C <input type="checkbox"/> Check if EIN has changed. Enter prior number: _____	
1 The enclosed amount is payment number: <u> 4 </u>	<input type="checkbox"/> PM
2 Payment: Round estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$	<input type="text" value="30"/> <input type="text" value="00"/>

- ✓ Make check payable to Arizona Department of Revenue.
- ✓ Include EIN on payment.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

For the calendar year 2021 or fiscal year beginning _____ and ending _____

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	Employer Identification Number (EIN) 86-0718936	
Business Telephone Number (with area code) (520) 577-0388	Address - number and street or PO Box 3718 E RIVER ROAD 118		
	City, Town or Post Office TUCSON, AZ 85718	State AZ	
	ZIP Code 85718		
68 Check box if: A <input type="checkbox"/> This is a first return B <input type="checkbox"/> Name change C <input type="checkbox"/> Address change A Date Arizona operations began 11/19/1992 B Nature of unrelated business activities: PARTNERSHIP UBI C Unrelated business activity codes: _____ D ARIZONA apportionment for multistate organizations only (check one box): 1 <input type="checkbox"/> AIR CARRIER 2 <input type="checkbox"/> STANDARD 3 <input type="checkbox"/> SALES FACTOR ONLY E <input type="checkbox"/> Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 F Check federal form filed: 1 <input checked="" type="checkbox"/> 990-T 2 <input type="checkbox"/> Other (specify) _____			Check box if return filed under extension: <input type="checkbox"/> 82 <input type="checkbox"/> 82F <input checked="" type="checkbox"/> 88 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <input type="checkbox"/> 88 <hr/> <input type="checkbox"/> 81 PM <input type="checkbox"/> 66 RCVD

Arizona Unrelated Business Taxable Income Computation

1 Unrelated business taxable income	1	1,948	00
2 Additions related to Arizona tax credits claimed	2		00
3 Subtotal: Add line 1 and line 2. Enter the total.	3	1,948	00
4 Apportionment ratio for multistate organizations only: See instructions 4			
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	5	1,948	00

Arizona Tax Liability Computation

6 Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater	6	95	00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 25	7		00
8 Subtotal: Add line 6 and line 7. Enter the total.	8	95	00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 46	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101 3 102 3 103 3 104 3			
11 Tax liability: Subtract line 9 from line 8. Enter the difference	11	95	00

Tax Payments

12 Refundable tax credits: Check box(es) and enter amt: 121 <input type="checkbox"/> 308 122 <input type="checkbox"/> 349	12		00
13 Extension payment made with Arizona Form 120EXT or online	13	50	00
14 Estimated tax payments:	14		00
15 Amended returns. Payment made with original return plus all payments made after it was filed: See instructions	15		00
16 Subtotal payments: Add lines 12 through 15. Enter the total.	16	50	00
17 Overpayments of tax from original return or later adjustments: See instructions	17		00
18 Total Payments: Subtract line 17 from line 16. Enter the difference	18	50	00

Computation of Total Due or Overpayment

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	19	45	00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax	20		00
21 Penalty and interest	21		00
22 Estimated tax underpayment penalty: If Form 220 is included, check this box 22A <input type="checkbox"/>	22		00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions	23	45	00
24 OVERPAYMENT: See instructions	24		00
25 Amount of line 24 to be applied to 2022 estimated tax 25 [] 00			
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference	26		00

Continued on page 2 →

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA		D Employer identification number 86-0718936
	Doing business as		E Telephone number (520) 577-0388
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3718 E. RIVER ROAD #118		G Gross receipts \$ 37,367,098.
	City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718		
F Name and address of principal officer: BRUCE ASH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: WWW.JCFTUCSON.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1992 **M** State of legal domicile: AZ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,948.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,197,665.	21,684,869.
	9 Program service revenue (Part VIII, line 2g)	400,577.	314,681.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,489,894.	7,193,794.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,493.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,250,629.	29,193,344.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,804,748.	9,669,454.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	883,277.	820,658.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	122,790.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,202,171.	512,710.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,890,196.	11,002,822.	
19 Revenue less expenses. Subtract line 18 from line 12	-639,567.	18,190,522.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 126,731,674.	End of Year 157,844,908.
	21 Total liabilities (Part X, line 26)	35,228,228.	42,436,483.
	22 Net assets or fund balances. Subtract line 21 from line 20	91,503,446.	115,408,425.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JEFF JACOBSON, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. DEVRIES	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00748581
	Firm's name HBL CPAS, P.C.	Firm's EIN 86-0360084	Firm's address 5470 E. BROADWAY BLVD. TUCSON, AZ 85711	Phone no. (520) 886-3181	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
JCF IS AN AFFILIATED CORPORATION OF THE JEWISH FEDERATION OF SOUTHERN ARIZONA. OUR MISSION IS: EMPOWERING INDIVIDUALS, FAMILIES AND ORGANIZATIONS TO INVEST IN STRONGER JEWISH AND GLOBAL COMMUNITIES FOR TODAY AND TOMORROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 10,473,384. including grants of \$ 9,669,454.) (Revenue \$ 314,681.)
THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA (JCF) PROVIDES SERVICES FOR INDIVIDUAL DONORS AND NON-PROFIT ORGANIZATIONS THAT HOUSE FUNDS WITH THE FOUNDATION, INCLUDING FUND INVESTMENT, MANAGEMENT AND REPORTING, GRANTING, AND FIELD OF INTEREST RESEARCH. JCF WORKS WITH INDIVIDUAL DONORS, OFTEN IN COLLABORATION WITH THEIR PROFESSIONAL ADVISORS, TO DEVELOP LEGACY PLANS TO FUND ENDOWMENTS THROUGH TESTAMENTARY PROVISIONS VIA THEIR WILLS, TRUSTS, LIFE INSURANCE POLICIES AND OTHER ESTATE VEHICLES. JCF MANAGES ENDOWMENTS, DONOR ADVISED FUNDS, ORGANIZATION ENDOWMENTS, CUSTODIAL FUNDS, AND CHARITABLE REMAINDER TRUSTS.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 10,473,384.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 THE ORGANIZATION - (520) 577-0388
 3718 E. RIVER ROAD #118, TUCSON, AZ 85718

