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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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 11-01-2	2008 and ending 10-31-2009	)		·
		pplicable	Please	C Name of organization	-		D Employer i	dentification number
┌ Add			use IRS	DALLAS HOME FOR JEWISH AGED ENDOWMENT FOUNDATION INC			75-24116	509
┌ Nar	ne cha	nae	label or print or	Doing Business As			E Telephone	number
Init		_	type. See Specific				(972) 468	3-6171
_			Instruc-	Number and street (or P O box if r 6101 ohio dr	mail is not delivered to street addres	ss)  Room/suite	<b>G</b> Gross receip	ts \$ 243,393
☐ Ter			tions.					
Am	ended	return		City or town, state or country, and plano, TX 75024	ZIP + 4			
Mpp.	lication	n pending		' '				
				ne and address of principal offic	er	<b>H(a)</b> Is th	— nıs a group retu	rn for
			stuart r	morse Phio dr ste 100		affılı	ates?	┌ Yes ┌ No
				ΓX 75024		H(h) Ares	all affiliates inclu	ided? Fyes FNo
								t (see instructions)
I Ta	x-exen	npt status	<b>▽</b> 501(c)	) ( 3 ) ◀ (insert no )	or <b>527</b>		up exemption r	
	ebsit e	e: <b>⊨</b> N/#	<u> </u>			(-)		
								_
-				ion Trust Association Other	<u> </u>	<b>L</b> Year of	formation 1991	M State of legal domicile TX
Pa	rt I	Sum						
	1			e organization's mission or mos se of the Foundation is to receiv	_	ation and co	ntinuation of ai	n endowment fund and to
e e				ite those funds to organizations				
Ě								
Ě								
Governance	2	Chack	this hov		ad its operations or disposed	of more that	n 25% of its as	cats
	3		•					_
2 <b>ර</b> රෝ	4			members of the governing body				<b>4</b> 9
Activities	-			ident voting members of the gov		)	•	
£.	5			nployees (Part V, line 2a) .				
ă	6			olunteers (estimate if necessary				
		-		ted business revenue from Part		•		
	D	Net um	erated busi	ness taxable income from Form	1990-1, IIIle 34			<u> </u>
		C +		d grants (Part VIII, line 1h) .	Pr	ior Year 100	Current Year	
<u>a</u>	8			revenue (Part VIII, line 2g)		100	19,328	
Rayenue	9	_					446,925	311 122
å	10			me (Part VIII, column (A), lines			•	
	11		-	art VIII, column (A), lines 5, 6 dd lines 8 through 11 (must equ			93,124	0
	12						540,149	-291,794
	13			ar amounts paid (Part IX, colum			328,000	310,801
	14	Benefi	ts paid to o	or for members (Part IX, column	(A), line 4)			0
	15	Saları	es, other co	ompensation, employee benefits	(Part IX, column (A), lines 5	:_		
Expenses		10)						0
कु	16a	Profes	sional fund	raising fees (Part IX, column (A	(), line 11e)			0
ਡੌ	b	Total fu	ındraısıng expe	enses (Part IX, column (D), line 25) 🕨	.0			
	17	Other	expenses (	(Part IX, column (A), lınes 11a-	-11d, 11f-24f)		39,484	33,750
	18	Total	expenses A	Add lines 13–17 (must equal Pa	art IX, column (A), line 25)		367,484	344,551
	19	Reven	ue less exp	oenses Subtract line 18 from lir	ne 12		172,665	-636,345
<u>জু</u>						Begini	ning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)			11,335,960	11,642,223
A.S.S.	21			Part X, line 26)			28,000	28,000
₹ B	22		•	d balances Subtract line 21 fro			11,307,960	11,614,223
	1 III				miline 20		11,307,900	11,014,223
Pal	ſ II		ature Blo	ock erjury, I declare that I have examined	this roturn, including accompanying	schodulos and	statements and t	o the best of my knowledge
				correct, and complete Declaration of p				
Sign	1	***	***			201	0-09-14	
Here		Sign	ature of office	er .		Date		
			n barnes cfo					
			e or print nam	e and title				
		Preparei	r's <b>l</b> .			Check If		ntifying number
Paid		signatur				elf- empolyed 🕨 🏲	(see instruction	ns)
Prepa	arer's	Firm's n	ame (or yours	s & BRUCE E BERNSTIEN & ASSOC PO			-	
Use (		ıf self-er	mployed),	•			EIN Þ	
	,	address,	and ZIP + 4	10440 N CENTRAL EXPRESSWAY	SIE 1040		Phone no	(214) 706-0840
				DALLAS, TX 75231				
Mayt	he IR	S discus	ss this retui	rn with the preparer shown abov	re? (see instructions)			┌Yes ┌No

