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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 09-	01-2008 and ending 08-31-200	9					
B Che	eck ıf a	pplicable	Please	C Name of organization Jewish Federation of Greater	Houston		D Employer id	entification number			
☐ Add	lress cl	hange	use IRS label or	Doing Business As		74-1109654 E Telephone number					
Mar	ne cha	inge	print or type. See	boiling business As							
Init	ial retu	ırn	Specific Instruc-		ox if mail is not delivered to street addre	ess) Room/suit	(713) 729-	ots \$ 21,138,645			
Ter	mınatıd	on	tions.	5603 South Braeswood Blvd			0 0.000 1000.	φ 21,130,013			
┌ Am	ended	return		City or town, state or country Houston, TX 77096	and ZIP + 4	•					
M App	olication	n pending		Houston, 1X 77030							
				ne and address of Principal	Officer	H(a) Is t	hıs a group retur				
			Lee Wu	insch		affıl	ıates?	ΓYes Γ No			
			L			H(b) Are	all affiliates includ	led?			
I Ta	x-exen	npt status	▼ 501(c)) (3) ◀ (insert no)	a)(1) or	(If "	No," attach a lıs	t See instructions)			
J W	eb sit	e: 🕨 ww	w houstonje	ewish org		H(c) Gro	oup Exemption N	umber 🟲			
K Typ	e of or	ganızatıon	Corporat	cion trust association ot	ner 🍽	L Year of F	Formation 1936	1 State of legal domicile TX			
Pa	rt I	Sum	mary								
	1			e organization's mission or	most significant activities						
2					s, the Federation provides valua						
ĕ		prograr	ns, which h	elp strengthen and enrich t	ne Greater Houston Jewish comn	nunity, as we	ell as the Jewish	community worldwide			
Ē	2	Check	this hox	if the organization disconti	nued its operations or disposed o	of more than	25% of its asset	ts			
Governance	3		,		ody (Part VI, line 1a)			96			
	4		_		governing body (Part VI, line 1			95			
ies I	5			nployees (Part V, line 2a)		-,		43			
Activities &	6			olunteers (estimate if neces			6	200			
æ	7a	Total g	ross unrela	ted business revenue from	Part VIII, line 12, column (C)		7a	0			
	ь	Net unr	elated busi	ness taxable income from I	Form 990-T, line 34		7b				
					Pi	rior Year	Current Year				
a.	8	Contri	butions and	d grants (Part VIII, line 1h			15,305,040	20,941,347			
enue	9			revenue (Part VIII, line 2g		324,695	186,033				
Reveni	10				ines 3, 4, and 7d)		71,771	11,265			
_	11		•	, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), lin		-6,440	0			
	12	12)	revenue—a	ad lines o through 11 (mus	t equal Part VIII, column (A), iin	е	15,695,066	21,138,645			
	13	Grant	s and simila	ar amounts paid (Part IX, co	olumn (A), lines 1-3)		13,099,559	17,321,036			
	14	Benefi	ts paid to o	or for members (Part IX, col	umn (A), line 4)			0			
\$?	15	Saları 10)	es, other co	ompensation, employee ber	efits (Part IX, column (A), lines	5 –	2,334,893				
Expenses	16a	•	sional fund	raising fees (Part IX, colun		2,229,637	0				
e e	ь			penses, Part IX, column (D), line							
ш	17	•		(Part IX, column (A), lines :	•		1,589,230	1,373,976			
	18				ial Part IX, line 25, column (A))		16,918,426	21,029,905			
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12		-1,223,360	108,740			
. Q. €68						Begin	ning of Year	End of Year			
Not Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)			8,329,091	7,567,368			
t As id B	21	Total	lıabılıtıes (F	Part X, line 26)			6,828,800	5,960,019			
2 2 2 2 3	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20		1,500,291	1,607,349			
Pai	t II	Sign	ature Blo	ock		<u> </u>					
					ined this return, including accompanying n of preparer (other than officer) is base						
Plea	se	***		correct, and complete becarded	Tor preparer (other than officer) is base	1	.0-07-19	rer has any knowledge			
Sign		IB	ature of office	er		Dat					
Here	2	Man	y Ward-Hecks	sel Sr VP / CFO							
			e or print nam								
		Preparei				Check If self-	Preparer's PTIN	(See Gen Inst)			
Paid		signatur	e Jody B	DIAZEK		empolyed 🕨 🎵	-				
•	arer's		ame (or yours	s Blazek & Vetterling	l l		EIN Þ				
Use (Jnly		mployed), and ZIP + 4	2900 Weslayan Suite 200			-				
				Houston, TX 770275132			Phone no 🕨 (713) 439-5739			
May	he IR	S discus	ss this retu	·	above? (See instructions)			┌ Yes ┌ No			

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission Our mission is to preserve and enrich Jewish o locally, nationally, in Israel, and around the w		novative and visionary leaders	ship that is responsive and respon	sible to Jewish communities
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ıgnıfıcant program s	ervices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service:	on Schedule O			
3	Did the organization cease conducting services?		nt changes in how it cond	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organization others, the total expenses, and reverses.	ons and 4947(a)(1)	trusts are required to re	port the amount of grants a	
4a	(Code) (Expenses	\$ 17,384,469	ıncludıng grants of \$	17,321,036) (Revenue \$	153,660)
	The most significant ways the Jewish Fede Federation Annual Campaign Money raised Argentina, in the Former Soviet Union, in Efollowing Feeding the hungry Educating the Providing a voice for those unable to speak	ation of Greater Houston through the Campaign l hiopia, and in nearly 60 young Caring for the ok	makes a difference in Jewish benefits millions of Jewish pec other countries around the wo I Comforting the sick Counsel	ople in need-here in Houston, acro orld by granting funds to organiza ling the troubled Rescuing the opp	nunity-wide fundraising effort, the oss the United States, in Israel, in tions to accomplish the pressed Calming the frightened
4 b	(Code) (Expenses	\$ 597,934	ıncludıng grants of \$) (Revenue \$	24,031)
4b	Bureau of Jewish Education (BJE) is the cor			• • • • • • • • • • • • • • • • • • • •	24,031)
4c	(Code) (Expenses The Young Adult Division (YAD) of the Jewi in the 22-40 years old age range Through	sh Federation provides e			
4d	Other program services (Describe	ın Schedule O)			
ru	(Expenses \$ 668,967	•	of\$) (Revenue \$)
4e	Total program service expenses \$	18,756,04	17 Must equal Part IX, I	Line 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	37		Νo

Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 37			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	V	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 55		110
- 7 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			No
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N
	file Form 8282?	76		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		N o
	year?			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Δ	Governing	Rody	and	Management
3 e ction /	٦.	Governing	Duuy	anu	manayement