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GRAHAM HOFFMAN (JCF) CEO	40.00			X			295,309.	0.	30,991.	
(2) JANE ESPINOZA (JCF) CFO	40.00			X			124,912.	0.	7,562.	
(3) BRENDA LANDAU EMPLOYEE	32.00				X		100,217.	0.	0.	
(4) BRUCE ASH CO-CHAIR	3.00	X		X			0.	0.	0.	
(5) ANNE HAMEROFF CO-CHAIR	3.00	X		X			0.	0.	0.	
(6) AARON ROTTENSTEIN VICE CHAIR	3.00	X		X			0.	0.	0.	
(7) LIZ KANTER GROSCHIND VICE CHAIR	3.00	X		X			0.	0.	0.	
(8) BEN SILVERMAN SECRETARY	3.00	X		X			0.	0.	0.	
(9) JEFF JACOBSON TREASURER	3.00	X		X			0.	0.	0.	
(10) DEBORAH OSERAN IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(11) MORGAN ABRAHAM TRUSTEE	1.00	X					0.	0.	0.	
(12) JEFF ARTZI TRUSTEE	1.00	X					0.	0.	0.	
(13) JANE ASH TRUSTEE	1.00	X					0.	0.	0.	
(14) JENNIFER CASSIUS TRUSTEE	1.00	X					0.	0.	0.	
(15) RANDY DAVIDSON TRUSTEE	3.00	X					0.	0.	0.	
(16) MADELINE FRIEDMAN TRUSTEE	1.00	X					0.	0.	0.	
(17) ELIZABETH FRIMAN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANNY GASCH TRUSTEE	1.00	X						0.	0.	0.
(19) LEAH GEISTFELD TRUSTEE	1.00	X						0.	0.	0.
(20) ROB GLASER TRUSTEE	1.00	X						0.	0.	0.
(21) LESLIE GLAZE TRUSTEE	1.00	X						0.	0.	0.
(22) MELISSA GOLDFINGER TRUSTEE	1.00	X						0.	0.	0.
(23) DEBBIE GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(24) RACHEL GREEN TRUSTEE	1.00	X						0.	0.	0.
(25) JOSH HURAND TRUSTEE	1.00	X						0.	0.	0.
(26) JEFFREY KATZ TRUSTEE	3.00	X						0.	0.	0.
1b Subtotal								520,438.	0.	38,553.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								520,438.	0.	38,553.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	216,058.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,468,811.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 900,000.				
	h Total. Add lines 1a-1f			21,684,869.			
Program Service Revenue	2 a ADMIN FEES / OTHER	Business Code					
		900099	314,681.	314,681.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			314,681.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,364,729.			6,364,729.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,002,819.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	8,173,754.				
	c Gain or (loss)	7c	829,065.				
d Net gain or (loss)			829,065.		829,065.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			29,193,344.	314,681.	0.	7,193,794.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,669,454.	9,669,454.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,809.	124,497.	107,002.	32,310.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	394,956.	186,388.	160,196.	48,372.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	161,893.	76,401.	65,664.	19,828.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,192.	2,752.	1,106.	334.
c Accounting	31,693.	17,280.	11,070.	3,343.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	269,625.	266,237.	2,602.	786.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	50,808.	48,005.	2,153.	650.
12 Advertising and promotion				
13 Office expenses	11,574.	5,462.	4,694.	1,418.
14 Information technology	53,710.	25,347.	21,785.	6,578.
15 Royalties				
16 Occupancy	21,999.	10,382.	8,923.	2,694.
17 Travel	11,173.	5,273.	4,532.	1,368.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,280.	1,076.	925.	279.
23 Insurance	32,681.	22,113.	8,117.	2,451.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DEVELOPMENT AND PROMOTI	11,930.	5,630.	4,839.	1,461.
b TELEPHONE	7,496.	3,538.	3,040.	918.
c REAL ESTATE TAXES	3,549.	3,549.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,002,822.	10,473,384.	406,648.	122,790.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	467.	1	11,059.
	2 Savings and temporary cash investments	22,018,873.	2	32,249,267.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	45,041.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,962,242.	7	1,991,618.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,915.	9	51,972.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 207,974.		
	b Less: accumulated depreciation	10b 121,953.		
	11 Investments - publicly traded securities	66,994,674.	11	76,524,050.
	12 Investments - other securities. See Part IV, line 11	21,430,350.	12	28,222,737.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,171,911.	15	18,708,184.
16 Total assets. Add lines 1 through 15 (must equal line 33)	126,731,674.	16	157,844,908.	
Liabilities	17 Accounts payable and accrued expenses	175,909.	17	219,706.
	18 Grants payable	268,250.	18	343,853.
	19 Deferred revenue		19	1,200.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,784,069.	25	41,871,724.
	26 Total liabilities. Add lines 17 through 25	35,228,228.	26	42,436,483.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	76,443,969.	27	99,093,696.
	28 Net assets with donor restrictions	15,059,477.	28	16,314,729.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	91,503,446.	32	115,408,425.
33 Total liabilities and net assets/fund balances	126,731,674.	33	157,844,908.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,193,344.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,002,822.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,190,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,503,446.
5	Net unrealized gains (losses) on investments	5	5,714,457.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	115,408,425.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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 Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,377,007.	11,623,979.	13,968,429.	11,197,665.	21,684,869.	65,851,949.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,377,007.	11,623,979.	13,968,429.	11,197,665.	21,684,869.	65,851,949.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,767,122.
6 Public support. Subtract line 5 from line 4.						48,084,827.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	7,377,007.	11,623,979.	13,968,429.	11,197,665.	21,684,869.	65,851,949.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,230,253.	1,710,055.	1,548,621.	1,114,498.	7,493,722.	13,097,149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-739.	-1,197.	-77,420.	-2,745.	14,753.	-67,348.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						78,881,750.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	60.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	48.15 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 662,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 497,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,841,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 900,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 576,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	LIFE ESTATE - HOUSE <hr/> <hr/> <hr/>	\$ 900,000.	12/01/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	241	
2 Aggregate value of contributions to (during year)	19,054,727.	
3 Aggregate value of grants from (during year)	56,871,372.	
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,417,941.	34,739,273.	30,617,326.	33,311,708.	30,131,061.
b Contributions	1,656,524.	1,422,205.	851,974.	328,489.	280,634.
c Net investment earnings, gains, and losses	5,683,461.	3,745,014.	4,710,698.	-1,649,898.	4,228,817.
d Grants or scholarships					
e Other expenditures for facilities and programs	992,613.	1,317,901.	1,295,627.	1,237,149.	1,229,155.
f Administrative expenses	465,944.	170,650.	145,098.	135,824.	99,649.
g End of year balance	44,299,369.	38,417,941.	34,739,273.	30,617,326.	33,311,708.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 76.0000 %
 - b Permanent endowment 16.0000 %
 - c Term endowment 8.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	11,403.		9,883.	1,520.
e Other	196,571.		112,070.	84,501.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,021.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	28,222,737.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	28,222,737.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	50,134.
(2) PARTNERSHIP INT AND CLOSELY HELD CORP	8,443,025.
(3) CASH SURRENDER VALUE LIFE INSURANCE	4,820,144.
(4) BENEFICIAL INTEREST IN TRUST, NET	4,494,881.
(5) REAL PROPERTY HELD FOR SALE	900,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	18,708,184.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	41,204,255.
(3) DESIGNATED OBLIGATIONS	667,469.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,871,724.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENTS ARE HELD FOR DONOR RESTRICTED USES AND DONOR ADVISED PURPOSES

