

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: JEWISH FOUNDATION OF MEMPHIS
D Employer identification number: 62-1618399
E Telephone number: 901-374-0400
G Gross receipts \$: 16,498,454.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: JEWISHFOUNDATIONOFMEMPHIS.ORG
K Form of organization:
L Year of formation: 1995
M State of legal domicile: TN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O; 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.; 3-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 LAURA LINDER, PRESIDENT/CEO
Date
Paid: Preparer's name KELLY S. CROW, Preparer's signature KELLY S. CROW, Date 05/14/26, PTIN P01519168
Preparer Use Only: Firm's name REYNOLDS BONE & GRIESBECK PLC, Firm's EIN 62-0428728, Firm's address 5100 WHEELIS DRIVE, SUITE 300 MEMPHIS, TN 38117-4568, Phone no. 901-682-2431

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: THE MISSION OF THE JEWISH FOUNDATION OF MEMPHIS IS TO ENCOURAGE CHARITABLE GIVING, SUPPORT PARTNER AGENCY ENDOWMENT DEVELOPMENT AND TO BUILD AND SUSTAIN A VIRBANT JEWISH COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,171,330. including grants of \$ 11,959,699.) (Revenue \$ 1,459,598.) ALLOCATIONS TO MEMBER ORGANIZATIONS, ALL OF WHICH ARE QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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 12,171,330.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 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: 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? 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); 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 TN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHERI GADBERRY - 901-374-0400
6560 POPLAR AVE, MEMPHIS, TN 38138

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) LAURA LINDER PRESIDENT/CEO	1.00 40.00	X		X				0.	267,143.	0.
(2) PACE COOPER CHAIR	1.00	X		X				0.	0.	0.
(3) JASON SALOMON PAST CHAIR	1.00	X		X				0.	0.	0.
(4) CINDY FINESTONE SECRETARY	1.00	X		X				0.	0.	0.
(5) LAWSON ARNEY VICE CHAIR FINANCE	1.00	X		X				0.	0.	0.
(6) ELKAN SCHEIDT VICE CHAIR INVESTMENT	1.00	X		X				0.	0.	0.
(7) AILEEN COOPER DIRECTOR	1.00	X						0.	0.	0.
(8) RICK FOGELMAN DIRECTOR	1.00	X						0.	0.	0.
(9) ELLIOT KIERSKY DIRECTOR	1.00	X						0.	0.	0.
(10) REED LANDAU DIRECTOR	1.00	X						0.	0.	0.
(11) ANTHONY MORRISON DIRECTOR	1.00	X						0.	0.	0.
(12) WENDY ROTTER DIRECTOR	1.00	X						0.	0.	0.
(13) BENJAMIN WACHTEL DIRECTOR	1.00	X						0.	0.	0.
(14) JEFF WALLACE DIRECTOR	1.00	X						0.	0.	0.

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					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,736,579.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,617,385.				
	h	Total. Add lines 1a-1f		12,736,579.				
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,302,277.		2302277.		
	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	1,200,908.			
				(ii) Other				
			b	Less: cost or other basis and sales expenses	7b	0.		
			c	Gain or (loss)	7c	1,200,908.		
	d	Net gain or (loss)		1,200,908.	1,200,908.			
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	MANAGEMENT FEE INCOME	900099	273,180.	273,180.			
	b	OTHER INCOME	900099	49,589.	49,589.			
	c	SPONSORSHIP INCOME	900099	5,250.	5,250.			
	d	All other revenue	900099	-69,329.	-69,329.			
	e	Total. Add lines 11a-11d		258,690.				
12	Total revenue. See instructions		16,498,454.	1,459,598.	0.	2302277.		

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	11,959,699.	11,959,699.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	840,522.	210,131.	252,156.	378,235.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,645.		131,645.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,130.		2,130.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,500.	1,500.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,988.		1,988.	
23 Insurance				
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 MISCELLANEOUS	-500.		-500.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,936,984.	12,171,330.	387,419.	378,235.
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 <input type="checkbox"/> 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	807.	1	807.
	2 Savings and temporary cash investments	173,170.	2	620,315.
	3 Pledges and grants receivable, net	186,250.	3	54,772.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0.	9	11,895.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 215,215.		
	b Less: accumulated depreciation	10b 105,347.	44,564.	10c 109,868.
	11 Investments - publicly traded securities	98,327,361.	11	108,254,128.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,001,573.	15	1,966,316.
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,733,725.	16	111,018,101.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	30,297,409.	21	33,835,288.
	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	0.	25	133,947.
	26 Total liabilities. Add lines 17 through 25	30,297,409.	26	33,969,235.
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	46,337,241.	27	50,551,109.
	28 Net assets with donor restrictions	24,099,075.	28	26,497,757.
	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	70,436,316.	32	77,048,866.
	33 Total liabilities and net assets/fund balances	100,733,725.	33	111,018,101.