2		
2		
2		ļ
2		1
	Yes	
3		No
4		No
5		No
6		No
7a		No
7b		Νo
8a	Yes	
8b	Yes	
9a		Νo
9b		No
10	Yes	
11		No
	4 5 6 7a 7b 8a 8b 9a 9b	4

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Mary Ward-Hecksel 5603 South Braeswood Houston, TX 77096 (713) 729-7000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

from the organization

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estima nount o ompens from t ganizati relato organiza	fother ation he on and ed
											+		
											+		
											1		
	Total							<u> </u>	596,785				111,130
2	Total number of individuals (include compensation from the organization		a) wno	recei	vea	mo	re thai	n \$1	00,000 in reportabl	e			
												Yes	No
3	Did the organization list any forme on line 1a? If "Yes," complete Sched	r officer, direc	-tor or t										
		ule J for such								ated employee	_	163	
4			ındıvıdı	ual .	•	ı		•			3	163	No
4	For any individual listed online 1a, organization and related organization	ıs the sum of	<i>individi</i> reporta	<i>ial</i> . ble c	omp	ens	 sation	• and	other compensation	from the	_		
	For any individual listed online 1a, organization and related organization and related organization and individual	is the sum of ons greater tl	reporta nan \$15	ble c	omp 0? i	ens [f")	sation /es," c	and ompi	other compensation lete Schedule J for su	n from the	3	Yes	
5	For any individual listed online 1a, organization and related organization	is the sum of ons greater the • • • ceive or accri	reportanan \$15	ble consone	omp 0? i	ens	ation /es," c • •	and ompi	other compensation lete Schedule J for su	n from the	_		N o
5	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ended of accre as," complete	reportanan \$15	ble consone	omp 0? i	ens	ation /es," c • •	and ompi	other compensation lete Schedule J for su	n from the	4		
5 S €	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accruses," complete s actors	individu reporta nan \$15 • • ue comp Schedulo	ble c 0,00 ensa	omp 0? i	ens If ") fro th p	ation les," c many erson	and ompi	other compensation lete Schedule J for su elated organization	n from the och	4		N o
5	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete a actors ghest compe	reportanan \$15 ue comp	ble c 0,00 ensa	omp 0? i	ens If ") fro th p	ation les," c many erson	and ompi	other compensation lete Schedule J for su elated organization	n from the och	4		N o
5 S €	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete a actors ghest compe	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? i	ens If ") fro th p	ation les," c many erson	and ompi	other compensation lete Schedule J for su	n from the och	4		No
5 S €	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues," complete acctors ghest compete organization (A)	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? i	ens If ") fro th p	ation les," c many erson	and ompi	other compensation lete Schedule J for su	from the sch	4	Yes (C	No
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Page **9**

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
					Revenue	Revenue	512, 513, or 514
JA .s.	1a	Federated campaigns 1	.a				
ants	ь	Membership dues 1	ь [.]				
s, gr amo	С	Fundraising events	.c ———				
<u>#</u>	d	Related organizations1					
ns Yimi	e	Government grants (contributions) 1	e 16,725				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	18,526,274 .f				
a atri	g	Noncash contributions included i					
ಕರ	h	lines 1a-1f \$	٠ إ	20,941,347			
			Business Code				
JII.	2a	YAD programs	900,099	8,342	8,342		
¥9.	ь	Campaign events/other	900,099	153,660	153,660		
99	С	BJE programs	900,099	24,031	24,031		
Ē. E.	d		_				
3	e		_				
Program Serwce Revenue	f	All other program service revenu	e				
_ <u>&</u> 	g	Total. Add lines 2a-2f ► \$ 186,033					
	3	Investment income (including div	·				
		other similar amounts)		11,265			11,265
	4	Income from investment of tax-exempt	bond proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	C	Gain or (loss)		0			
	d	Net gain or (loss)	. ▶				
	8a	Gross income from fundraising events (not including					
e e		\$ of contributions reported on line					
듄		1c) See Part IV, line 18					
şe,		Attach Schedule G if total exceeds \$15,000	a				
늅	ь	Less direct expenses					
Other Revenue	С	Net income or (loss) from fundrai		0			
•	9a	Gross income from gaming	_				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
			а				
	ь	Less direct expenses					
	С	Net income or (loss) from gaming	gactivities ►	0			
	10a	Gross sales of inventory, less returns and allowances					
	_		a				
	Ь	Less cost of goods sold		0			
	С	Net income or (loss) from sales of Miscellaneous Revenue	Business Code				
	11a						
	ь		 				
	c		-				
		A II akkan arawa	-				
	d e	All other revenue Total. Add lines 11a-11d	. <u> </u>				
		. Julia Add lines 11a-11u	· · · · \$ 0				
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	21,138,645	186,033		11,265
		8c, 9c,10c,and11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do ı	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 governments and organizations in the U.S. See Part IV, line 21	17,321,036	17,321,036					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	428,504	144,129	138,994	145,381			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	1,485,988	509,430		507,135			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	118,596	31,074	42,144	45,378			
9	Other employee benefits	165,061	49,275	63,292	52,494			
10	Payroll taxes	136,744	43,238	50,838	42,668			
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	0						
c	Accounting	20,783		20,783				
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	117,946	31,968	40,208	45,770			
12	Advertising and promotion	90,662	2,254	36,325	52,083			
13	Office expenses	74,791	13,169	44,315	17,307			
14	Information technology	11,695		11,695				
15	Royalties	0						
16	Occupancy	80,426	19,381	32,735	28,310			
17	Travel	6,001	442	102	5,457			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	40,736	9,055	21,982	9,699			
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	15,025		15,025				
23 24	Insurance	22,869	5,298	9,831	7,740			
а	Program expenses	175,300	175,300					
b	Postage and Shipping	21,079	3,578	2,058	15,443			
c	Other expenses	54,930	23,168	17,952	13,810			
d	Mission trip to Israel	374,252	374,252		·			
e	Campaign programs	267,481	•		267,481			
f	All other expenses	0			·			
25	Total functional expenses. Add lines 1 through 24f	21,029,905	18,756,047	1,017,702	1,256,156			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Sheet
	Balance	SHEET