PART X, LINE 2:

JCF HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT REQUIRE REPORTING

UNDER U.S. GENERAL ACCEPTED ACCOUNTING PRINCIPLES. JCF WOULD RECOGNIZE

INTEREST RELATED TO ANY SUCH UNCERTAINTIES IN INTEREST EXPENSE AND

PENALTIES IN OPERATING EXPENSES. DURING THE YEARS ENDED DECEMBER 31,

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM CONSOLIDATED ENTITY

LOSS ON DISPOSAL OF ASSET FROM CONSOLIDATED ENTITY

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE BETWEEN CONSOLIDATED ENTITIES - L2 SERVICE FEE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM CONSOLIDATED ENTITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENDITURES BETWEEN CONSOLIDATED ENTITIES - L2 SERVICE FEE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA**

Employer identification number
86-0718936

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADL - ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723		17,000.	0.			SUPPORT
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - 633 THIRD AVENUE, 20TH FLOOR - NEW YORK, NY 10017	13-1623886		11,400.	0.			SUPPORT
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781		753,277.	0.			SUPPORT
AMERICAN SOCIETY FOR THE PROTECTION OF NATURE IN ISRAEL - 15 EAST 40TH STREET, STE 904 - NEW YORK, NY 10016	52-1467954		10,000.	0.			SUPPORT
ANGEL CHARITY FOR CHILDREN 3132 N SWAN ROAD TUCSON, AZ 85712	86-0472794		21,000.	0.			SUPPORT
ARIZONA DAILY STAR SPORTSMENS FUND, INC. - P O BOX 16141 - TUCSON, AZ 85732-6141	86-6053274		6,000.	0.			SUPPORT