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	16,498,454.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,936,984.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,561,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,436,316.
5	Net unrealized gains (losses) on investments	5	3,201,945.
6	Donated services and use of facilities	6	-150,814.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	77,048,866.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17441439.	19719616.	12394904.	13669512.	12736579.	75962050.
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	17441439.	19719616.	12394904.	13669512.	12736579.	75962050.
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)						
6 Public support. Subtract line 5 from line 4.						75962050.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	17441439.	19719616.	12394904.	13669512.	12736579.	75962050.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	876,180.	1693831.	2067882.	2313942.	3503185.	10455020.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1075925.	446,073.	258,690.	1780688.
11 Total support. Add lines 7 through 10						88197758.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	86.13 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.91 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MANAGEMENT FEE INCOME

2022 AMOUNT: \$ 721,415.
 2023 AMOUNT: \$ 241,361.
 2024 AMOUNT: \$ 273,180.

OTHER INCOME

2022 AMOUNT: \$ 165,362.
 2023 AMOUNT: \$ 120,225.
 2024 AMOUNT: \$ 49,589.

SPONSORSHIP INCOME

2022 AMOUNT: \$ 189,148.
 2023 AMOUNT: \$ 84,487.
 2024 AMOUNT: \$ 5,250.

CHANGE IN LIFE INSURANCE

2024 AMOUNT: \$ -69,329.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

JEWISH FOUNDATION OF MEMPHIS

62-1618399

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization JEWISH FOUNDATION OF MEMPHIS	Employer identification number 62-1618399
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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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>310,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>345,948.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>635,167.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>303,729.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>497,006.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FOUNDATION OF MEMPHIS	Employer identification number 62-1618399
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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	<hr/> <hr/> <hr/>	\$ <u>351,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>739,235.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>440,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>607,256.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>536,288.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FOUNDATION OF MEMPHIS	Employer identification number 62-1618399
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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
<u>2</u>	100 SHARES OF QQQ AND 613 SHARES OF AAPL - GIFTED ON 9/20/2024 <hr/> <hr/>	\$ <u>189,307.</u>	<u>09/20/24</u>
<u>2</u>	400 SHARES OF AAPL; 200 SHARES OF FDX, GIFTED ON 12/30/2024 <hr/> <hr/>	\$ <u>156,641.</u>	<u>12/30/24</u>
<u>3</u>	STOCK DONATION GIFTED ON 11/4/2024 <hr/> <hr/>	\$ <u>396,837.</u>	<u>11/04/24</u>
<u>3</u>	400 SHARES OF META, GIFTED ON 12/27/2024 <hr/> <hr/>	\$ <u>238,330.</u>	<u>12/27/24</u>
<u>5</u>	STOCK DONATION 12.10.2024 <hr/> <hr/>	\$ <u>303,729.</u>	<u>12/10/24</u>
<u>6</u>	STOCK DONATION ON 2/11/2025 <hr/> <hr/>	\$ <u>497,006.</u>	<u>02/11/25</u>

Name of organization JEWISH FOUNDATION OF MEMPHIS	Employer identification number 62-1618399
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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
8	1 SHARE OF BRKA, GIFTED ON 2/24/2025 _____ _____ _____	\$ <u>739,235.</u>	<u>02/24/25</u>
10	STOCK GIFT _____ _____ _____	\$ <u>564,775.</u>	<u>11/29/24</u>
10	1,279.533 SHARES OF VTIAX, GIFTED ON 12/2/2024 _____ _____ _____	\$ <u>42,481.</u>	<u>12/02/24</u>
11	4500 SHARES OF QLD, GIFTED ON 12/17/24 _____ _____ _____	\$ <u>536,288.</u>	<u>12/17/24</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization JEWISH FOUNDATION OF MEMPHIS	Employer identification number 62-1618399
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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

(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

(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

(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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

JEWISH FOUNDATION OF MEMPHIS

Employer identification number

62-1618399

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	438	
2 Aggregate value of contributions to (during year)	8,571,427.	
3 Aggregate value of grants from (during year)	8,021,617.	
4 Aggregate value at end of year	46,110,556.	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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 30,297,409. |
| d Additions during the year | 1d 3,537,879. |
| e Distributions during the year | 1e |
| f Ending balance | 1f 33,835,288. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,903,864.	16,535,953.	12,428,087.	11,005,578.	2,418,589.
b Contributions	160,219.	1,122,440.	3,969,169.	4,391,805.	6,743,496.
c Net investment earnings, gains, and losses	2,334,846.	2,073,782.	1,358,152.	-631,212.	2,239,711.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,045,295.	828,311.	1,219,455.	2,338,084.	332,517.
f Administrative expenses					63,701.
g End of year balance	20,353,634.	18,903,864.	16,535,953.	12,428,087.	11,005,578.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100 %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		77,532.	34,956.	42,576.
d Equipment		70,391.	70,391.	0.
e Other		67,292.		67,292.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				109,868.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) DUE TO RELATED PARTIES	133,947.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	133,947.