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			880	1	1,320
	2	Savings and temporary cash investments			2,748,980	2	2,182,108
	3	Pledges and grants receivable, net			5,225,687		5,077,817
	4	Accounts receivable, net			5,326		55,266
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		·	5	0	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S		6	0		
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use			8	0	
93	9	Prepaid expenses and deferred charges			76,851	9	42,248
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	1,229,332			
•	ь	Less accumulated depreciation Complete Part VI of	IUa	1,223,332			
	"	Schedule D	10ь	1,071,223	173,134	10c	158,109
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII c	of	25,500	12	50,500
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13	0	
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	72,733	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,329,091	16	7,567,368
	17	Accounts payable and accrued expenses .	176,417	17	210,119		
	18	Grants payable	6,630,346	18	5,732,863		
	19	Deferred revenue		22,037	19	17,037	
	20	Tax-exempt bond liabilities			20		
<u>ŏ</u>	21	Escrow account liability			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			6,828,800	26	5,960,019
s es		Organizations that follow SFAS 117, check here ▶ and complete through 29, and lines 33 and 34.	ete lin	es 27			
Balance	27	Unrestricted net assets			1,231,592	27	1,469,955
<u>е</u>	28	Temporarily restricted net assets			268,699	28	137,394
Ξ	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d comp	lete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fur			32		
Ŋĕţ	33	Total net assets or fund balances		1,500,291	33	1,607,349	
_	34	Total liabilities and net assets/fund balances			8,329,091	34	7,567,368
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		No

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As Filed Data -

DLN: 93493200003580

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

lewish	Federa	ation of Greate	r Houston									
									-1109654			
	τI			harity Status (to be co					Instruct	ions)		
	rganiz			ation because it is (Please								
1	<u> </u>	•		urches, or association of ch			Section	L/U(B)(1)(A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac		•						
3	<u> </u>	•	•	e hospital service organizati			-				•	
4	ı		-	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	Г	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unit desci	rıbed ın	
	_	Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6		A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	:
		described i	n Sect ion 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	x) from bus	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruct	tions)	
11	Γ	_	-	and operated exclusively fo					•	•		
				orted organizations describe						Section 5	09(a)(3)	. Check
		a T		type of supporting organiza			nes lle t nally Integ		n d	Γ Type	III - Ot	her
e	\vdash		•	rtify that the organization is			-					
-	,	•	- '	agers and other than one or			•			•	•	
		section 50			•	,	,				(/(,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	atio <u>n,</u>
_		check this			Jeu							ı
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)	
			· =	erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(
h				nation about the organizatio			supports				/	<u> </u>
			J	,		,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted	, ,	(described on lines 1-9	organiz	ation in	1	nızatıon	l	ation in	supp	
(O rgan	ıızatıon		above or IRC section		listed in		i) of your		rganızed		
				(See Instructions))	your go		supp	ort?	ın the	US?		
					Yes	ment?	V		V	N-	-	
					Yes	No	Yes	No	Yes	No		
										-		
							I	I			1	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Include any "unusual grants") Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add line 1-3 The portion of fotal contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) Public Support subtract line 5 from line A mounts from line 4 Frost organization without page of the amount shown on line 11, column (f) A mounts from line 4 Frost organization without page of the amount shown on line 11 time and the person (other than a government unit or public supported organization) included on line 1 time and the exceed 2% of the amount shown on line 11, column (f) A mounts from line 4 Frost organization without page organization (f) Frost organization without page or loss organization (f) Frost organization without page or loss organization (f) Frost organization of Public Support Percentage Frost provided the page of the page organization of public Support Percentage Fulls: Support Percentage for 2007 Schedule A, Part IV-A, line 26f Fulls: Support Percentage for 2007 Schedule A, Part IV-A, line 26f Fulls: Support Percentage for 2008 (fine 6 column (f) divided by line 11 column (f)) Frost Five Years. If the Form 990 is for the organization of horder the box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization Frost organization meets the "facts and circumstances" test; check this box and stop here. The organization meets the "facts and circumstances" test; check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test; check this box and stop here. Explain in Part IV how th		Complete only if you check	keu tile box oi	1 lille 3, 7, 01	o or Part 1.)				
1. Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or a contribution by each person (of the than a governmental unit to the organization without charge 1. Total, Add line 1-3 1. The portion of fotal contribution by each person (other than a government unit or publicly supported organization) include on line 1. It column (f) (0) 1. Polici Support 2. J48,080 on line 1. Column (f) (1) 2. J48,080 on line 1. Column (f) (1) 3. The mortion of fotal contribution by each person (other than a government unit or public by supported organization) included on line 1. It has exceed 2 who of the amount shown on line 11, column (f) (1) 3. The portion of fotal contribution by each person (other than a government unit or public by supported organization) included on line 1. It has exceed 2 who of the amount shown on line 11, column (f) (1) 3. The portion of fotal contribution by each person (other than a government unit or public Support subtract line 5 from line 2. J48,080 on line 1. Journal (f) 3. The wave of contribution by each person (other than a government unit or public Support subtract line 5 from line 3. The wave of contribution by each person (other than a government unit or public Support subtract line 5 from line 3. The wave of contribution by each person (other than a government unit or public Support subtract line 5 from line 4. J48,080 on line 1. J				412225	() 2 2 2 5	(1) 2027			/63 T + 1
membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either ped 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 line 1-3 5 The potion of fotal contribution by each person (other than a governmental unit or publicly supported organization) included on line 1. that exceed 2% of the amount show on line 11, column (f) 6 Public Support subtract line 5 from line 7 A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources activities, whether or not the business activities, whether or not the business is from the sale of capital assets (Explain in Part IV) 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total Support (Add lines 7 through 10) 12 Gross receipts from related activities, etc. (See instructions) 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501 (c)(3) 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 16 Jas 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 John Facts and Circumstances Test - 2008. If the organization did not check the box on line 13, 16a, 16b, or 17a and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this 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 on line 13, 16a, 16b, or 17a and line 1			(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	12008	(f) otal
Include any "unusual grants") Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add line 1-3 The portion of fotal contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) Public Support subtract line 5 from line A mounts from line 4 Frost organization without page of the amount shown on line 11, column (f) A mounts from line 4 Frost organization without page of the amount shown on line 11 time and the person (other than a government unit or public supported organization) included on line 1 time and the exceed 2% of the amount shown on line 11, column (f) A mounts from line 4 Frost organization without page organization (f) Frost organization without page or loss organization (f) Frost organization without page or loss organization (f) Frost organization of Public Support Percentage Frost provided the page of the page organization of public Support Percentage Fulls: Support Percentage for 2007 Schedule A, Part IV-A, line 26f Fulls: Support Percentage for 2007 Schedule A, Part IV-A, line 26f Fulls: Support Percentage for 2008 (fine 6 column (f) divided by line 11 column (f)) Frost Five Years. If the Form 990 is for the organization of horder the box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization Frost organization meets the "facts and circumstances" test; check this box and stop here. The organization meets the "facts and circumstances" test; check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test; check this box and stop here. Explain in Part IV how th	1		10 013 724	16 854 718	11 736 656	15 305 040		20 941 347	74 851 485
2 Tax revenues levied for the organization's benefit and either paid to or expended on the benefit and either paid to or expended on the benefit and either paid to or expended on the benefit and either paid to or expended on the benefit and either paid to or expended on the benefit and either paid to or expended on the benefit and either paid to or expended on the benefit and either paid to expended on the benefit and either paid to expended on the benefit and either paid to expended on the paid to expexit the paid to expexit the paid to expexit the paid to the paid to the pa			10,015,724	10,054,710	11,750,050	13,303,040		20,541,547	74,031,403
benefit and either paid to or expended on its behalf or a vice or facilities furnished by a governmental unit to the organization without charge 10,013,724 16,854,718 11,736,656 15,305,040 20,941,347 74,851,485 17 The portion of fotal contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 296 of the amount shown on line 11, column (f) 10 Public Support subtract line 5 from line 11 Amounts from line 4 72,703,405 12 Amounts from line 4 100,13,724 100,239 11,736,656 15,305,040 20,941,347 74,851,485 13 From sincome from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources 12 New fine of the securities loans, rents, royalites and income from similar sources 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization melated decivities, etc. 14 Public Support Percentage 15 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 16 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 17 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 18 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 19 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 10 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 11 Signs Five Years. If the Form 990 is for the organization and into the ket the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, and line 15 is 30 1/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, 16b, or 17 and line 15 is 70% or more, and if the organization medits the "f	•								
### Shalf ### Sh									0
Total Add line 1-3 The portion of total contribution by each person (other than a government unit or the organization without charge or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) Public Support subtract line 5 from line Total Support Celendar year (or fiscal year beginning in) A mounts from line 4 Goss income from interest, dividends, payments received on securities loans, rents, royaltres and income from similar sources Note that more from uncluded gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 7 through 10) Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 7 through 10) Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Part IV) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f) Public Support Percentage for 2008 (line 6 column (f) divided by l									
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Total. Add line 1-3		furnished by a governmental unit to the							0
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Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	ne organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (I	Proxy Tax)		•
N a	wish Federation of Greater Houston	Employer iden 74-1109654	tification number		
Pai		oy all organizations exempte the instructions for Schedule			527
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	To be completed b for Schedule C for d	oy all organizations exemptealls.)	t under sectio	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under section	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	-7	┌ Yes
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Pa		by all organizations exempts for Schedule C for details.)	t under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lin	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing ed to a separate po	j organization's own interna blitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				+	