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

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX, AZ 85004	23-7169261		75,980.	0.			SUPPORT
ARIZONA PUBLIC MEDIA P O BOX 210067 TUCSON, AZ 85721-0067	86-6050388		7,400.	0.			SUPPORT
ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON, AZ 85702	86-0211777		58,650.	0.			SUPPORT
ARIZONA YOUTH PARTNERSHIP 7575 W TWIN PEAKS ROAD, SUITE 165 TUCSON, AZ 85743	86-0669087		20,000.	0.			SUPPORT
ARTS EXPRESS INC 5870 E BROADWAY BLVD, SUITE 214 TUCSON, AZ 85711	86-0941657		12,000.	0.			SUPPORT
BABOQUIVARI EDUCATIONAL FOUNDATION P O BOX 248 SELLS, AZ 85634-0248	47-5200570		10,000.	0.			SUPPORT
BAY LAUREL PFA C/O BRIDGET KATZ, 24004 BESSEMER ST WOODLAND HILLS, CA 91367	95-4378605		11,800.	0.			SUPPORT
BETH SHALOM TEMPLE CENTER PO BOX 884 GREEN VALLEY, AZ 85622	86-0682304		6,722.	0.			SUPPORT
BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY - 4305 UNIVERSITY AVENUE, SUITE 590 - SAN DIEGO, CA 92105	95-2151526		6,500.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SUNDAY 6111 MELROSE AVENUE LOS ANGELES, CA 90038-3501	42-1765317		6,500.	0.			SUPPORT
B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET NW WASHINGTON, DC 20001	31-1794932		31,555.	0.			SUPPORT
BOYS AND GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON, AZ 85717	86-0172257		20,252.	0.			SUPPORT
BOYS TO MEN 3708 VILLAGE RUN DR DES MOINES, IA 50317-5113	46-4884647		7,100.	0.			SUPPORT
CHABAD AT THE UNIVERSITY OF ARIZONA - 1436 E DRACHMAN STREET - TUCSON, AZ 85719-4209	26-1892963		7,700.	0.			SUPPORT
CHABAD LUBAVITCH OF FREDERICK 1 WEST 9TH STREET FREDERICK, MD 21701	26-3271247		10,000.	0.			SUPPORT
CHABAD OF CORONADO 1330 ORANGE AVE, STE 120-130 CORONADO, CA 92118	33-0147470		13,700.	0.			SUPPORT
CLAL THE NATIONAL JEWISH CENTER 440 PARK AVENUE S, 4TH FL NEW YORK, NY 10016	23-7390358		6,555.	0.			SUPPORT
COMMUNITY FOOD BANK OF SA PO BOX 551 TUCSON, AZ 85702	51-0192519		112,185.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION FOR SA 5049 E BROADWAY BLVD, STE 201 TUCSON, AZ 85711	94-2681765		18,750.	0.			SUPPORT
CONGREGATION ANSHEI ISRAEL 5550 E FIFTH STREET TUCSON, AZ 85711	86-0117384		98,614.	0.			SUPPORT
CONGREGATION CHOFETZ CHAYIM 5150 E FIFTH STREET TUCSON, AZ 85711	86-0369304		19,529.	0.			SUPPORT
CONGREGATION OR CHADASH 3939 N ALVERNON WAY TUCSON, AZ 85718	86-0836569		22,508.	0.			SUPPORT
CONGREGATION RODEPH SHOLOM 2385 PARK AVENUE BRIDGEPORT, CT 06604	94-6030040		6,000.	0.			SUPPORT
CONGREGATION YOUNG ISRAEL 2443 E FOURTH STREET TUCSON, AZ 85719	86-0671070		8,751.	0.			SUPPORT
CONNECTING A CARING COMMUNITY 26610 AGOURA RD, SUITE 120 CALABASAS, CA 91302-3823	81-4101648		10,000.	0.			SUPPORT
DRAWING STUDIO 2760 N TUCSON BLVD TUCSON, AZ 85716	86-0992193		35,700.	0.			SUPPORT
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIRCLE EL PASO, TX 79927-2005	45-2893839		100,000.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS STREET TUCSON, AZ 85745	86-0816675		66,500.	0.			SUPPORT
ESPERANZA DANCE PROJECT P O BOX 90064 TUCSON, AZ 85752-0064	82-2280520		15,000.	0.			SUPPORT
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599		8,750.	0.			SUPPORT
FIGHTING AGAINST MEDIOCRITY FOUNDATION - 4927 N SABINO GULCH COURT - TUCSON, AZ 85750	86-0981064		6,000.	0.			SUPPORT
FROM THE HEART PRODUCTIONS INC 1455 MANDALAY BEACH ROAD OXNARD, CA 93035	95-4445418		15,000.	0.			SUPPORT
FUCHS MIZRACHI SCHOOL 26600 SHAKER BLVD BEACHWOOD, OH 44122	34-1400924		5,474.	0.			SUPPORT
GLOBAL INVESTMENT FOUNDATION FOR TOMORROW INC - 1201 N ORANGE ST SUITE 7265 - WILMINGTON, DE 19801-1268	20-5545018		50,000.	0.			SUPPORT
GREGORY SCHOOL 3231 N CRAYCROFT ROAD TUCSON, AZ 85712	86-0374130		23,500.	0.			SUPPORT
HANDMAKER JEWISH SERVICES FOR THE AGING - 2221 N ROSEMONT BLVD - TUCSON, AZ 85712-2113	86-0626077		16,166.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM , MA 01001-1913	04-6685725		50,000.	0.			SUPPORT
HIAS INC (HEBREW IMMIGRANT AID SOCIETY) - 1300 SPRING STREET, SUITE 500 - SILVER SPRING, MD 20910	13-5633307		100,000.	0.			SUPPORT
HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER ROAD TUCSON, AZ 85705	86-0112798		5,200.	0.			SUPPORT
INITIATIVE FOR MEDICINES, ACCESS & KNOWLEDGE - 16192 COASTAL HWY - BROOKLYN, NY 19958-3608	20-8559302		150,000.	0.			SUPPORT
INTEGRATIVE TOUCH FOR KIDS 5675 N ORACLE ROAD #3201 TUCSON, AZ 85704	74-3145036		13,700.	0.			SUPPORT
INTERFAITH COMMUNITY SERVICES 2820 W INA ROAD TUCSON, AZ 85741	86-0520997		120,000.	0.			SUPPORT
INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT - P O BOX 17749 - TUCSON, AZ 85731-7749	85-0254535		5,500.	0.			SUPPORT
ISRAEL CNTR FOR EXCELLENCE 9 SOUTH 753 CIRCLE AVENUE WILLOWBROOK, IL 60527	27-3032809		8,249.	0.			SUPPORT