Par 1	Statement of Program S  Briefly describe the organization's mi		hments (see ins	tructions.)	
- ⊺he p	rimary purpose of the Foundation is to	receive and raise funds			
	bute those funds to organizations enga Irily through affiliates of The Legacy Se				community in North Texas
2	Did the organization undertake any sig	gnificant program servi	ces during the year	which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services				│ Yes
3	Did the organization cease conducting services?		hanges in how it coi	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section $501(c)(3)$ and $501(c)(4)$ orgaliocations to others, the total expens	nizations and section 4	1947(a)(1) trusts a	re required to report the am	•
4a	(Code ) (Expenses \$	343,392 Inc	cluding grants of \$	310,801 ) (Revenue \$	)
	The Foundation's sole purpose is to raise fun incurred. The Foundation's support of Legacy				
4b	(Code ) (Expenses \$	Inc	luding grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses \$	inc	luding grants of \$	) (Revenue \$	)
4d	Other program services (Describe ii	n Schedule O )			
-	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses►\$	343,392	(Must equal Part IX	, Line 25, column (B).)	

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		
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		Νο
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		Νο
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 $\sqrt{2}$	10	Yes	
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		Νο
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 described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
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? If "Yes," complete Schedule G, Part 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		Νο
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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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 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			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
	organization? If "Yes," complete Schedule R, Part V, line 2			

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
Pa	Statements Regarding Other 185 Fillings and Lax Compliance		V	NI.
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		Yes	No
	1a 2			
b	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 gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 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 year?			
		8		No
9 a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		No.
b		9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

(972) 468-6171

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

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $process$ , or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	6		N o
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		N o
Se	ection B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
	Other officers or key employees of the organization?	15b		N o
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	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 BRIAN BARNES 6101 OHIO DR STE 100 plano,TX 75024	ie orga	nızatıor	ı <b>►</b>

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		<b>(C)</b> Position (check all that apply)						(D)	(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	x Individual	Institutional Trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Stuart Morse Board Chair	3 0	Х		х				0	0	0
Alan Udisky Trustee	1 0	Х						0	0	0
Alan Klein Trustee	1 0	Х						0	0	0
Andrea Statman Trustee	1 0	Х						0	0	0
Robert Pollock Trustee	1 0	Х						0	0	0
Michael Kane Trustee	1 0	Х						0	0	0
Alex Weisberg Trustee	1 0	Х						0	0	0
Bob Miller Trustee	1 0	Х						0	0	0
Michael Bloch Trustee	1 0	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con	ntınued
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			<b>(C)</b> Position (check all that apply)						(D)	(E)		( <b>F)</b> mated
N	<b>(A)</b> lame and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensat employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amo oʻ compe fro orgai and	ount of ther ensation the nization related
				<u> </u>		-	#ed					
				+							+	
						_						
											1	
						_						
1b 2	Total Total number o compensation f			ved m	• ore	thar	► 1 \$100	0,00	0 O ın reportable	0		1
											Yes	No
3			ny <b>former</b> officer, director or truste ete Schedule J for such individual		em •	ploy •	ee, oi	r hıg •	hest compensate		3	No
4			n line 1a, is the sum of reportable or ganizations greater than \$150,00							om the		
5	Individual .	listed on li	• • • • • • • • • • • • • • • • • • •	• •	• •	• anv	• unrela	· ·	organization for s		1	No
•			on? If "Yes," complete Schedule J fo					•			5	No
	ection B. Inde											
1			ur five highest compensated indep n from the organization	enden	t co	ntra	ctors	that			1	·->
NONI	F		(A) Name and business address						Descriptio	(B) n of services		(C) ensation
	_											
	Total number of from the organization		t contractors (including those in 1	.) who	rece	erve	d more	e tha	in \$100,000 in co	ompensation		