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under	r section 501(h)). (See the instructions for Schedule C for details.)	

		(a	(a)	
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	,		
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		2,807
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		36,269
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		20,933
j	Total lines 1c through			60,009
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
	expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 1:		The Jewish Federation's Community Relations Committee initiated and participated in advocacy efforts on issues directly impacting the Jewish community and its constituents on the local, state, and national levels. The efforts included discussions with city, state, and national elected officials on issues involving health and human services, international affairs, and community concerns

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493200003580

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

tomui	T C V C II I C C C I V I C C		Inspection
	ne of the organization ısh Federation of Greater Houston		Employer identification number
Pa	rt I Organizations Maintaining Donor A		74-1109654 unds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) I unus and other accounts
2	Aggregate Contributions to (during year)		
- 3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	donor advisors in writing that grant funds	·
Pai	rt II Conservation Easements. Complete	if the organization answered "Yes" t	to Form 990. Part IV. line 7.
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of a	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminat	ed by the organization during
	the taxable year 🕨		
1	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	=	ations, and Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year 🕨
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of se	rction Yes No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financia	
ar	Complete if the organization answered		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ - \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990, Part X		▶ \$

2 '	Organizations Maintaining Collection	ONS OT AFT, HIS	LUII	cai iieasui	es, or other	Sillillai Asse	LS (CC	<u>ontinued)</u>
	Using the organization's accession and other record items (check all that apply)	ls, check any of th	ne fol	lowing that are	a significant us	e of its collection	1	
аГ	Public exhibition	d	Γ	Loan or exch	ange programs			
ь「	Scholarly research	e	Γ	Other				
сΓ	Preservation for future generations							
	Provide a description of the organization's collection Part XIV	ns and explain how	w the	y further the or	ganızatıon's ex	empt purpose in		
	During the year, did the organization solicit or recei assets to be sold to raise funds rather than to be ma						Yes	Г No
Part	Trust, Escrow and Custodial Arrange Part IV, line 9, or reported an amount of				nization answe	ered "Yes" to Fo	rm 9	90,
	Is the organization an agent, trustee, custodian or c included on Form 990, Part X?	ther intermediary	for c	ontributions oi	rotherassets n		Yes	┌ No
b I	If "Yes," explain why in Part XIV and complete the f	ollowing table						
						A mou	nt	
_	Beginning balance				1c			
	Additions during the year				1d			
_	Distributions during the year				1e			
	Ending balance				1f			
	Did the organization include an amount on Form 990), Part X, line 21?				Γ,	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Part							V. Carre V.	aara Daale
1_		urrent Year (b))Prior	rear (c) iwo	Years Back (d)T	hree Years Back (e)	rour re	ears back
	Beginning of year balance							
	Investment earnings or losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f /	Administrative expenses							
g E	End of year balance							
2 F	Provide the estimated percentage of the year end ba	alance held as						
a E	Board designated or quasi-endowment 🕨							
b F	Permanent endowment 🕨							
c 7	Term endowment 🕨							
	Are there endowment funds not in the possession of	the organization	thata	are held and ad	Iministered for t	:he		
	organization by						Yes	No
((i) unrelated organizations		•			3a(i)		<u> </u>
-	(ii) related organizations					3a(ii)		<u> </u>
	If "Yes" to 3a(11), are the related organizations liste Describe in Part XIV the intended uses of the organ	•				3b		<u> </u>
Part					rt V line 10			
rait	vi investments—Land, Bundings, and	Equipment. 5		<u> </u>	,			
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
10 11	and		\top	36,410				
Loi Lċ	uildings			·	871,008	775,898		36,410
					0, 1,000	//3,090]		36,410 95,110
b Bu	easehold improvements				0,1,000	773,696		•
b Bu	easehold improvements	· · · · · · · · · · · · · · · · · · ·			209,234	186,440		•
b Bu c Le d Ed	·				,			95,110