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 IV, LINE 2B:

THE JEWISH FOUNDATION OF MEMPHIS RECEIVES ASSETS THAT HAVE BEEN TRANSFERRED BY OUTSIDE ORGANIZATIONS TO THE FOUNDATION TO INCLUDE IN ITS INVESTMENT PORTFOLIO. THESE FUNDS CAN BE USED BY THOSE ORGANIZATIONS UPON DEMAND AND ARE THEREFORE RECORDED AS A LIABILITY.

PART V, LINE 4:

THE FOUNDATION'S BOARD OF DIRECTORS ESTABLISHED AN ENDOWMENT FUND TO PRESERVE AND INVEST FUNDS TO SUPPORT JEWISH FAMILY SERVICES AND BEGAN AN ANNUAL FUND CAMPAIGN TO INFUSE THE ENDOWMENT. ADDITIONALLY, THERE ARE SIX OTHER ENDOWMENT FUNDS WITH DONOR RESTRICTIONS THAT HAVE BEEN ESTABLISHED OVER THE YEARS FOR A VARIETY OF PURPOSES.

PART X, LINE 2:

IN ACCORDANCE WITH U.S. GAAP, IF APPLICABLE, THE FOUNDATION AND ITS SUBSIDIARIES RECOGNIZE INTEREST EXPENSE AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. NO AMOUNTS HAVE BEEN RECOGNIZED IN EXPENSES FOR 2025 AND 2024. THE FOUNDATION AND ITS SUBSIDIARIES ARE SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

JEWISH FOUNDATION OF MEMPHIS

Employer identification number
62-1618399

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
MEMPHIS JEWISH FEDERATION 6560 POPLAR AVENUE GERMANTOWN, TN 38138	62-0475747		1,481,594.	0.			COMMUNITY DEVELOPMENT
TEMPLE ISRAEL 1376 EAST MASSEY ROAD MEMPHIS, TN 38120	62-0488036		1,122,907.	0.			RELIGIOUS
UNION FOR REFORM JUDAISM 633 THIRD AVENUE, 7TH FLOOR NEW YORK, NY 10017-6778	13-1663143		576,133.	0.			FOR EXEMPT PURPOSE
JFS OF MEMPHIS JEWISH COMMUNITY CENTER - JEWISH FAMILY SERVICE DEPARTMENT, 6560 POPLAR AVENUE - MEMPHIS, TN 38138	62-0199430		415,939.	0.			HEALTH / WELFARE
BARON HIRSCH CONGREGATION 400 SOUTH YATES ROAD MEMPHIS, TN 38120-2400	62-0477611		342,987.	0.			RELIGIOUS
MARGOLIN HEBREW ACADEMY/CYOS 390 SOUTH WHITE STATION ROAD MEMPHIS, TN 38117	62-6002000		280,297.	0.			EDUCATION - RELIGIOUS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **126.**
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORNBLUM JEWISH COMMUNITY SCHOOL 6641 HUMPHREYS BOULEVARD MEMPHIS, TN 38120	62-1351424		256,177.	0.			EDUCATION - RELIGIOUS
AHS OF GREATER MEMPHIS FOUNDATION INC - 2220 UNION AVE - MEMPHIS, TN 38104	58-1676139		250,000.	0.			FOR EXEMPT PURPOSE
MEMPHIS JEWISH COMMUNITY CENTER 6560 POPLAR AVENUE GERMANTOWN, TN 38138	62-0481800		194,300.	0.			COMMUNITY DEVELOPMENT
BETH SHOLOM SYNAGOGUE 6675 HUMPHREY BOULEVARD MEMPHIS, TN 38120	62-6015433		179,548.	0.			RELIGIOUS
ST. GEORGE'S INDEPENDENT SCHOOL 1880 WOLF RIVER BOULEVARD COLLIERVILLE, TN 38017	62-1761850		147,500.	0.			EDUCATIONAL
UNIVERSITY OF MEMPHIS FOUNDATION PO BOX 1000, DEPT. 238 MEMPHIS, TN 38148-0001	62-6048540		135,386.	0.			EDUCATIONAL
JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND ST., SUITE 400 NEW YORK, NY 10017	13-1656634		125,300.	0.			HUMANITARIAN AID
LAUSANNE COLLEGIATE SCHOOL 1381 WEST MASSEY ROAD MEMPHIS, TN 38120	62-0517292		123,500.	0.			EDUCATIONAL
MEMPHIS UNIVERSITY SCHOOL 6191 PARK AVENUE MEMPHIS, TN 38119	62-0545618		111,296.	0.			EDUCATIONAL