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
\$\$	1a	Federated campaigns 1a				
医黄	ь	Membership dues 1b				
్జ్	c c	Fundraising events 1c				
£ ≝ ≟	d	Related organizations 1d				
ರ≟≣ _		Government grants (contributions) 1e				
띃등	e					
¥a	f	All other contributions, gifts, grants, and similar amounts not included above				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in				
풀	_	Innes 1a-1f \$	10.220			
ပ်က	h	Total. Add lines 1a-1f	19,328			
e E		Business Code	1			
E E	2a					
æ	Ь					
9	c					
돌 참	d					
Σ.	e					
Ta T	f	All other program service revenue				
Program Serwce Revenue	-					
<u> </u>	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest				
		and other similar amounts)	224,065			224,065
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	Ь	Less rental expenses				
	c	Rental income	]			
	d	or (loss)  Net rental income or (loss)	-			
		(i) Securities (ii) Other				
	7a	Gross amount (17 Securities (117 Securities)	†			
		from sales of assets other				
		than inventory	1			
	Ь	Less cost or 535,187 other basis and				
		sales expenses	-			
	°   .	Gain or (loss) -535,187	F3F 107			F2F 107
	d	Net gain or (loss)	-535,187			-535,187
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18				
<u>م</u>	ь	Less direct expenses b	]			
ŏ	С	Net income or (loss) from fundraising events 🕨	0			
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	Ь	Less direct expenses b				
	C	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	1			
	c	Net income or (loss) from sales of inventory	]			
		Miscellaneous Revenue Business Code				
	11a		1			
	Ь					
		All other revenue				
	d	All other revenue	0			
	12	Total Povenue Add lines 1h 2g 3 4 5 6d 7d %s	-291,794		0	-311,122
	**	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	291,794		0	311,122

	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).						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	310,801	310,801				
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	0					
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	0					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0					
9	Other employee benefits	0					
10	Payroll taxes	0					
11	Fees for services (non-employees)						
а	Management	0					
ь	Legal	0					
с	Accounting	0					
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17	0					
f	Investment management fees	20,495	20,495	0			
g	Other	1,159	0	1,159			
12	Advertising and promotion	0		1,100			
13	Office expenses	0					
14	Information technology	0					
15	Royalties						
16	Occupancy	0					
17	Travel						
18	Payments of travel or entertainment expenses for any federal,						
	state, or local public officials	0					
19	Conferences, conventions, and meetings	0					
20	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	0					
23	Insurance	12,096	12,096	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а							
b							
С							
d							
е							
f	All other expenses						
25	<b>Total functional expenses.</b> Add lines 1 through 24f	344,551	343,392	1,159	(		
26	Joint Costs. Check here ► ☐ 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						

