

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Savice

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 2009 Open to Public Inspection

| | For the 200 | 9 calendar y | ear, or tax year beginning 08/01/09 , and ending 07/31/10 | | |
|-----------------------------|---|--|--|-------------------------|--|
| В | Check if applica | | C Name of organization | D Empl | oyer identification number |
| \bigsqcup_{i} | Address change | e use IRS label or | DALLAS JEWISH COMMUNITY FOUNDATION | ↓ | 0006100 |
| | Name change | print or | Doing Business As | 1 | -2836123 |
| | Initial return | type. See | Number and street (or P O box if mail is not delivered to street address) 7800 NORTHAVEN ROAD | | hone number 4-615-9351 |
| | Termination | Specific | City or town, state or country, and ZIP + 4 | G Gross rec | 2 224 121 |
| $\bar{\Box}$ | Amended return | Instruc- n tions | DALLAS TX 75230-3296 | G Gloss led | epis • |
| \Box | Application pen | r | e and address of principal officer | H(a) is this | a group return for |
| <u> </u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CA | RY ROSSEL | affiliat | |
| | | I . | 00 NORTHAVEN ROAD | H(b) Are at includ | ed? Yes No |
| _ | | | LLAS TX 75230-3296 | If "No | ,* attach a list. (see instructions) |
| | Tax-exempt Website: ▶ | | 501(c) (3) 4 (insert no) 4947(a)(1) or 527 DJCF . ORG | | |
| _ | | zation X Co | | 1 H(c) Group L 9 9 9 | exemption number ► M State of legal domicile TX |
| | art I | Summa | | | W State of legal domicile |
| | | | he organization's mission or most significant activities | | |
| ω | s | EE SCHE | DULE O | | |
| ů | | | | | |
| Activities & Governance | | | | | |
| Š | 2 Che | ck this box I | If the organization discontinued its operations or disposed of more than 25% of its net asse | ts | · |
| ಹ | | | members of the governing body (Part VI, line 1a) | 3 | 31 |
| ties | ĺ | , | endent voting members of the governing body (Part VI, line 1b) | 4 | 31 |
| Ę | l . | | employees (Part V, line 2a) | 5 | 10 |
| Ă | | | volunteers (estimate if necessary) ated business revenue from Part VIII, column (C), line 12 | 6 7a | 100 |
| | | _ | siness tayable income from Form 990-T line 84 | 7a 7b | 0 |
| _ | 2 1101 | arri ciato a Be | RECEIVED Prior Yo | ear | Current Year |
| • | 8 Conf | tributions an | a grants (rate viii, inte iii) | 5,575 | 7,373,983 |
| nua | _ | | revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d) | | |
| Revenue | | | | 6,371 | 122,172 |
| _ | | | 1N1 | 9,982 9,186 | 159,650 |
| | | | | 5,012 | 7,655,805 8,601,617 |
| | | | or for members (Part IX, column (A), line 4) | 15,012 | 8,001,017 |
| " | | | | 5,439 | 803,271 |
| enses | | | draising fees (Part IX, column (A), line 11e) | , | |
| Exper | | | expenses (Part IX, column (D), line 25) ▶ 49,400 | | |
| ũ | 17 Othe | er expenses | (Part IX, column (A), lines 11a–11d, 11f–24f) 69 | 1,032 | 582,549 |
| | 18 Tota | l expenses | | 31,483 | 9,987,437 |
| | | enue less ex | <u> </u> | .2,297 | -2,331,632 |
| Net Assets or Fund Balances | 20 Tota | ıl assets (Pa | t X, line 16) Beginning of Ci | | End of Year 125, 866, 963 |
| Asse Bata | 20 Tota | • | · · · · · · · · · · · · · · · · · · · | 35,839 | |
| E.E. | 22 Net | - | | 2,899 | 69,711,689 |
| P | art II | | re Block | | |
| | | Under pena | tites of penury, I declare that I have examined this return, including accompanying schedules and statements, an | d to the best | of my knowledge |
| | | and belief, i | : is true correct, and complete Declaration of preparer (other than officer) is based on all information of which pr | • | |
| Sig | | 4 | | 6, | 114/2011 |
| He | re | Signat | WEST BODOEF | Date | |
| | | | Pront name and title | | |
| | | // // | Date / , Checi | | Preparer's identifying number |
| Pai | id | Preparer's signature | | , г | (see instructions) |
| Pre | eparer's | 3 | COLE & REED / P.C. | yed ► L | <u> </u> |
| Us | e Only | Firm's name if self-emplo | F31 COLICE OF THE CLITTER 300 | EIN Phone | - 10 1012722 |
| | | address, ar | • " | | 405-239-7961 o |
| May | the IRS di | scuss this re | eturn with the preparer shown above? (see instructions) | , | |
| For | Privacy A | | rwork Reduction Act Notice, see the separate instructions. | | Form 990 (2009) |
| DAA | \ | | | | 8 |