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pari	XI Reconciliation of Ch	lange in Net Assets from Forn	า 99	0 to	Financial Stateme	nts	
1	Total revenue (Form 990, Part V	III, column (A), line 12)				1	21,138,645
2	Total expenses (Form 990, Part	IX, column (A), line 25)				2	21,029,905
3	Excess or (deficit) for the year Subtract line 2 from line 1						108,740
4	Net unrealized gains (losses) on investments						-1,682
5	Donated services and use of fac	ılıtıes				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lin	es 4 - 8				9	-1,682
LO	•	er financial statements Combine lines	3 ar	nd Q		10	107,058
		evenue per Audited Financial S			nts With Revenue i		
l	Total revenue, gains, and other						21,136,963
	statements					1	
2	A mounts included on line 1 but	not on Form 990, Part VIII, line 12			•		
а	Net unrealized gains on investi	ments		2a	-1,682		
b	Donated services and use of fa	cilities		2b			
C	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)		•	2d			
е	Add lines 2a through 2d .					2e	-1,682
3	Subtract line 2e from line 1 .		•			3	21,138,645
1	A mounts included on Form 990), Part VIII, line 12, but not on line 1			•		
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	•	4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b		•			4c	
5		4c. (This should equal Form 990, Part				5	21,138,645
		rpenses per Audited Financial		teme	nts with Expenses	s per	21,029,905
L 2		audited financial statements not on Form 990, Part IX, line 25	•	•			21,029,905
		cilities		2a	1		
a L			•	2a 2b			
b	Prior year adjustments		•	2B 2c			
C C		Part IX, line 25					
d	Other (Describe in Part XIV) Add lines 2a through 2d		•	2d		2e	
е 3	Subtract line 2e from line 1 .		•			3	21,029,905
, 1), Part IX, line 25, but not on line 1:	•				21,029,903
		ded on Form 990, Part VIII, line 7b		4a	1		
a b	Other (Describe in Part XIV)		•	4b			
c	Add lines 4a and 4b		•	40		4c	
5		d 4c. (This should equal Form 990, Par	• + T li	 no 1Ω		5	21,029,905
	Supplemental Info		L I , II	ne 10	<u>,</u>	<u> </u>	21,029,903
Com	plete this part to provide the des	criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XII				art XIV	', lines 1b and 2b,
	Ident if ier	Ret urn Reference			Explanat	ion	

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OMB No 1545-0047

DLN: 93493200003580

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

Name of the organization						Employer identii	ication number
Jewish Federation of Greater Ho	ouston					74-1109654	
Part I General Inform	mation on Gra	nts and Assistance	е			•	
 Does the organization mathe selection criteria use Describe in Part IV the organization Part II Grants and Otle 	d to award the gra rganization's proc	nts or assistance? . . edures for monitoring th	e use of grant funds in t	he United States			
Part IV and Sch	edule I-1 ıf addı	tional space is			If no one recipient rec		000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					•		46
3 Enter total number of other					<u> </u>		• 0
For Paperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 50055	Р	Sc	hedule I (Form 990) 2008

	, ,	
Part III	Grants and Other Assistance to Individuals in the United States	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The Jewish Federation of Greater Houston makes a difference in Jewish lives through grants to organizations which support the Federations mission and benefit Jewish people in need here in Houston and through out the world. The Federation supports organizations which aid in the following. Feeding the hungry Educating the young Caring for the old Comforting the sick Counseling the troubled Rescuing the oppressed Calming the frightened Providing a voice for those unable to speak for themselves Offering vital assistance to those unable to meet their own basic needs.

Software ID: 08000091

Software Version: 2008v2.7

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IBC Code section (d) Amount of cash (e) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of cash (e) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of cash (e) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of cash (e) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Amount of page (f) Method of valuation (d) Fin (e) IBC Code section (d) Fin (e) IBC Code section (d) Amount of page (f) Fin (e) IBC Code section (d) Fin (e) IBC Code s

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Jewish Communities 111 8th Ave 11th Floor New York, NY 10011	13-1624240	501(C)3	5,621,613	0			Operating & Program Support
Torah Day School10900 Fondren Houston,TX 77096	23-7278350	501(C)3	47,717	0			O perating Funds
The Shlenker School5600 North Braeswood Blvd Houston, TX 77096	76-0686559	501(C)3	90,055	0			O perating Funds
Temple Bnaı Israel- GalvestonPO Box 8060 Galveston,TX 77553	75-6022522	501(C)3	5,304	0			Hurricane Ike Relief
Seven Acres Jewish SrCare 6200 N Braeswood Blvd Houston,TX 77074	74-1143086	501(C)3	543,501	0			O perating Funds
Save a Childs Heart Foundation10050 Chapel Rd Ste 18 Potomac, MD 20854	52-1783323	501(C)3	250,000	0			Children
Robert M Beren Academy 11333 Cliffwood Dr Houston,TX 77035	74-1652136	501(C)3	154,157	0			O perating Funds
One Family Fund1029 Teaneck Road Ste 3B Teaneck, NJ 76630	11-3585917	501(C)3	250,100	0			Sderot Terror Victims
New Israel Fund1101 14th St NW 6th Floor Washington, DC 20001	94-2607722	501(C)3	10,000	0			Operating Funds
Nefesh BNefesh42 East 69th St New York, NY 10021	22-3804152	501(C)3	1,000,000	0			Operating Funds

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıf applıcable FMV, appraisal, or government assistance other) Middle East Media & 52-2068483 501(C)3 5,000 0 Operating Funds Research InstituteP O box 27837 Washington, DC 20036 Mickey Leland Kibbutzim 74-2119190 501(C)3 33,000 O Operating Funds Internship1400 Post Oak Blvd Ste 500 Houston, TX 77056 76-0205816 Leo Baeck Education 501(C)3 80,100 0 Operating Funds Center Fdn3555 Timmons Ste 1440 Houston, TX 77027 Jewish Federation of San 74-1109662 501(C)3 100,000 O Supplemental Antonio12500 NW Campaign Military Hwy 200 San Antonio, TX 78231 Jewish Federation of 74-1109654 501(C)3 6,528 0 Yoseftal-Dado Matnas Greater Houston 5603 S Braeswood Blvd Houston, TX 77096 75-0800654 0 Jewish Federation of 501(C)3 144,495 Hillel Consortium Greater Dallas 7800 North Haven Road Dallas, TX 75230 0 Jewish Family Service 74-1152607 501(C)3 1,111,934 Operating Funds 4131 S Braeswood Houston, TX 77025 74-1198298 501(C)3 0 1,157,110 Operating Funds Jewish Community Center5601 S Braeswood Blvd Houston, TX 77096 Jewish Childrens 72-0408936 501(C)3 6,105 0 Operating Funds Regional ServiceP O Box 7368 Metari, LA 70010 0 Operating Funds Houston Jewish 76-0187329 501(C)3 369,792 Community Fdn5603 S Braeswood Houston, TX 77096