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ISRAEL DEFENSE FORCES - P.O. BOX 720556 - ATLANTA, GA 30358	13-3156445		105,886.	0.			FOR EXEMPT PURPOSE
HILLEL OF MEMPHIS 3581 MIDLAND AVENUE MEMPHIS, TN 38111	62-0475747		97,932.	0.			EDUCATION - CULTURAL
MEMPHIS OPPORTUNITY SCHOLARSHIP TRUST - 1000 RIDGEWAY LOOP RD., SUITE 100 - MEMPHIS, TN 38120	62-1723618		78,890.	0.			EDUCATIONAL
SHELBY FARMS PARK CONSERVANCY 6903 GREAT VIEW DRIVE NORTH MEMPHIS, TN 38134	26-0350397		73,200.	0.			ENVIRONMENTAL
PEF ISRAEL ENDOWMENT FUNDS, INC. 630 THIRD AVENUE, SUITE 1500 NEW YORK, NY 10017	13-6104086		72,530.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF MEMPHIS & THE MID-SOUTH - 516 TILMAN - MEMPHIS, TN 38112	62-0549549		72,300.	0.			EDUCATIONAL
THE JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240		66,916.	0.			FOR EXEMPT PURPOSE
MEMPHIS JEWISH HOME & REHAB 36 BAZEBERRY ROAD CORDOVA, TN 38018	62-0499939		65,689.	0.			HEALTH / WELFARE
YOUNG ISRAEL OF MEMPHIS 531 SOUTH YATES ROAD MEMPHIS, TN 38120	16-1618003		61,025.	0.			RELIGIOUS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUTCHISON SCHOOL 1740 RIDGEWAY ROAD MEMPHIS, TN 38119	62-0540400		60,800.	0.			FOR EXEMPT PURPOSE
UNIVERSITY OF TENNESSEE FOUNDATION 62 SOUTH DUNLOP SUITE 500 MEMPHIS, TN 38163	62-1844686		60,000.	0.			EDUCATIONAL
HENRY S. JACOBS CAMP 3863 MORRISON ROAD UTICA, MS 39175	13-1663143		58,184.	0.			YOUTH DEVELOPMENT
NATIONAL ORNAMENTAL METAL MUSEUM 374 METAL MUSEUM DRIVE MEMPHIS, TN 38103	62-1066198		57,300.	0.			FOR EXEMPT PURPOSE
THE UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DRIVE, SUITE 15 AUSTIN, TX 78759	74-1587488		54,000.	0.			FOR EXEMPT PURPOSE
CAMP NEBAGAMON P.O. BOX 429 LAKE NEBAGAMON, WI 54849	86-3687857		50,018.	0.			YOUTH DEVELOPMENT
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC. - 40 WALL STREET, 8TH FLOOR - NEW YORK, NY 10005	13-1656651		50,000.	0.			GRANTMAKING FOUNDATION
MEMPHIS KOLLEL C/O ESTHER KATZ 5462 BRANTFORD MEMPHIS, TN 38120	81-4324076		47,150.	0.			RELIGIOUS
FLORIDA ATLANTIC UNIVERSITY FOUNDATION - 777 GLADES RD - BOCA RATON, FL 33431	59-0917284		44,925.	0.			YOUTH DEVELOPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACING HISTORY AND OURSELVES PO BOX 40568 MEMPHIS, TN 38174	04-2761636		32,350.	0.			FOR EXEMPT PURPOSE
MAKE-A-WISH FOUNDATION OF THE MID-SOUTH - 5100 POPLAR AVENUE, SUITE 300 - MEMPHIS, TN 38137	62-1253153		32,279.	0.			YOUTH DEVELOPMENT
DIXON GALLERY AND GARDENS 4339 PARK AVENUE MEMPHIS, TN 38117	62-0943809		32,205.	0.			ARTS & CULTURAL
AKIVA SCHOOL 809 PERCY WARNER BLVD. NASHVILLE, TN 37205	62-0694534		30,836.	0.			EDUCATIONAL
ERUV BIDIKDUK 4 DUNHILL LANE MONSEY, NY 10952	13-3997429		30,000.	0.			FOR EXEMPT PURPOSE
FRIENDS OF ISRAELI SCOUTS 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018	13-3843506		30,000.	0.			ISRAELI ADVOCACY
TJE THE JEWISH ENTREPRENEUR 106 OLD COURT ROAD, SUITE 202 BALTIMORE, MD 21208	47-3697248		30,000.	0.			FOR EXEMPT PURPOSE
MEMPHIS BROOKS MUSEUM OF ART 1934 POPLAR AVENUE MEMPHIS, TN 38104-2756	62-6063304		29,775.	0.			FOR EXEMPT PURPOSE
CHURCH HEALTH 1350 CONCOURSE AVE., SUITE 142 MEMPHIS, TN 38104	58-1716113		29,567.	0.			HEALTH / WELFARE