Pa	rt X	Balance Sheet				·	
	T C A	balance shock		(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing		3,824,162	1	7	2,877,040
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	576,302	3		547,526	
	4	Accounts receivable, net		4			
	5						
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc.	tion 4958(f)(1)) and		6		
	7	Notes and loans receivable, net		2,791,007	7	:	2,617,406
şt	8	Inventories for sale or use	8				
Assets	9	Prepaid expenses and deferred charges			9		
⋖	10a	Land, buildings, and equipment cost basis	10a				
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	1	10c		
	11	Investments—publicly traded securities		3,973,201	11	:	5,498,664
	12	Investments—other securities See Part IV, line 11		54,288	12		65,954
	13	Investments—program-related See Part IV, line 11		·	13		<u> </u>
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		117,000			35.633
	16	Total assets. Add lines 1 through 15 (must equal line 34)		11,335,960	16	1:	1,642,223
	17	Accounts payable and accrued expenses .	•	28,000	17	•	28,000
	18	Grants payable		20,000	18		20,000
	19	Deferred revenue			19		
					20		
g:	20	Tax-exempt bond liabilities					
Liabilities	21 22	Escrow account liability <i>Complete Part IV of Schedule D</i> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			21		
<u>.e</u>		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		28,000	26		28,000
— е В	20	Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	te lines 27	20,000	20		20,000
Balance	27	Unrestricted net assets		10,412,375	27	10	0,693,018
<u>8</u>	28	Temporarily restricted net assets		69,283	28		73,679
8	29	• •		826,302	29		847,526
Fund	29	Permanently restricted net assets	complet e	020,302	29		047,320
5 O.	30	lines 30 through 34.  Capital stock or trust principal, or current funds			30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
Ass	32	Retained earnings, endowment, accumulated income, or other fund			32		
Net /	33	Total net assets or fund balances		11,307,960	33	1.	1,614,223
ž	34	Total liabilities and net assets/fund balances		11,335,960	34		1,642,223
Pa	rt XI	Financial Statements and Reporting		11,000,000	34	<u>'</u>	1,042,220
		- mandar statements and kepsiting				Yes	N-
1	Acco	unting method used to prepare the Form 990	ccrual $\Gamma$ Other			res	No
2a	Were	the organization's financial statements compiled or reviewed by an	ındependent accoun	tant?	2a		No
b	Were	the organization's financial statements audited by an independent	accountant?		2b	Yes	
c		es" to 2a or 2b, does the organization have a committee that assum , review, or compilation of its financial statements and selection of			2c	Yes	
3а		result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A-133?			3a		No
b	If "Y€	es," did the organization undergo the required audit or audits?			3b		

OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

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.

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only one organization)

A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)

Inspection

lame of the organization
PALLAS HOME FOR JEWISH AGED
NDOWMENT FOUNDATION INC

**Employer identification number** 

75-2411609

		ilospitai s	iaille, city, allu	State								
5	Γ	An organız	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gov	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II )								
6	$\sqcap$	A federal, s	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).									
7	Γ	An organız	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described	described in Section 170(b)(1)(A)(vi) (Complete Part II )									
8	Г	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )										
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess secti	on 511 ta:	x) from bu	sinesses	
		acquired b	y the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)			
10	$\Gamma$	An organız	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	<b>(a)(4).</b> (S	ee instruc	tions )	
	F F	one or mor the box tha a	e publicly support describes the ype I <b>b</b> g this box, I cele foundation mans 9(a)(2) mization receive box ust 17, 2006, he ersons? In who directly o low, the governing member of a persontrolled entited.	and operated exclusively for the dorse or type of supporting organizations described type of supporting organization is agers and other than one or d a written determination from the organization accepted in indirectly controls, either and body of the the supported erson described in (i) above ty of a person described in (i) and in accepted	d in sectition and control Type III not control more puborm the IRS dany gift alone or to dorganizate?	on 509(a) omplete li - Function olled direct licly support that it is or contrib ogether wittion?	(1) or sec nes 11e t nally Integ tly or indi orted orga a Type I, ution from th persons	tion 509(i hrough 11 grated rectly by nizations Type II o any of the	a)(2) See h d one or moi described r Type III	Section 5 Type re disquali	e III - Other offied persons offied	
(i) Name o Supported Organizatio		ported (described on lines 1 - 9			organiz col (i) your go	s the ation in listed in everning ment?	the orga ın col <b>(</b> i	ou notify inization i) of your port?	organız col (i) o	s the ation in organized US?	(vii) A mount of support?	
					Yes	No	Yes	No	Yes	No		
DALLAS JEWISH			750871733	0.9	Yes		Yes		Yes		0	
THE LEGACY SENIOR COMMUNITIES INC			030435268	0	Yes		Yes Yes		Yes		300000	
THE LE- WILLOV RETIRE COMMU	W BEN	ID T	202803956	09	Yes		Yes		Yes		10801	
Total											310,801	

Part II	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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, 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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

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>(b)</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>(b)</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 <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact 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	<b>Supplemental Information.</b> 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

Open to Public

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Inspection Employer identification number