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant cash valuation (book, non-cash assistance orassistance organization section grant or government ıf applıcable assistance FMV, appraisal, other) 04-6685725 501(C)3 10.624 0 PJ Library Program Harold Grinspoon Foundation380 Union St Ste 200 West Springfield, MA 10089 75-1528433 7,250 0 Greene Family Camp 501(C)3 Scholarships 1192 Smith Lane Bruceville, TX 76630 0 Friends of the Israel 13-3156445 501(C)3 5.100 Operating Funds Defense Forces 350 Fifth Ave 2011 New York, NY 10018 Friends of Israel Disabled 13-3392711 501(C)3 100,000 0 Rehabilitation Aid Veterans1133 Broadway 232 New York, NY 10010 Friends of Hatzola Israel 56-2371910 501(C)3 5,000 0 Operating Funds 7 Pinewood Dr Monsey, NY 10952 74-1990541 501(C)3 Emery Weiner Center for 230.431 0 Operating Funds Jewish Education 9825 Stella Link Houston, TX 77025 74-1109756 501(C)3 0 Hurricane Ike Relief Congregation Emanu El 23,411 1500 Sunset Blvd Houston, TX 77005 Congregation Brith 74-6019559 501(C)3 20,000 0 Hurricane Ike Relief Shalom4610 Bellaire Blvd Bellaire, TX 77401 80-0165161 501(C)3 10,269 0 Hurricane Ike Relief Congregation Beth Yeshurun4525 Beechnut Blvd Houston, TX 77096 76-0030790 501(C)3 0 Congregation Beth 16,650 Outreach Program Shalom5125 Shadowbend Place Woodlands, TX 77381

Form 990,Schedule I,	Part II, Gra	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
Congregation Beth Jacob 2401 NE K St Galveston, TX 77550	74-1193452	501(C)3	32,363	0			Hurrican Ike Relief
Congregation Beth Israel 5600 N Braeswood Blvd Houston,TX 77096	74-1143080	501(C)3	110,785	0			Hurricane Ike Relief
Christian Friends of Israeli CommunitiesP O Box 50833 Colorado Springs, CO 80949	41-2020104	501(C)3	400,000	0			New Gym for Children
Chabad Lubavitch10900 Fondren Rd Houston,TX 77096	23-7278350	501(C)3	60,645	0			Hurricane Ike Relief
Camp Young Judaea9647 Hillcroft Houston,TX 77096	74-6063430	501(C)3	35,878	0			Hurricane relief & scholarships
Boys Town Jerusalem Fdn 1 Penn Plaza 6250 New York, NY 10001	11-5324002	501(C)3	100,100	0			Homes & Education
Bnaı Brith Youth Organization5601 South Braeswood Blvd Houston,TX 77096	31-1794932	501(C)3	19,225	0			O perating Funds
Beth Yeshurun Day School4525 Beechnut Houston,TX 77096	74-1222268	501(C)3	90,155	0			Operating Funds
AMIT Women7520 Brompton 695 Houston,TX 77025	13-5631502	501(C)3	7,600	0			Medical & program support
A merican Jewish Joint Distribution711 Third A ve 10th Floor New York, NY 10017	13-1656634	501(C)3	767,945	0			Medical & program support

Form 990,Schedule I	<u>, Part II, Gra</u>	Tits and Other P	155IStalice to GOV	Terminents and O	y gamzations in	Tille Officed State	S T
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A merican Friends of O R Nat Missions579 Fifty A ve New York, NY 10017	30-0208763	501(C)3	250,000	0			Building Communities
A merican Friends of Netanya College270 Madison A ve 9th Floor New York, NY 10016	13-3937453	501(C)3	600,000	0			Heritage Center Rabbinic Prog
A merican Friends of NATAL590 Fifth Ave 19th Floor New York, NY 10036	20-1914370	501(C)3	10,000	0			Geneal Support
A merican Friends of Migdal Ohr1560 Broadway Ste 510 New York, NY 10036	13-3389558	501(C)3	2,000,000	0			Needy Children of Israel
A merican Friends of Magen David Adom888 Seventh Ave Ste 400 New York, NY 10001	13-1790719	501(C)3	5,100	0			Geneal Support
A merican Friends of Laniado Hospital 18 W 45th St Ste 307 New York, NY 10036	13-2724055	501(C)3	500,000	0			Cardiology Wing
A merican Friends of Herzog Hospital15 East 32nd St 8th Floor New York, NY 10016	13-5655183	501(C)3	500,000	0			O utpatient Medical Wing
A merican Friends of Efrat-CRIB333 W 86th St 1003 New York, NY 10024	22-3431457	501(C)3	100,000	0			Rescue of Israel's Babies

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As Filed Data -

DLN: 93493200003580

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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300	ish redefation of dicater notation	74-1109654			
Pa	rt I Questions Regarding Compensation	<u>.</u>			
		_		Yes	Νo
1a	- · · · · · · · · · · · · · · · · · · ·				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant				
		wance or residence for personal use			
		r business use of personal residence			
		cial club dues or initiation fees rvices (e g , maid, chauffeur, chef)			
	Discretionary spending account Personal ser	rvices (e g , maid, chauneur, cher)			
b	If line 1a is checked, did the organization follow a written policy regarding provision of all the expenses described above? If "No," complete Part III	, , ,	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowin	g expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding t	he items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish t	the compensation of the			
	organization's CEO/Executive Director Check all that apply Compensation committee Written employers	layenant aantraat			
		loyment contract on survey or study			
		the board or compensation committee			
	Total 950 of other organizations p. Approval by	the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, I	ine 1a			
а	Receive a severance payment or change of control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retir	ement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation a	rrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organ	uzation pay or accrue any			
	compensation contingent on the revenues of	,			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organ compensation contingent on the net earnings of	nization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organ payments not described in lines 5 and 6? If "Yes," describe in Part III	iization provide any non-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursu				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(w) name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Lee Wunsch	(ı) (ıı)	226,548				55,811	282,359	146,667	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a Relevant Information in regards to selections on 1a	

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As Filed Data -

DLN: 93493200003580

OMB No 1545-0047

Schedule L

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Name of the organization Jewish Federation of Greater Houston					l Er	nploy	er ide	nt if ica	tion n	umber	
				74	1-110	9654	ļ.				
Part I Excess Benefit Transac											
To be completed by organization		es" on I					orm 9	90-EZ		V, line c) Corr	
1 (a) Name of disqualifie	d person		(b) Des	criptio	n of transa	ction				Yes	No
									\rightarrow		
									-+		
2 Enter the amount of tax imposed on	the organization man	aders o	or disqualified ners	ons d	uring the v	eariii	nder				
	· · · · · ·				· · ·		-	\$			
3 Enter the amount of tax, If any, on III	ne 2, above, reimburs	ed by t	he organızatıon .				►	\$			
Part II Loans to and/or From											
To be completed by organiza	itions that answered '	<u>'Yes" o</u> 	n Form 990, Part	IV, lır İ	ne 26, or Fo	rm 9	90-E2	Z, Part (f		e 38a 	
(-) Name of managed and a second	(b) Loan to or from the	(-)(Original principal			(e)	In	Appr	•	(g)W	ritten
(a) Name of interested person and purpose	organization?	(6)	amount	(d) Ba	alance due	default?		by boa		agree	ment?
	To From					Yes	No	Yes	No	Yes	No
	•	<u>'</u>									
										-	1
											1
Total			▶ \$							•	•
Part III Grants or Assistance E				00 5	T \	- 27					
To be completed by orga			res on Form 9 reen interested per								
(a) Name of interested person		-	rganization	13011	(c)A m	ount d	fgra	nt or ty	pe of	assista	nce
					-						
Part IV Business Transactions				00 5	t T\	- 20	- 20	la	20 -		
To be completed by orga	(b) Relations that answ		Yes" on Form 9	90, P	art IV, iin	ie 28	a, 28	b, or .		(e) Sha	ring of
(a) Name of interested pare on	between interes	' 1	(c) A mount of		(d) Descr	ıntıan	of +		- 1,	organiza	_
(a) Name of interested person	person and th		transaction		(a) Descr	iption	or tra	insacti	^{on}	reven	
Frosch Travel	organization Owned by Dir		337.	310 7	ravel serv	ICAC			+	Yes	No No
103CII I I I I I I I I I I I I I I I I I I	Wiled by Dil				iavei Seiv						110
								•			•
									\longrightarrow		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Jewish Federation of Greater Houston **Employer identification number**