JEWISH COMMUNITY FEDERATION OF CLEVELAND - 25701 SCIENCE PARK DRIVE - BEACHWOOD, OH 44122	34-0714445		10,948.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FOUNDATION OF GREATER PRESCOTT - P O BOX 2684 - PRESCOTT, AZ 86302-2684	86-0941893		12,000.	0.			SUPPORT
JEWISH FAMILY & CHILDREN'S SVCS 4301 E FIFTH STREET TUCSON, AZ 85711	86-0623896		145,817.	0.			SUPPORT
JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-1643388		15,000.	0.			SUPPORT
JEWISH FEDERATION OF SA 3718 E RIVER ROAD, STE 100 TUCSON, AZ 85718	86-0096795		1,130,656.	0.			SUPPORT
JEWISH HISTORY MUSEUM P O BOX 889 TUCSON, AZ 85702-0889	86-0762311		26,894.	0.			SUPPORT
JEWISH NATIONAL FUND - USA INC 42 E 69TH STREET NEW YORK, NY 10021	83-2880252		26,255.	0.			SUPPORT
LAW COLLEGE ASSOCIATION OF THE UNIVERSITY OF ARIZONA - P O BOX 210176 - TUCSON, AZ 85721-0176	86-6037148		55,316.	0.			SUPPORT
LEAD GUITAR PO BOX 40206 TUCSON, AZ 85717	26-1416560		26,000.	0.			SUPPORT
LOS ANGELES RONALD MCDONALD HOUSE 4560 FOUNTAIN AVENUE LOS ANGELES, CA 90029	95-3167869		14,500.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	04-1564655		75,000.	0.			SUPPORT
MENORAH PARK CENTER FOR SENIOR LIVING - 27100 CEDAR ROAD - BEACHWOOD, OH 44122	34-0714443		5,474.	0.			SUPPORT
OUR FAMILY SERVICES 2590 N ALVERNON WAY TUCSON, AZ 85712	94-2598560		25,000.	0.			SUPPORT
PRIMAVERA FOUNDATION 151 W 40TH STREET TUCSON, AZ 85713	86-0733182		6,400.	0.			SUPPORT
PROTECT DEMOCRACY PROJECT 82 NASSAU STREET, #601 NEW YORK, NY 10038	81-4777062		150,000.	0.			SUPPORT
RABBI ELCHANAN THEOLOGICAL SEMINARY - 515 WEST 185TH STREET, RM 629 - NEW YORK, NY 10033	13-2673756		21,896.	0.			SUPPORT
ROSE COMMUNITY FOUNDATION 4500 CHERRY CREEK DRIVE SOUTH, SUITE DENVER, CO 80246	84-0920862		50,000.	0.			SUPPORT
SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316		51,033.	0.			SUPPORT
SCULPTURETUCSON.ORG PO BOX 816 TUCSON, AZ 85702	81-4077958		23,500.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMON WIESENTHAL CENTER 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928		8,500.	0.			SUPPORT
SO. ARIZONA SYMPHONY ORCHESTRA PO BOX 43131 TUCSON, AZ 85733	95-3403204		25,000.	0.			SUPPORT
SOCIAL VENTURE PARTNERS TUCSON 5049 E BROADWAY BLVD, STE 233 TUCSON, AZ 85711	82-2964855		25,500.	0.			SUPPORT
SOCIETY TO IMPROVE DIAGNOSIS IN MEDICINE - 1501 HINMAN AVENUE, UNIT 7B - EVANSTON, IL 60201	45-2670824		242,000.	0.			SUPPORT
SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER - 2329 E AJO WAY - TUCSON, AZ 85713	26-3208123		20,000.	0.			SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743		15,250.	0.			SUPPORT
STEP UP TO JUSTICE 320 N COMMERCE PARK LP., STE 100 TUCSON, AZ 85745	81-3776452		27,500.	0.			SUPPORT
SUNNYSIDE FOUNDATION 2485 W TORTOLITA BLUFFS DRIVE TUCSON, AZ 85742	86-0459085		7,300.	0.			SUPPORT
TEMPLE ALIYAH 6025 VALLEY CIRCLE BLVD WOODLAND HILLS, CA 91367	95-2236425		15,000.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH SHOLOM 4200 MUNSON TOPEKA, KS 66604	48-0679976		11,000.	0.			SUPPORT
TEMPLE EMANU-EL 225 N COUNTRY CLUB ROAD TUCSON, AZ 85716	86-0117389		30,656.	0.			SUPPORT
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240		20,827.	0.			SUPPORT
TU NIDITO CHILDREN & FAMILY SERVICES - 3922 N. MOUNTAIN AVENUE - TUCSON, AZ 85719	86-0769031		32,650.	0.			SUPPORT
TUCSON DESERT SONG FESTIVAL P O BOX 65866 TUCSON, AZ 85728-5866	27-3777745		25,000.	0.			SUPPORT
TUCSON GIRLS CHORUS ASSOCIATION INC - 4020 E RIVER ROAD - TUCSON, AZ 85718-6950	86-0505318		6,000.	0.			SUPPORT
TUCSON HEBREW ACADEMY 3888 E RIVER ROAD TUCSON, AZ 85718	86-0274412		279,761.	0.			SUPPORT
TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718	86-0183578		294,659.	0.			SUPPORT
TUCSON MUSEUM OF ART 140 N MAIN AVENUE TUCSON, AZ 85701	86-6006371		6,250.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCSON SYMPHONY ORCHESTRA 2175 N SIXTH AVENUE TUCSON, AZ 85705	86-0107538		14,959.	0.			SUPPORT
U OF A HILLEL FOUNDATION 1245 E SECOND STREET TUCSON, AZ 85719	86-6053800		91,258.	0.			SUPPORT
UC HASTINGS FOUNDATION 200 MCALLISTER STREET SAN FRANCISCO, CA 94102-4978	23-7135898		150,000.	0.			SUPPORT
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVENUE TUCSON, AZ 85721-0111	86-6050388		540,553.	0.			SUPPORT
UNIVERSITY OF DENVER 2199 S UNIVERSITY BLVD DENVER, CO 80210-4711	84-0404231		10,000.	0.			SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090	39-0743975		75,000.	0.			SUPPORT
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 9509 - WARWICK, RI 02889	23-2888152		3,000,000.	0.			SUPPORT
WASHINGTON INST FOR NEAR EAST POLICY - 1111 19TH STREET, NW, STE 500 - WASHINGTON, DC 20036	52-1376034		50,000.	0.			SUPPORT
WOMENS FOUNDATION OF SOUTHERN ARIZONA - P O BOX 89518 - TUCSON, AZ 85752-9518	31-1660702		7,000.	0.			SUPPORT