JEWISH FOUNDATION OF MEMPHIS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN COMMUNITY FOUNDATION 6075 POPLAR AVENUE, SUITE 130 MEMPHIS, TN 38119	62-1752885		25,200.	0.			FOR EXEMPT PURPOSE
BEN PORAT YOSEF, INC. 243 E. FRISCH COURT PARAMUS, NJ 07652	22-3688043		25,000.	0.			FOR EXEMPT PURPOSE
GAN ALIYA 126 EAST 56TH STREET, FLOOR 12L NEW YORK, NY 10022	47-1693792		25,000.	0.			EDUCATION - RELIGIOUS
MEMPHIS CHAMBER FOUNDATION 100 PEABODY PLACE, SUITE 1000 MEMPHIS, TN 38103	23-7057855		25,000.	0.			FOR EXEMPT PURPOSE
PUPS WITHOUT BORDERS 14928 BASSETT ST. VAN NUYS, CA 91405	85-4373524		25,000.	0.			FOR EXEMPT PURPOSE
TULANE UNIVERSITY JAMES WILSON CENTER, 333 BEN WEINER DRIVE - NEW ORLEANS, LA 70118	23-7352202		25,000.	0.			YOUTH DEVELOPMENT
SAMUEL A FRYER YAVNEH ACADEMY 5353 W. 3RD STREET LOS ANGELES, CA 90020	95-2117190		24,780.	0.			EDUCATIONAL
MEMPHIS CHILLD ADVOCACY CENTER 1085 POPLAR AVENUE MEMPHIS, TN 38105	58-1745787		23,460.	0.			FOR EXEMPT PURPOSE
COMMUNITY FOUNDATION OF GREATER MEMPHIS - 1350 CONCOURSE AVENUE, SUITE 458 - MEMPHIS, TN 38104	58-1723645		22,300.	0.			GRANTMAKING FOUNDATION