ALLAS HOME FOR JEWISH AG NDOWMENT FOUNDATION IN				75-241160	9	
	ons Maintaining Donor A		ther Similar Fu			lete if the
organizatior	n answered "Yes" to Form 99	00, Part IV, line 6. (a) Donor adv	us od funds	<b>/h)</b> Euro	ds and other acc	ounts
Total number at end	of vear	(a) Donor aux	iseu iulius	(D) I und	is and other acc	ounts
Aggregate contributi	•					
Aggregate grants fro						
Aggregate value at e						
Did the organization	inform all donors and donor advi zation's property, subject to the	_		or advised		 5
•	inform all grantees, donors, and ble purposes and not for the ben e benefit?			may be	┌ Ye:	s ∏ No
	ion Easements. Complete	ıf the organization a	answered "Yes" to	Form 990,	Part IV, line 7	
Preservation of Protection of na Preservation of	open space	on or pleasure)	Preservation of an Preservation of ce	rtıfıed hıstorıc	structure	rea
Complete lines 2a-2 on the last day of the	2d if the organization held a qual e tax year	ified conservation con	ribution in the form			<u> </u>
					Held at the End	of the Ye
Total number of co	nservation easements			2a		
Total acreage restr	ricted by conservation easement	:s		2b		
Number of conserv	2c					
Number of conserv	ation easements included in (c)	acquired after 8/17/06	i	2d		
Number of conserva	tion easements modified, transfe	erred, released, extingi	ııshed, or termınate	d by the orgar	nization during	
the taxable year ►						
Number of states wh	ere property subject to conserva	ation easement is loca	ted <b>►</b>			
Does the organization	on have a written policy regarding onservation easements it holds?	g the periodic monitori		tions, and	┌ <b>Y</b> es	s   No
Staff or volunteer ho	urs devoted to monitoring, inspe	ecting and enforcing ea	sements during the	year ►		
A mount of expenses	ıncurred ın monitoring, inspecti	ng, and enforcing ease	ments during the ye	ar ► \$		
Does each conserva 170(h)(4)(B)(ı) and	tion easement reported on line 2 170(h)(4)(B)(ii)?	2(d) above satisfy the	equirements of sec	tion	┌ Yes	s 「No
balance sheet, and i the organization's ac	e how the organization reports conclude, if applicable, the text of to counting for conservation easer	the footnote to the organisments	anızatıon's fınancıal	statements th	nat describes	
	ons Maintaining Collectio the organization answered '			or Other Si	milar Assets	
art, historical treasu	lected, as permitted under SFAS res, or other similar assets held the text of the footnote to its fir	for public exhibition, e	ducation or researc	h ın furtheran		
historical treasures,	ected, as permitted under SFAS or other similar assets held for amounts relating to these items	public exhibition, educ			•	
(i) Revenues include	ed in Form 990, Part VIII, line 1			•	- \$	
(ii) Assets included	ın Form 990, Part X			<b>.</b>	\$	
If the organization re	eceived or held works of art, hist quired to be reported under SFA				•	
Revenues included i	n Form 990, Part VIII, line 1			<b>▶</b> :	\$	
Assets included in F	orm 990. Part X			<b>►</b> \$		

3	Using the organization's accession and othe											ntinueu)
_	items (check all that apply)		a	_	Loon	oroveho	inge prog	ro me				
а	Public exhibition		a	<u>'</u>			inge prog	ams				
b	Scholarly research		e	ı	O the	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	the	/ furthe	er the org	ganızatıor	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ,	Yes	┌ No
Pai	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						ızatıon a	nswe	ered "Yes"	to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for c	ontribu	itions or	otherass	ets n	ot	Γ,	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le				Г			A mou	nt	
c	Beginning balance						-	1c		111104		
d	Additions during the year						-	1d				
	3 ,						-					
e f	Distributions during the year						}	1e 1f				
.' -	Ending balance						L	11				
2a	Did the organization include an amount on Fo		e 217							,	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				- d !!\/a	о" +о Го		Dowl	TV lung 1	<u> </u>		
Рa	rt V Endowment Funds. Complete	(a)Current Year		vere			Years Back		hree Years Ba		Four Ye	ears Back
.a	Beginning of year balance	311,032	(5)	1101	cui	(6)1110	Tears back	(4).	mee reary bac	(0)	Tour I	Sara Back
ь	Contributions	50,000						+				
c	Investment earnings or losses	-32,469										
d	Grants or scholarships	,						+				
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses	816						ļ				
g	End of year balance	327,747										
2	Provide the estimated percentage of the year	r end balance held a	s									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment 🕨 4 %											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	hata	re hel	d and adı	mınıstere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations			•				•	_	Ba(i)		No_
	(ii) related organizations								🗀	a(ii)		No
ь 1	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon					• •		•		3Ь		
	t VI Investments—Land, Buildings					00 Dar	t V Juno	10				
<b>(</b> : ]	t VI investments—Land, Building	s, and Equipme	III. 30								Π	
	Description of investment					or other estment)	(b)Cost o basis (ot		(c) Deprec	ation	( <b>d</b> ) B	ook value
la	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other											
	I. Add lines 1a-1e (Column (d) should equal Fo										$\overline{}$	