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

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

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

PART I, LINE 2:

GRANTS MAY ONLY BE DISTRIBUTED TO 501(C)(3) ORGANIZATIONS. BEFORE DISTRIBUTIONS ARE MADE THE ORGANIZATION IS VETTED BY OBTAINING A COPY OF THEIR IRS DETERMINATION LETTER, CONTACT INFORMATION, AND A COPY OF THEIR MISSION STATEMENT. WE OBTAIN THE ORGANIZATION'S IRS STATUS ON GUIDESTAR'S CHARITY CHECK, WHICH COMBINES INFORMATION FROM THE IRS DETERMINATION LETTER, THE IRS PUB 78, AND THE IRS BMF (BUSINESS MASTER FILE) REPORTS.

[IRS REVENUE PROCEDURE 2009-32 ALLOWS GRANTORS TO RELY ON THIRD-PARTY

RESOURCES, SUCH AS GUIDESTAR CHARITY CHECK, TO OBTAIN REQUIRED BUSINESS

Part IV Supplemental Information

MASTER FILE (BMF) DATA CONCERNING A POTENTIAL GRANTEE'S PUBLIC CHARITY

CLASSIFICATION UNDER SECTION 509(A)(1),(2) OR (3)]

OUR BOARD APPROVES ALL NEW ORGANIZATIONS BEFORE DISTRIBUTIONS ARE MADE.

ANNUALLY THE BOARD RE-APPROVES OUR ENTIRE LIST OF ORGANIZATIONS AFTER WE

HAVE VERIFIED THAT THEIR 501(C)(3) STATUS IS STILL IN GOOD ORDER.

DISTRIBUTIONS FOR GRANTS MADE FOR RESTRICTED PURPOSES ARE ACCOMPANIED WITH

A LETTER STATING THAT THE FUNDS CAN ONLY BE USED FOR THAT PURPOSE. THE

LETTERS ALSO INCLUDE THE FOLLOWING NOTATION:

THIS GRANT IS MADE TO YOUR ORGANIZATION THROUGH THE JEWISH COMMUNITY

FOUNDATION OF SOUTHERN ARIZONA (JCF). BY ACCEPTING THIS CHECK, YOUR

ORGANIZATION CERTIFIES TO THE JCF THAT:

1) NO TANGIBLE BENEFIT, GOODS OR SERVICES ARE RECEIVED BY ANY INDIVIDUALS

CONNECTED WITH THE ABOVE-MENTIONED GIFT. TANGIBLE BENEFITS MAY INCLUDE,

BUT ARE NOT LIMITED TO DUES (OTHER THAN SYNAGOGUE MEMBERSHIP DUES),

EVENT/ADMISSION TICKETS, TABLES, AND MEALS;

2) FUNDS WILL NOT BE USED TO DISCHARGE OR SATISFY A LEGALLY ENFORCEABLE

CHARITABLE PLEDGE OR OBLIGATIONS OF ANY PERSON; AND

3) NO INDIVIDUALS CONNECTED WITH THE ABOVE-MENTIONED GIFT WILL BENEFIT FROM

GRANTS, LOANS, COMPENSATION OR SIMILAR PAYMENTS.

RESTRICTED PURPOSE GRANTS THAT ARE TO BE MADE ANNUALLY FROM ENDOWMENT FUNDS

REQUIRE THAT THE ORGANIZATION PROVIDE US WITH A REPORT OF HOW THE FUNDS

WERE USED BEFORE THE NEXT YEAR'S GRANT WILL BE DISTRIBUTED.