JEWISH FOUNDATION OF MEMPHIS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBYO - DELTA REGION 529 14TH STREET NW, SUITE 705 WASHINGTON, DC 20045	31-1794932		21,650.	0.			FOR EXEMPT PURPOSE
MARINE MAMMAL CARE CENTER LOS ANGELES - 3601 S GAFFEY ST. #8 - SAN PEDRO, CA 90731	47-5249182		20,000.	0.			FOR EXEMPT PURPOSE
THE SCHECHTER INSTITUTES, INC. BOX #3566, P.O. BOX 8500 PHILADELPHIA, PA 19178-3566	22-3342043		20,000.	0.			EDUCATION - ISRAEL
THE UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 303901 AUSTIN, TX 78703	74-6000203		20,000.	0.			FOR EXEMPT PURPOSE
ARTSMEMPHIS P.O. BOX 1000, DEPT 882 MEMPHIS, TN 38148-0882	62-0693547		19,400.	0.			ARTS & CULTURAL
AMERICAN FRIENDS OF MAGEN DAVID ADOM - 20 W. 36TH STREET, SUITE 1100 - NEW YORK, NY 10018	13-1790719		19,050.	0.			MEDICAL - ISRAEL
CHRISTIAN BROTHERS HIGH SCHOOL 5900 WALNUT GROVE ROAD MEMPHIS, TN 38120	62-6049785		19,000.	0.			FOR EXEMPT PURPOSE
AMERICAN FRIENDS OF LEKET ISRAEL PO BOX 2090 TEANECK, NJ 07666-1490	20-8202424		18,540.	0.			FOOD, NUTRITION
CHABAD ON FULTON - STUDENT CENTER 94 FULTON AVENUE POUGHKEEPSIE, NY 12603	20-3800610		18,000.	0.			RELIGIOUS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD LUBAVITCH OF TENNESSEE 2570 KIRBY PARKWAY MEMPHIS, TN 38119	62-1566400		17,579.	0.			RELIGIOUS
HARDING UNIVERSITY 915 E. MARKET AVENUE, BOX 12238 SEARCY, AR 72149	71-0236896		17,500.	0.			EDUCATIONAL
PLANNED PARENTHOOD OF TENNESSEE AND N. MISSISSIPPI - 2430 POPLAR AVENUE - MEMPHIS, TN 38112	62-6073178		17,330.	0.			HEALTH / WELFARE
METROPOLITAN INTER-FAITH ASSOCIATION - P.O. BOX 3130 - MEMPHIS, TN 38173-0130	62-0803601		17,200.	0.			SOCIAL SERVICES
WKNO - FM AND TV 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567		15,659.	0.			ARTS & CULTURAL
HIAS 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307		15,600.	0.			FOR EXEMPT PURPOSE
ERUV OF MEMPHIS, INC. 5430 BRANTFORD AVENUE MEMPHIS, TN 38120	99-2362541		15,430.	0.			FOR EXEMPT PURPOSE
IRIS COLLECTIVE P.O. BOX 38407 GERMANTOWN, TN 38183	20-4091251		15,250.	0.			ARTS & CULTURAL
BOCA WEST FOUNDATION PO BOX 3070 BOCA RATON, FL 33431	27-3840788		15,000.	0.			YOUTH DEVELOPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN REEF COMMUNITY FOUNDATION, INC. - 35 OCEAN REEF DRIVE, SUITE 148 - KEY LARGO, FL 33037	65-0509255		14,580.	0.			FOR EXEMPT PURPOSE
CREATIVE AGING MID-SOUTH P.O. BOX 11914 MEMPHIS, TN 38111	27-0070615		14,482.	0.			FOR EXEMPT PURPOSE
HERB KOSTEN FOUNDATION 6060 POPLAR AVENUE, SUITE 140 MEMPHIS, TN 38119	86-1129030		13,700.	0.		GRANTMAKING FOUNDATION	
MEMPHIS SYMPHONY ORCHESTRA NEWPORT HALL, UNIVERSITY OF MEMPHIS, 610 GOODMAN STREET - MEMPHIS, TN 38111	62-6015885		13,440.	0.			FOR EXEMPT PURPOSE
ST. MARY'S EPISCOPAL SCHOOL 60 PERKINS EXTENDED MEMPHIS, TN 38117	62-0504637		13,250.	0.			FOR EXEMPT PURPOSE
MID-SOUTH FOOD BANK 3865 SOUTH PERKINS MEMPHIS, TN 38118	62-1340755		13,095.	0.			FOOD, NUTRITION
KOLLEL TORAH MITZION OF MEMPHIS MARGOLIN HEBREW ACADEMY, 390 SOUTH WHITE STATION ROAD - MEMPHIS, TN 38117	62-6002000		13,000.	0.			FOR EXEMPT PURPOSE
YESHIVA OHR YISRAEL OF ATLANTA 1458 HOLLY LANE ATLANTA, GA 30329	80-0025717		13,000.	0.			EDUCATION - RELIGIOUS
WORLD CENTRAL KITCHEN, INC. ATTN: DONOR SERVICES TEAM, 200 MASSACHUSETTS AVE NW, 7TH FLOOR - WASHINGTON,	27-3521132		10,610.	0.			FOR EXEMPT PURPOSE

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF UNITED HATZALAH 442 5TH AVE, SUITE 1866 NEW YORK, NY 10008	11-3533002		10,432.	0.			FOR EXEMPT PURPOSE
CHABAD AT THE CIVIC CENTER 618 N. LUNA COURT HOLLYWOOD, FL 33021	20-5614198		10,180.	0.			FOR EXEMPT PURPOSE
DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040		10,050.	0.			FOR EXEMPT PURPOSE
THE TIKVAH FUND 165 EAST 56TH STREET, 4TH FLOOR NEW YORK, NY 10022	13-3676152		10,036.	0.			FOR EXEMPT PURPOSE
HOPE FOR DEPRESSION RESEARCH FOUNDATION - 40 WEST 57TH STREET, SUITE 1440 - NEW YORK, NY 10019	20-4559210		10,000.	0.			FOR EXEMPT PURPOSE
JEWISH UNITED FUND OF CHICAGO 30 SOUTH WELLS STREET, SUITE 3134 CHICAGO, IL 60606-5054	36-2167034		10,000.	0.			COMMUNITY DEVELOPMENT
MANNA FOODBANK, INC. 99 BROADPOINTE DRIVE MILLS RIVER, NC 28759	58-1514800		10,000.	0.			FOR EXEMPT PURPOSE
PROMONTORY FOUNDATION 8758 NORTH PROMONTORY RANCH ROAD PARK CITY, UT 84098	20-5016814		10,000.	0.			FOR EXEMPT PURPOSE
SFAT TEMMIM 602 S. MAGNOLIA ST. DENVER, CO 80224	11-3198474		10,000.	0.			FOR EXEMPT PURPOSE