74-1109654

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request

	ldentifier	Return Reference	Explanation
ı	Part VI, Line	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Personnel Sub-Committee of the Board consisting of the Chairman of Board, Chairman of the Budget and Finance Committee and the Chairman of the Personnel Committee is responsible for determining the compensation of the organization's officers. Officer's compensation is determined after a review of comparable data of non-profit sister agencies of similar size.

ldentifier	Return Reference	Explanation
form 990, Part ′I, Line 12c	Form 990, Part VI, Line 12c	A Conflicts of Interest Statement is distributed to Board members every year and follow up is continued throughout the year. If there are conflicts of interest, they are addressed with the President and CEO and the Chair of the Board. If appropriate, after discussion, conflict is brought before the Board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The Form is reviewed by the CFO and made available to Board members on the Federation's website, prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Sarah Braham and Denis Braham have a family relationship Sandra Finkelman and Steven Finkelman have a family relationship Donald Freedman and Martha Freedman have a family relationship Jill Levy, Nat Levy, and Michael Levy have a family relationship Irving Pozmantier and Paula Pozmantier have a family relationship Daniel Trachtenberg and Ellen Trachtenberg have a family relationship Bryan Leibman and Richard Leibman have a family relationship Benjamin Warren and Naomi Warren have a family relationship Sandra Weiner and Sanford Weiner have a family relationship Dolores Wilkenfeld and Livingston Kosberg have a family relationship Esther Polland and Fran Friedman have a family relationship Joseph Radinsky and Shira Yoshor have a family relationship Mark Brookner and Livingston Kosberg have a business relationship Milton Frankfort and Rick Stein have a business relationship Noel Graubart and Irving Pozmantier have a business relationship

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	4d Other Program	OTHER PROGRAM SERVICES 4 Community Mission to Israel Trip - The goal of the mission trip is to focus on travel to Israel for educational and informational purposes and to build Jew ish identity and connections with the Houston Jew ish Community and the state of Israel OTHER PROGRAM SERVICES 5 Community Relations Committee - programs focus on education and information on domestic and international issues directly impacting the Jew ish community

DLN: 93493200003580

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Jewish Federation of Greater Houston

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Employer identification number

				74-1109654	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Er	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
The Samuels Foundation					
5603 South Braeswood Blvd Houston, TX77096 76-0207517	Supporting	тх	501(c)(3)	509(a)(3)	N/A
The Rauch Foundation					
5603 South Braeswood Blvd Houston, TX77096 76-0300344	Supporting	TX	501(c)(3)	509(a)(3)	N/A
The Alan F & Diane R Levin Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0613294	Supporting	TX	501(c)(3)	509(a)(3)	N/A
The Becker Family Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0560995	Supporting	TX	501(c)(3)	509(a)(3)	N/A
Mary L & William J Osher Foundation 5603 South Braeswood Blvd Houston, TX77096 20-5094518	Supporting	TX	501(c)(3)	509(a)(3)	N/A
Houston Jewish Community Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0187329	To support Jewish Federation	тх	501(c)(3)	509(a)(1)	N/A

(A) Name, address, and EIN of related organization	(B) Primary act	tivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	ortionate	Code V—UBI on Box 20 of		(J Gener mana partn	ral or aging
								Yes	No			Yes	No
													ı
													l
													ı
													l
													l
Part IV Identification of R	elated Org	anizations	Taxable		1	_							
(A) Name, address, and EIN of related org	ganızatıon	(B) Primary activ	rity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total incom	ne	Sha end-c	G) re of of-year sets	(H Percer ow ne	ntage	
Minnette & Jerome Robinson CRAT 5603 South Braeswood Blvd Houston, TX77096 76-6103916		Remainder Tru	st	TX	N/A	Trust				74,696	100 00	00 %	
Martha Ellen Kaplan Freedman CRAT 5603 South Braeswood Blvd Houston, TX77096 74-2550810		Remainder Tru:	st	TX	N/A	Trust				78,570	100 00	00 %	

Part V	Transactions with Related Organizations	
Note.	Complete line 1 if any entity is listed in Parts II, III or IV	Y

1 During the tax year, did the orgranization engage	in any of the following transactions with one oi	r more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- $\boldsymbol{c} \quad \text{Gift, grant, or capital contribution from other organization(s)} \\$
- **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	100	140
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1 g		No
1h 1i		No
1i		No
1j		No
1k		No
11		No
1m	Yes	
1n	Yes	
10		No
1 p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved							
(1)									
See Additional Data Table									
(2)									
(3)									
(4)									
(5)									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

Software ID: 08000091
Software Version: 2008v2.7

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
The Samuels Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0207517	Supporting	тх	501(c)(3)	509(a)(3)	N/A
The Rauch Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0300344	Supporting	тх	501(c)(3)	509(a)(3)	N/A
The Alan F & Diane R Levin Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0613294	Supporting	тх	501(c)(3)	509(a)(3)	N/A
The Becker Family Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0560995	Supporting	тх	501(c)(3)	509(a)(3)	N/A
Mary L & William J Osher Foundation 5603 South Braeswood Blvd Houston, TX77096 20-5094518	Supporting	тх	501(c)(3)	509(a)(3)	N/A
Houston Jewish Community Foundation 5603 South Braeswood Blvd Houston, TX77096 76-0187329	To support Jewish Federation	тх	501(c)(3)	509(a)(1)	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

Houston Jewish Community Foundation

(8)

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	The Samuels Foundation	с	66,000
(2)	The Rauch Foundation	с	50,000
(3)	The Alan F & Diane R Levin Foundation	с	11,550
(4)	The Becker Family Foundation	С	35,000
(5)	Mary L & William J Osher Foundation	с	183,000
(6)	Houston Jewish Community Foundation	р	561,745
(7)	Houston Jewish Community Foundation	с	87,963