Part IV Supplemental Information

GRANTS AWARDED UNDER OUR COMMUNITY GRANTS PROGRAM REQUIRE PERIODIC

REPORTING TO ENSURE FUNDS ARE BEING USED FOR THE PURPOSE INTENDED.

GRANTS ARE NOT MADE TO INDIVIDUALS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA**

Employer identification number
86-0718936

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GRAHAM HOFFMAN (JCF)	(i)	295,309.	0.	0.	24,000.	6,991.	326,300.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	900,000.	FMV PER APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING INDIVIDUALS, FAMILIES AND ORGANIZATIONS TO INVEST IN
STRONGER JEWISH AND GLOBAL COMMUNITIES FOR TODAY AND TOMORROW.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2021 ACCOMPLISHMENTS

JCF MADE DISTRIBUTIONS TO OVER 500 DIFFERENT CHARITABLE 501(C)(3)

ORGANIZATIONS THAT PROVIDE HEALTH, EDUCATIONAL, CULTURAL, AND SOCIAL

SERVICES TO LOCAL, NATIONAL, AND INTERNATIONAL COMMUNITIES. GRANTS MADE

FROM NET ASSETS TOTALED ALMOST \$9.6 MILLION DOLLARS. ANOTHER \$1.8

MILLION WAS DISTRIBUTED FROM ORGANIZATION FUNDS HELD BY THE JCF IN A

CUSTODIAL CAPACITY.

TO ADDRESS THE CRITICAL NEEDS IN OUR COMMUNITY THAT WERE EXACERBATED BY

THE PANDEMIC, A COLLABORATIVE EFFORT WAS LAUNCHED IN 2020 AND CONTINUED

IN 2021 RAISING OVER \$460K TO SUPPORT LOCAL AGENCIES DEALING DIRECTLY

WITH INDIVIDUALS IMPACTED BY THE PANDEMIC. A TASK FORCE WAS CREATED TO

STRATEGICALLY ADDRESS, BOTH IN THE SHORT TERM AND LONG TERM, FOOD

INSECURITY, EVICTION AND HOMELESSNESS, MEDICAL ISSUES, AND OTHER BASIC

NEEDS AND TO ASSIST ORGANIZATIONS IN OBTAINING ESSENTIAL PERSONAL

PROTECTIVE EQUIPMENT (PPE). GRANTING OF THE FUNDS IN THE LOCAL

COMMUNITY BEGAN IN 2020 AND CONTINUED IN 2021.

OUR IMPACT INVESTMENT POOL WAS LAUNCHED AS A NEW INVESTMENT OFFERING

FOR DONOR ADVISED FUND HOLDERS. THE ROLE OF THE IMPACT POOL IS TO 1)

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

Schedule O (Form 990) 2021

Name of the organization THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA

Employer identification number
86-0718936

INVEST IN A SOCIALLY RESPONSIBLE WAY, 2) CREATE GREATER COMMUNITY

IMPACT AND 3) PROVIDE EXPOSURE TO GLOBAL COMPANIES WITH HIGH ESG

PERFORMANCE.

FORM 990, PART VI, SECTION A, LINE 2:

DISCLOSED RELATIONSHIPS:

- BRENNA LACEY AND STEPHEN RODGVELLER ARE MARRIED.

- JEFFREY KATZ AND RANDY DAVIDSON ARE SIBLINGS.

- SHELLY SILVERMAN AND LESLIE GLAZE ARE SIBLINGS.

FORM 990, PART VI, SECTION A, LINE 4:

IN MAY 2021, THE JEWISH COMMUNITY FOUNDATION OF SO ARIZONA (JCF) AND ITS

AFFILIATED ORGANIZATION, THE JEWISH FEDERATION OF SO ARIZONA (JFSA) CAME

TOGETHER UNDER A NEWLY FORMED CORPORATION, THE CENTER FOR JEWISH

PHILANTHROPY OF SO ARIZONA (CJP), WHICH HAS FILED FOR ITS 501(C)(3) TAX

EXEMPTION AND A NAME CHANGE TO JEWISH PHILANTHROPIES OF SOUTHERN ARIZONA

(JPFA). JCF'S BYLAWS AND ARTICLES OF INCORPORATION WERE AMENDED AND

RESTATED PRIMARILY TO REFLECT THAT CJP IS THE SOLE MEMBER OF JCF. CJP IS

ALSO THE SOLE MEMBER OF JPFA. ALL THREE ORGANIZATIONS ARE NOW GOVERNED BY

THE SAME BOARD OF TRUSTEES. THE EIN FOR CJP IS 87-1814239.