| <u> Pa</u> | irt III <u>S</u> | tatement of Program S | Service Accomplishments | | <u> </u> |
|------------|------------------|---------------------------------|--|------------------------|------------------------|
| 1 | | ibe the organization's mission | | | |
| S | EE SCH | EDULE O | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 | Did the orga | nization undertake any signific | ant program services during the year which were n | ot listed on | |
| | the pnor For | m 990 or 990-EZ? | | | Yes X No |
| | If "Yes," des | cribe these new services on S | chedule O | | |
| 3 | Did the orga | nization cease conducting, or | make significant changes in how it conducts, any p | rogram | |
| | services? | | | | Yes X No |
| | | cribe these changes on Scheo | | | |
| 4 | | | ts for each of the organization's three largest progra | | |
| | | | ons and section 4947(a)(1) trusts are required to re | - | |
| | allocations to | o others, the total expenses, a | nd revenue, if any, for each program service report | ed | |
| _ | <u> </u> | | 740 902 | 601 617 | |
| | (Code | | 9,749,802 including grants of \$ | ,601,617) (Revenue \$ |) |
| | | | TTS TO OTHER NON-PROFIT A | GENCIES AT | |
| Т | HE APP | ROVAL OF THE BO | PARD OF TRUSTEES. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4- | | \/F | |) (D | |
| 4C | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | | am services (Describe in Scho | | | |
| | (Expenses | - · · | including grants of \$ |) (Revenue \$ |) |
| 4e | lotal progr | am service expenses > | 9,749,802 | | |
| | | | | | Form 990 (2009) |

| Forn | 990 (2009) DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 | | F | age |
|------|---|-----|--------------|------------|
| P | rt IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1_ | X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | | X |
| 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 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | ļ |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | l | |
| | VII, VIII, IX, or X as applicable | 11 | X | <u> </u> |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| | Schedule D, Part VI | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | |
| • | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 1 | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 40 | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 42 | | x |
| 404 | Schedule D, Parts XI, XII, and XIII | 12 | - | <u> </u> |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | - | | |
| 42 | | ۱, | - | v |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ├ ^ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | 144 | | x |
| 4 6 | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | ^ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 4.5 | | x |
| 16 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 15 | | A |
| 10 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | x |
| | to markiduais rocated outside the officed otates? If Tes, complete officedule F, Falt III | 10 | | 4 |

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Form 990 (2009)

17

18

19

20

17

18

19

| Part IV | Checklist | of Rec | uired | Schedules | (continued) | , |
|---------|-----------|--------|-------|-----------|-------------|---|
|---------|-----------|--------|-------|-----------|-------------|---|

| | • | | Yes | No |
|----------|--|-----------|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23_ | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K If "No," go to line 25 | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | 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 | | <u>X</u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X_ |
| 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 | | <u> </u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 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 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | 37 |
| | If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | v |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u> </u> |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 001 | | х |
| | Schedule L, Part IV | 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | 200 | | x |
| 29 | Part IV | 28c 29 | Х | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 25 | | |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| ٠, | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| - | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 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 | X | |
| 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 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form | 990 | (2009) |