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHALHEVET HIGH SCHOOL 910 S FAIRFAX AVE LOS ANGELES, CA 90036-4419	95-4330860		10,000.	0.			EDUCATION - RELIGIOUS
OVERTON PARK SHELL, INC. 1928 POPLAR AVENUE MEMPHIS, TN 38104	74-3145100		9,600.	0.			ARTS & CULTURAL
CROW COMEDY, INC. 2525 MICHIGAN AVE, #F4 SANTA MONICA, CA 90404	88-2451487		9,500.	0.			FOR EXEMPT PURPOSE
BALLET MEMPHIS 2144 MADISON AVENUE MEMPHIS, TN 38104	62-1018942		9,350.	0.			ARTS & CULTURAL
CHURCH OF THE HOLY SPIRIT 2300 HICKORY CREST DRIVE MEMPHIS, TN 38119-6895	62-0845508		9,000.	0.			RELIGIOUS
CENTER FOR MENTAL HEALTH SUPPORT C/O SHELBY BAUM 5515 YATES COVE MEMPHIS, TN 38120	88-3300437		8,850.	0.			FOR EXEMPT PURPOSE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-9959	62-0646012		8,701.	0.			MEDICAL RESEARCH
U.S. ISRAEL EDUCATION ASSOCIATION 402 OFFICE PARK DRIVE, SUITE 215 BIRMINGHAM, AL 35223	45-4713417		8,600.	0.			FOR EXEMPT PURPOSE
PASADENA HUMANE SOCIETY 361 S. RAYMOND AVENUE PASADENA, CA 91105	95-1643344		8,500.	0.			FOR EXEMPT PURPOSE

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S FOUNDATION OF GREATER MEMPHIS - ONE COMMERCE SQUARE, 40 SOUTH MAIN STREET, SUITE 2280 - MEMPHIS, TN 38103	58-2207247		8,300.	0.			FOR EXEMPT PURPOSE
DIOCESE OF MEMPHIS ROMAN CATHOLIC CHURCH - 5825 SHELBY OAKS DRIVE - MEMPHIS, TN 38134	62-0845508		7,750.	0.			RELIGIOUS
YOUNG ISRAEL OF CENTURY CITY 9317 W. PICO BOULEVARD LOS ANGELES, CA 90035	95-3075173		7,690.	0.			RELIGIOUS
NEW ISRAEL FUND 254 WEST 31ST STREET, 3RD FLOOR NEW YORK, NY 10001	94-2607722		7,600.	0.			FOR EXEMPT PURPOSE
RELIGIOUS ZIONISTS OF AMERICA 100 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10017	13-5611746		7,600.	0.			FOR EXEMPT PURPOSE
SECOND BAPTIST CHURCH 4680 WALNUT GROVE ROAD MEMPHIS, TN 38117	62-0675927		7,600.	0.			FOR EXEMPT PURPOSE
BRENNAN CENTER FOR JUSTICE 120 BROADWAY SUITE 1750 NEW YORK, NY 10271	13-3839293		7,500.	0.			FOR EXEMPT PURPOSE
UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET, SUITE 300 PHILADELPHIA, PA 19104-5099	23-1352685		7,500.	0.			FOR EXEMPT PURPOSE
YOUTH VILLAGES FOUNDATION P.O. BOX 341154 MEMPHIS, TN 38184-1164	62-1652079		7,500.	0.			FOR EXEMPT PURPOSE

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN MEMPHIS 500 CARYSBROOK COVE MEMPHIS, TN 38120	82-4980215		7,400.	0.			YOUTH DEVELOPMENT
UNKNOWN CHILD FOUNDATION, INC. 342 WEST VALLEY STREET HERNANDO, MS 38632	47-4143995		7,250.	0.			FOR EXEMPT PURPOSE
SARASOTA CONTEMPORARY DANCE 1400 BLVD OF THE ARTS SUITE 300 SARASOTA, FL 34236	41-2211673		7,000.	0.			FOR EXEMPT PURPOSE
CENTRAL HIGH SCHOOL 306 SOUTH BELLEVUE BLVD MEMPHIS, TN 38104	62-6000360		6,781.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF NOTRE DAME 100 GRACE HALL NOTRE DAME, IN 46556	35-0868188		6,500.	0.			EDUCATIONAL
TEMIMA HIGH SCHOOL 1839 LAVISTA RD NE ATLANTA, GA 30329	58-2475208		6,360.	0.			EDUCATION - RELIGIOUS
BOCA RATON SYNAGOGUE, INC. 7900 MONTOLA CIRCLE NORTH BOCA RATON, FL 33433	59-2446537		6,280.	0.			RELIGIOUS
MEMPHIS DEVELOPMENT FOUNDATION DBA ORPHEUM THEATRE - C/O TRACY TROTTER, PO BOX 3370 - MEMPHIS, TN 38173	62-0983983		6,100.	0.			ARTS & CULTURAL
A STEP AHEAD FOUNDATION INC P.O. BOX 41601 MEMPHIS, TN 38174	45-1828684		5,800.	0.			HEALTH / WELFARE