2,052,798

Software ID: Software Version:

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(C) Position (check all that apply)								(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Vikki Evans , Director	1 00	Х						0	0	0
Terry Gardner , Director	1 00	Х						0	0	0
Suzanne Jacobson , Sr VP Dev	40 00					Х		126,048	0	19,045
Steven Tobias , Director	1 00	Х						0	0	0
Steven Morgen , Director	1 00	Х						0	0	0
Steven Finkelman , Director	1 00	Х						0	0	0
Stephen Kaufman , Director	1 00	Х						0	0	0
Stephen Breslauer , Director	1 00	Х						0	0	0
Stephanie Beasley , Director	1 00	X						0	0	0
Shıra Yoshor , Dırector	1 00	X						0	0	0
Sarah Braham , Dırector	1 00	Х						0	0	0
Sanford Weiner , Director	1 00	X						0	0	0
Sandra Weiner , Director	1 00	Х						0	0	0
Sandra Finkelman , Director	1 00	Х						0	0	0
Sandra Block , Dırector	1 00	Х						0	0	0
Robyn Shkolnick , Director	1 00	Х						0	0	0
Robyn Goldstein , Director	1 00	X						0	0	0
Robert Levy , Director	1 00	Х						0	0	0
Robert Lapın , Vıce Chair	1 00	Х		Х				0	0	0
Robert Caplan , Director	1 00	X						0	0	0
Rick Guttman , Director	1 00	Х						0	0	0
Richard Stein , Director	1 00	Х						0	0	0
Richard Leibman , Director	1 00	Х						0	0	0
Raquel Goldberg , Director	1 00	Х						0	0	0
Paula Pozmantier , Director	1 00	Х						0	0	0
Noel Graubart , Director	1 00	Х						0	0	0
Nat Levy , Director	1 00	Х						0	0	0
Naomi Warren , Director	1 00	Х						0	0	0
Nancy Lerner , Director	1 00	Х						0	0	0
Nancy Beren , Vice Chair	1 00	Х		Х				0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
(A) Name and Title	(B) Average hours per week	Posit t	(C tion (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Mındy Mıtzner , Dırector	1 00	Х						0	0	0
Milton Frankfort , Director	1 00	Х						0	0	0
Michael Rubenstein , Director	1 00	Х						0	0	0
Michael Levy , Director	1 00	Х						0	0	0
Michael Bono , Director	1 00	Х						0	0	0
Mary Ward-Hecksel , Sr VP / CFO	40 00			Х				127,399	0	18,746
Martha Freedman , Director	1 00	Х						0	0	0
Marshall Levit , Director	1 00	Х						0	0	0
Mark Brookner , Director	1 00	Х						0	0	0
Margo Ackerman , Director	1 00	Х						0	0	0
Lorraine Horwitz , Director	1 00	Х						0	0	0
Livingston Kosberg , Director	1 00	Х						0	0	0
Linda Block , Director	1 00	Х						0	0	0
Leonard Goldstein , Secretary	1 00	Х		Х				0	0	0
Lee Wunsch , President & CEO	40 00			Х				226,548	0	55,811
Larry Reader , Director	1 00	Х						0	0	0
Kellı Feın , Dırector	1 00	Х						0	0	0
Karol Musher , Director	1 00	Х						0	0	0
Joseph Radinsky , Director	1 00	Х						0	0	0
Joseph Kornfeld , Director	1 00	Х						0	0	0
John Goott , Director	1 00	Х						0	0	0
Joel Spira , Director	1 00	Х						0	0	0
Joe Williams , Director	1 00	Х						0	0	0
Joe Kaplan , Director	1 00	Х						0	0	0
Jill Levy , Director	1 00	Х						0	0	0
Jay Harberg , Director	1 00	Х						0	0	0
Jacob Varon , Director	1 00	Х						0	0	0
Jacob Leon , Director	1 00	Х						0	0	0
Irving Pozmantier , Director	1 00	Х						0	0	0
Howard Feldman , Director	1 00	Х						0	0	0

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Form 990, Part VII - Section Aaa										
(A) Name and Title	(B) Average hours per week	Posit t	(C tion (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Haya Varon , Director	1 00	Х						0	C	0
Harold Raizes , Director	1 00	Х						0	0	0
H Fred Levine , Director	1 00	Х						0	C	0
Glenn Lowenstein , Director	1 00	Х						0	С	0
Gil Melman , Director	1 00	Х						0	С	0
Gerald Rauch , Director	1 00	Х						0	С	0
Gerald Merfish , Director	1 00	Х						0	C	0
Frieda Dow , Director	1 00	Х						0	С	0
Frances Friedman , Chairman	10 00	Х		Х				0	C	0
Etan Mirwis , Director	1 00	Х						0	C	0
Esther Polland , Director	1 00	Х						0	С	0
Ellen Trachtenberg , Director	1 00	Х						0	С	0
Elizabeth Grzebinski , Director	1 00	Х						0	С	0
Elaine Kellerman , Dir Bureau Jew Edu	40 00					Х		116,790	С	17,528
Elaine Epstein , Director	1 00	Х						0	C	0
Eileen Weisman , Director	1 00	Х						0	C	0
Edward Schreiber , Director	1 00	Х						0	О	0
Donald Freedman , Director	1 00	Х						0	C	0
Donald Brodsky , Director	1 00	Х						0	C	0
Dolores Wilkenfeld , Director	1 00	Х						0	С	0
Denis Braham , Treasurer	1 00	Х		Х				0	С	0
Debra Cohen , Director	1 00	Х						0	C	0
David Morris , Director	1 00	Х						0	С	0
David Hess , Director	1 00	Х						0	C	0
David Barish , Director	1 00	Х						0	C	0
Daniel Trachtenberg , Director	1 00	Х						0	0	0
Cyrıl Wolf , Dırector	1 00	Х						0	0	0
Carol Hoffman , Director	1 00	Х						0	C	0
Carol Goldberg , Vice Chair	1 00	Х		Х				0	C	0
Buster Feldman , Director	1 00	Х						0	О	0

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TOTHI 550, Part VII Section Add	•									
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)								(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Brian Strauss , Director	1 00	Х						0	0	0
Bernard Weingarten , Director	1 00	Х						0	0	0
Benjamın Warren , Asst Secretary	1 00	Х		Х				0	0	0
Ben Guefen , Dırector	1 00	Х						0	0	0
Basıl Joffe , Dırector	1 00	Х						0	0	0
Barry Lewis , Director	1 00	Х						0	0	0
Barry Gelman , Dırector	1 00	Х						0	0	0
Arthur Schechter , Director	1 00	Х						0	0	0
Ann Kaufman , Director	1 00	Х						0	0	0
Alan Eisenman , Director	1 00	X						0	0	0