FORM 990, PART VI, SECTION A, LINE 6:

IN MAY 2021, THE JEWISH COMMUNITY FOUNDATION OF SO ARIZONA (JCF) AND ITS

AFFILIATED ORGANIZATION, THE JEWISH FEDERATION OF SO ARIZONA (JFSA) CAME

TOGETHER UNDER A NEWLY FORMED CORPORATION, THE CENTER FOR JEWISH

PHILANTHROPY OF SO ARIZONA (CJP), WHICH HAS FILED FOR ITS 501(C)(3) TAX

EXEMPTION AND A NAME CHANGE TO JEWISH PHILANTHROPIES OF SOUTHERN ARIZONA

(JPFA). JCF'S BYLAWS AND ARTICLES OF INCORPORATION WERE AMENDED AND

Name of the organization THE JEWISH COMMUNITY FOUNDATION
OF SOUTHERN ARIZONA

Employer identification number
86-0718936

RESTATED PRIMARILY TO REFLECT THAT CJP IS THE SOLE MEMBER OF JCF. CJP IS

ALSO THE SOLE MEMBER OF JFSA.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15A:

IN 2020, A TASK FORCE CONDUCTED A "KEY EMPLOYEE COMPENSATION SURVEY" USING
INFORMATION FROM COMPARABLE FOUNDATION'S FORMS 990 AND AN INDEPENDENT
COMPENSATION STUDY OF FOUNDATIONS. THE FINDINGS OF THE TASK FORCE WERE
PRESENTED TO THE BOARD, WHICH CONCURRED THAT THE COMPENSATION PAID UNDER

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

THE CEO'S THEN CURRENT WRITTEN AND BOARD-APPROVED CONTRACT WAS APPROPRIATE COMPARED TO OTHER SIMILARLY SITUATED EXECUTIVES. THIS CONTRACTED WAS FOR THE PERIOD 1/1/2020 TO 5/31/2020.

LATER IN 2020, THE CEO'S RESPONSIBILITIES WERE EXPANDED TO MANAGE BOTH THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA AND THE JEWISH FEDERATION OF SOUTHERN ARIZONA UNDER A SINGLE CEO MODEL.

A WELL-ESTABLISHED FIRM SPECIALIZING IN THE RECRUITMENT OF EXECUTIVES FOR NONPROFIT ORGANIZATIONS WAS HIRED TO RECRUIT FOR THE NEW SINGLE CEO POSITION. THIS FIRM ALSO WAS ENGAGED TO PERFORM A COMPENSATION ANALYSIS. IT PROVIDED INFORMATION TO A TASK FORCE THAT RECOMMENDED, TO THE BOARD, A COMPENSATION PACKAGE IT FELT APPROPRIATE AND COMPARABLE TO SIMILARLY SITUATED EXECUTIVES BASED ON THE OUTSIDE ANALYSIS. THE BOARD CONCURRED WITH THE RECOMMENDATION OF THE TASK FORCE AND APPROVED A WRITTEN CONTRACT THAT WAS EFFECTIVE 6/1/2020.

FORM 990, PART VI, SECTION C, LINE 19:
 THE POLICY OF THE JEWISH COMMUNITY FOUNDATION IS TO UPON REQUEST MAKE ITS AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR VIEWING AT THE OFFICE OF THE FOUNDATION.

FORM 990, PART XII, LINE 2C:
 NO CHANGES HAVE BEEN MADE TO THE ORGANIZATION'S PROCESS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JCF TUCSON HOLDINGS, LLC - 45-5152892 3718 E. RIVER ROAD #118 TUCSON, AZ 85718	REAL ESTATE HOLDINGS	ARIZONA			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEWISH FEDERATION OF SOUTHERN AZ - 86-0096795, 3718 E. RIVER ROAD #100, TUCSON, AZ 85718	CHARITABLE	ARIZONA	501(C)(3)	LINE 7			X
L2 FOUNDATION - 27-0697033 3718 E. RIVER ROAD #118 TUCSON, AZ 85718	CHARITABLE SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I		X	

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

Schedule R (Form 990) 2021

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH FEDERATION OF SOUTHERN AZ	B	1,130,656.	CASH VALUE
(2) JEWISH FEDERATION OF SOUTHERN AZ	P	58,922.	FMV
(3) JEWISH FEDERATION OF SOUTHERN AZ	Q	220,482.	CASH VALUE
(4)			
(5)			
(6)			

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

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

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

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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 3718 E. RIVER ROAD #118</p> <p>City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85718</p>	<p>D Employer identification number 86-0718936</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 157,844,908.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

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

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

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

L The books are in care of ▶ THE ORGANIZATION Telephone number ▶ (520) 577-0388

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	2,948.
2 Reserved	2	
3 Add lines 1 and 2	3	2,948.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,948.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	2,948.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	1,948.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	409.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	409.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	409.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	409.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	409.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
1	\$ 81,362.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	TREASURER	Title
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	MICHAEL J. DEVRIES			
	Firm's name HBL CPAS, P.C.		Firm's EIN 86-0360084	
	Firm's address 5470 E. BROADWAY BLVD. TUCSON, AZ 85711		Phone no. (520) 886-3181	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	------------------------------------

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

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

A Name of the organization THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA B Employer identification number 86-0718936 C Unrelated business activity code (see instructions) 1 D Sequence: 1 of 1

E Describe the unrelated trade or business PARTNERSHP UBI

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of section 501(c)(7), (9), or (17) organizations, Exploited exempt activity income, Advertising income, Other income, and Total.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Depreciation, Less depreciation claimed in Part III and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business income before net operating loss deduction, Deduction for net operating loss, and Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
DRD DESERT PARCEL, LLC - ORDINARY BUSINESS INCOME (LOSS)	28,025.
DRD DESERT PARCEL, LLC - OTHER INCOME (LOSS)	-13,285.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	14,740.

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 2

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
81,362.	11,792.	69,570.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	1,197.	0.	1,197.	1,197.
12/31/19	77,420.	0.	77,420.	77,420.
12/31/20	2,745.	0.	2,745.	2,745.
NOL CARRYOVER AVAILABLE THIS YEAR			81,362.	81,362.