uncertain tax positions under FIN 48

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		cost of cha of year market value
Closely-held equity interests		
Other		
LIFE INSURANCE	65,604	F
OIL & ROYALTY INCOME	350	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	je i	
Part IX Other Assets. See Form 990, Part X		
(a) Des	cription	(b) Book value
INTEREST RECEIVABLE		35,633
Total. (Column (b) should equal Form 990, Part X, col.(B) In	ne 15 )	
Part X Other Liabilities. See Form 990, Pa		<b>.</b> ▶
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
See Additional Data Table		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>F</b>	
In Part XIV, provide the text of the footnote to the organ	nızatıon's financıal statements tha	t reports the organization's liability for

Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	2 3 4 5 6 7 8 9 10 per Retur	344,551 -636,345 916,988 25,620 942,608 306,263
Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9	4 5 6 7 8 9 10	25,620 942,608 306,263
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	5 6 7 8 9 10	25,620 942,608 306,263
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	6 7 8 9 10 per Retur	942,608 306,263
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	7 8 9 10	942,608 306,263
Prior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9	8 9 10 per Retur	942,608 306,263
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	9 10 per Retur	942,608 306,263
<ul> <li>Total adjustments (net) Add lines 4 - 8</li> <li>Excess or (deficit) for the year per financial statements Combine lines 3 and 9</li> </ul>	10 per Retur	306,263
Excess or (deficit) for the year per financial statements Combine lines 3 and 9	per Retur	<u> </u>
	1 1	n ·
12:11 4:11 Recollelliation of Revenue Del Muditeu Filiancial Statements With Revenue	1 1	
1 Total revenue, gains, and other support per audited financial statements		650,814
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a 916,98	3	
b Donated services and use of facilities	7	
c Recoveries of prior year grants		
<b>d</b> Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	942,608
3 Subtract line 2e from line 1	3	-291,794
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-291,794
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Retu	
1 Total expenses and losses per audited financial statements	1	344,551
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	_	
<b>b</b> Prior year adjustments	4	
c Losses reported on Form 990, Part IX, line 25	-	
d Other (Describe in Part XIV)	┦ _ │	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	344,551
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b Other (Describe in Part XIV)	,	
c Add lines 4a and 4b	4c	244 554
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	344,551
Part XIV Supplemental Information  Complete the part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1, and 4.	Dart IV lines	1 h and 2 h

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier Ret urn Reference		Explanation			
describe intended uses of the government's endowment funds		monies are to be used to support organizations engaged in providing long term care for the aged and infirmed in the Jewish community in North Texas, primarily through affiliates of The Legacy Senior Communities, Inc., a Texas non-profit corporation			
other revenue on books but not in return	1 1 1	contributions & pledges \$ 21,224 net change in restricted assets \$ 4,396			
other revenue on books but not in return		contributions & pledges \$ 21,224 net change in restricted assets \$ 4,396			

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DLN: 93493257004210

Schedule I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Name of the organization						Employer identif	cation number
DALLAS HOME FOR JEWISH A ENDOWMENT FOUNDATION I						75-2411609	
Part I General Inform	nation on Gran	its and Assistance				•	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the gran	ts or assistance?					√ Yes
Form 990, Part I Part IV and Scho	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is		0. Check this box if	es. Complete if the or f no one recipient rece		
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
THE LEGACY SENIOR COMMUNITIES INC6101 ohio dr ste 100 plano,TX 75024	03-0435268	501(c)(3)	300,000				general support
the legacy at willow bend retirement community inc 6101 ohio dr ste 100 plano,TX 75024	20-2803956	501(c)(3)	10,801				general support
2 Enter total number of sec	tion 501(c)(3) and	government	l	ı			2
organizations				🟲	•		

Enter total number of other organizations.