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETZION FOUNDATION 111 GALWAY PLACE, SUITE 203 TEANECK, NJ 07666	23-7228230		5,800.	0.			EDUCATION - ISRAEL
BOY SCOUTS OF AMERICA - CHICAKASAW COUNCIL - 171 SOUTH HOLLYWOOD STREET, CHICKASAW COUNCIL #558 - MEMPHIS, TN 38112	62-0499713		5,600.	0.			FOR EXEMPT PURPOSE
MEMPHIS ZOO 2000 PRENTISS PLACE MEMPHIS, TN 38112	23-7236155		5,600.	0.			ANIMAL RELATED
ATLANTA SCHOLARS KOLLEL 1849 LAVISTA ROAD ATLANTA, GA 30329	58-1750850		5,540.	0.			RELIGIOUS
UJA - FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429		5,535.	0.			COMMUNITY DEVELOPMENT
CHABAD CENTER AT UNIVERSITY OF COLORADO, INC. - 909 14TH STREET - BOULDER, CO 80302	20-2853143		5,400.	0.			FOR EXEMPT PURPOSE
CHABAD OF HUNTSVILLE 1908 PARKHILL ROAD SE HUNTSVILLE, AL 35801	81-1110834		5,400.	0.			RELIGIOUS
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR ROAD, SUITE 205 BIRMINGHAM, AL 35213	63-1015318		5,400.	0.			COMMUNITY DEVELOPMENT
ANTI-DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NEW YORK, NY 10158	13-2887439		5,365.	0.			ADVOCACY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION HAR HASHEM 3950 BASELINE ROAD BOULDER, CO 80303	APPLIED FOR		5,227.	0.			RELIGIOUS
AMERICAN HEART ASSOCIATION ATTN: MIKAELA MILLS, 7751 BAYMEADOWS RD, E., SUITE F - JACKSONVILLE, FL 3225	13-5613797		5,154.	0.			FOR EXEMPT PURPOSE
JEWISH NATIONAL FUND 78 RANDALL AVENUE ROCKVILLE CENTER, NY 11570	13-1659627		5,007.	0.			FOR EXEMPT PURPOSE

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization JEWISH FOUNDATION OF MEMPHIS	Employer identification number 62-1618399
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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: **JEWISH FOUNDATION OF MEMPHIS**
Employer identification number: **62-1618399**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	75	6,466,575.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **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? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **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

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

Schedule M (Form 990) 2024

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

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JEWISH FOUNDATION OF MEMPHIS

Employer identification number

62-1618399

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE JEWISH FOUNDATION OF MEMPHIS IS TO ENCOURAGE
CHARITABLE GIVING, SUPPORT PARTNER AGENCY ENDOWMENT DEVELOPMENT AND TO
BUILD AND SUSTAIN A VIBRANT JEWISH COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2:
AILEEN COOPER/PACE COOPER - FAMILY
ELKAN SCHEIDT/LAWSON ARNEY - FAMILY

FORM 990, PART VI, SECTION A, LINE 3:
MANAGEMENT DUTIES PERFORMED BY RELATED ORGANIZATION, JEWISH COMMUNITY
PARTNERS, INC.

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, THE RETURNS ARE DISTRIBUTED TO THE PRESIDENT/CEO, THE
DIRECTOR OF FINANCE AND THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES THAT EACH OFFICER, DIRECTOR, BOARD MEMBER AND
EMPLOYEE SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. EACH YEAR, THE
EXECUTIVE DIRECTOR AND BOARD VERIFY THAT ALL REQUIRED PARTIES HAVE
COMPLETED THE CONFLICT OF INTEREST STATEMENT. A FORM IS PROVIDED ON WHICH
TO DISCLOSE ANY CONFLICT THAT MIGHT ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION WAS DETERMINED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION POSTS ITS FINANCIAL STATEMENTS ON ITS WEBSITE. IT MAKES
ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE
PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PRIOR YEAR NET ASSETS OF JFM REALTY INC. -51.

FORM 990, PART XII, LINE 2C:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR
SELECTING THE AUDITOR AND OVERSEEING THE AUDIT PROCESS. THEY ARE ALSO
RESPONSIBLE FOR REVIEWING THE AUDITED FINANCIAL STATEMENTS AND THE
FEDERAL FORM 990 BEFORE FINAL SUBMISSION. THIS PROCESS HAS NOT CHANGED
SINCE THE PRIOR YEAR.

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 COMMUNITY PARTNERS, INC.	0	267,143	TOTAL WAGES OF SHARED EMPLOYEES
(2)				
(3)				
(4)				
(5)				
(6)				

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. JEWISH FOUNDATION OF MEMPHIS	Taxpayer identification number (TIN) 62-1618399
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. 6560 POPLAR AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38138	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHERI GADBERRY**
6560 POPLAR AVE - MEMPHIS, TN 38138

Telephone No. **901-374-0400** 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 **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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.

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