	·
Part III	Grants and Other Assistance to Individuals in the United States. 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>b)</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
procedures for monitoring the use of grant funds in the u s		the organization has established criteria, limits and formal paperwork and procedures for grant applicants the applicants are reviewed and the records are maintained and applied internally
<u></u>		

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DLN: 93493257004210

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

### **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.

2008

Open to Public Inspection

Name of the organization DALLAS HOME FOR JEWISH AGED ENDOWMENT FOUNDATION INC Employer identification number

75-2411609

ldentifier	Return Reference	Explanation			
members, stockholders who may elect one or more members of governing body	form 990, part vi, lines 7a & 7b	The chair of the governing board is elected by The Legacy Senior Communities			

Identifier Reference		Explanation
describe the process used by management &/or governing body to review 990	1 W IINA 10	The board chair appoints a board member familiar and qualified in accounting matters to review and discuss the tax forms with staff, and upon approval of this review, the tax form is sent to the full board prior to the filing of the form

ldentifier	Return Reference	Explanation
describe the process to monitor transactions for conflicts of interest	form 990, part vı, line 12c	Trustees, directors and officers are required to submit a Statement of Disclosure upon appointment to the board and thereafter annually. The purpose of this statement is to provide a mechanism for the disclosure of any actual or potential conflict(s) of interest. Any actual or potential conflicts that arise between annual statement submissions are required to be communicated as possible in writing to the General Counsel. The Conflict of Interest Policy (COI) is explained at the time of issuance for signature. The COI defines disqualified persons and potential conflicts. Any conflicts that arise are reviewed and approved by the board outside of the presence of the individual(s) involved.

ldentifier	Return Reference	Explanation
avail of gov docs, conflict of interest policy, & fin stmts to gen public	form 990, part vı, line 19	these documents are provided upon request

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493257004210

OMB No 1545-0184

## **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99)

Form **4797** 

► Attach to your tax return.

► See separate instructions.

Attachment Sequence No 27

	ne(s) shown on return .LAS HOME FOR JEW	ISH AGED					Ident if yi	ng nur	nber	
	OWMENT FOUNDAT						75-2411	609		
1					for 2008 on Form(s) 10 10, or 20 (see instruction		1			
De					de or Business and			<b></b>	sions	
Pe					perty Held More Th					
	(a) Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	basıs ımproven	or other , plus nents and e of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
2		, ,			-	'				
3	Gaın, ıf any, from Fo	rm 4684 lir	ne 45					3		
4				m Form 6252, line 26			•	4		
5	_			changes from Form 8				5		
6	-	. ,		sualty or theft			•	6		
7	, , , ,	·		·	appropriate line as follo		•	7		
•		-		. ,	ns. Report the gain or (lo		• •	,		
					ischedule K, line 9 Skip l					
	from line 7 on line 1 section 1231 losse	1 below and s, or they we	skıp lines 8 ere recapture	and 9 Ifline 7 is a ga d in an earlier year, en	line 7 is zero or a loss, on and you did not have a ster the gain from line 7 a 8, 9, 11, and 12 below	any prior ye	ar			
8	Nonrecaptured net	section 123	1 losses from	n prior years (see insti	ructions)			8		
9	below Ifline 9 is m	ore than zero	o, enter the a	mount from line 8 on l	ro, enter the gain from lir ine 12 below and enter t i (see instructions)	he gaın fror	n lıne 9	9		
Pa	rt III Ordinary (	Gains and	Losses (s	ee instructions)						
10	Ordinary gains and	losses not ir	ncluded on lir	nes 11 through 16 (ınd	clude property held 1 yea	ar or less)				
SE	CURITIES						535,18	7	535,187	
11	Loss, if any, from lir	ne 7	<del>.</del>					11	( )	
12			ınt from line 8	8,ıfapplıcable				12		
13	Gain, if any, from lin	e 31						13		
14								14		
15					6			15		
16								16		
17	Combine lines 10 th	•						17	-535,187	
18	For all except indivi	dual returns	, enter the an		the appropriate line of yo	our return a	nd skip	-		
а	If the loss on line 1 Enter the part of the	1 includes a loss from ir	loss from Fo	rm 4684, line 41, colu cing property on Sche	umn (b)(11), enter that pa dule A (Form 1040), line	28, and th	e part of			
	4797, line 18a "Se	e instruction	ıs		LO40), line 23 Identify a			18a		
ь					, on line 18a Enter here			18b		

Gain From Disposition of Propert (see instructions)	ty Und	er Sections 12	245, 1	L250,	1252,	1254, a	nd 1	.255	
(a) Description of section 1245, 1250, 1252, 1254, or 1255 p	roperty						ā	(b) Date acquired(mo , day, yr )	(c) Date sold (mo , day, yr )
<u>А</u>									
С									
D									
These columns relate to the properties on lines 19A through 19D	<b>-</b>	Property A	P	ropert	у В	Prope	rty C	Pro	perty D
20 Gross sales price (Note: See line 1 before completing) .	20								
21 Cost or other basis plus expense of sale	21								
Depreciation (or depletion) allowed or allowable	22								
23 Adjusted basis Subtract line 22 from line 21 .	23								
24 Total gain Subtract line 23 from line 20	24								
25 If section 1245 property:									
a Depreciation allowed or allowable from line 22	25a								
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b								
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
a Additional depreciation after 1975 (see instructions)	26a								
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> cline 24 or line 26a (see instructions)	f 26b								
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line	26-								
26a, skip lines 26d and 26e	26c 26d								
e Enter the smaller of line 26c or 26d	26e		_		1				
f Sections 291 amount (corporations only)	26f								
<b>g</b> Add lines 26b, 26e, and 26f	26g								
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
a Soil, water, and land clearing expenses	27a								
<b>b</b> Line 27a multiplied by applicable percentage (see instructions)	27b								
c Enter the smaller of line 24 or 27b	27c								
28 If section 1254 property:									
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a								
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b								
29 If section 1255 property:									
a Applicable percentage of payments excluded from income under section 126 (see instructions)	n <b>29a</b>								
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a (see instructions)	29b								
Summary of Part III Gains. Complete prop	erty co	olumns A throug	h D th	rougl	n line 29	b before	e goır	ng to line 3	30.
Total gains for all properties Add property colum							30		
Add property columns A through D, lines 25b, 26	g, 27c,	28b, and 29b Ent	er here	e and c	n line 13	.	31		
32 Subtract line 31 from line 30 Enter the portion fr portion from other than casualty or theft on Form		•		84, lin		er the	32		
Part IV Recapture Amounts Under Section (see instructions)	ns 17	9 and 280F(b)	(2) V	Vhen	Busine	ss Use	Drop	_	
					(a) Se			(b) Sect	
33 Section 179 expense deduction or depreciation	allowahl	e in prior vears		33	17	<del>J</del>		280F(b)	(2)
34 Recomputed depreciation (see instructions) .			-	34				<u> </u>	

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . 35

#### **Additional Data**

Software ID: Software Version:

**EIN:** 75-2411609

Name: DALLAS HOME FOR JEWISH AGED

**ENDOWMENT FOUNDATION INC** 

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section)	Is organız (ı) lısted	ation in 1 in your rning	(v) Did you notify the organization in (i) of your support?		(vi)  Is the organization in (i) organized in the US?		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
DALLAS HOME FOR JEWISH AGED INC	750871733	09	Yes		Yes		Yes		0	
THE LEGACY SENIOR COMMUNITIES INC	030435268	0	Yes		Yes		Yes		300000	
THE LEGACY AT WILLOW BEND RETIREMENT COMMUNITY INC	202803956	09	Yes		Yes		Yes		10801	