DAA

| Pa | irt 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 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and repo | rtable | | v | |
| 2- | gaming (gambling) winnings to prize winners? | 1 1 | 1c | X | <u> </u> |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 2a 10 | | | |
| h | Statements, filed for the calendar year ending with or within the year covered by this return | <u> </u> | | x | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns. | , | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered to | 21/ | | | |
| Ja | this return? | у | 3a | | х |
| 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 aut | homby | 30 | | |
| 74 | over, a financial account in a foreign country (such as a bank account, securities account, or other finan | • | | | |
| | account)? | Ciai | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | 70 | | |
| _ | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba | nk | | | |
| | and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | n? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard | | | | |
| | Prohibited Tax Shelter Transaction? | • | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | organization solicit any contributions that were not tax deductible? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | |
| | gifts were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | ods | | | |
| | and services provided to the payor? | | 7a | | X_ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | required to file Form 8282? | 1 1 | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | _ | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal transfer of the organization. | sonal | | | |
| | benefit contract? | | 7е | | <u>X</u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | ? | 7f | | <u> </u> |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a | S | | | |
| | required? | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | |
| | | | . | | v |
| 9 | organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | | 8 | | X |
| | Did the organization make any taxable distributions under section 4966? | | ا م | | x |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9a 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | | 30 | | - |
| 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 | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | - | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| - | amounts due or received from them) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| | | | Form | 990 | (2009) |

Form 990 (2009) DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X If "Yes," does the organization have written policies and procedures governing the activities of such chapters, X affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No." go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed > 17 18 Section 6104 requires an organization to make its Forms 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 X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 7800 NORTHAVEN ROAD organization MEYER BODOFF

TX 75230-3296 214-615-9351

DALLAS

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title | (B) | 1 | | (6 | C) | hat ap | | (D) | (E) | (F) |
|---------------------|------------------------------|--|-----------------------|----------|--------------|----------|--------|---|--|--|
| Name and Title | Average hours per week | or director | Institutional trustee | Officer | Key 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 |
| DONALD H. SCHAFFE | R | | | | | | | | | |
| CHAIRMAN | 1.00 | X | | L., | | | | 0 | 0 | C |
| ALAN KLEIN | | | | | | | | | | |
| VICE-CHAIRMAN | 1.00 | X | | | | | | 0 | 0 | C |
| CARY ROSSEL | | | | | | | | | | |
| VICE-CHAIRMAN | 1.00 | x | | | | | | 0 | 0 | 0 |
| TODD S. AARON | | | | | | | | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | 0 | 0 |
| JUDITH BARTON | | | | | | | | | | |
| TRUSTEE | 1.00 | $ \mathbf{x} $ | | | | | | ol | 0 | 0 |
| J.T. TODD CHANON | | | | | | | | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | 0 | 0 |
| HOWARD S. COHEN | | 1 | | | | | | | | |
| TRUSTEE | 1.00 | $ \mathbf{x} $ | | | | | | ol | 0 | 0 |
| RUSTY COOPER | _ | | | | | Ħ | | | • | |
| TRUSTEE | 1.00 | x | | | | | | ol | 0 | 0 |
| RICHARD L. GLAZER | | T | | | | | | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | o | 0 |
| MARTIN GOLMAN | | 1 | | | | \Box | | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | 0 | O |
| BARBARA GUTOW | | | | | | | | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | o | C |
| MARCY C. HELFAND | | | | | | \Box | | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | O | O |
| YNETTE HOGUE | | \vdash | | | | 11 | - | | | |
| TRUSTEE | 1.00 | x | | | | | | ol | 0 | 0 |
| HAL JAYSON | | † | | | | \Box | | | | |
| TRUSTEE | 1.00 | x | | | | | | o | 0 | 0 |
| HYLTON JONAS | | | | 1 | | \sqcap | | | | |
| TRUSTEE | 1.00 | X | | | | | | o | 0 | 0 |
| DONALD KIVOWITZ | | 1 | | <u> </u> | <u> </u> | \Box | | | | |
| TRUSTEE | 1.00 | x | l | | | | | o | 0 | 0 |
| LEONARD R. KRASNO | | 1 | | | | \vdash | | | | |
| TRUSTEE | 1.00 | x | | | 1 | | | o | 0 | 0 |
| DAA | | | _ | | | | | <u> </u> | | Form 990 (2009 |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|---|------------------------------|-----------------------|----------|-------------------|--------------|------------------------------|-------------|---|---|---|
| (A) (B) (C) Name and Title Average Position (check all that | | | | | (D) | (F) | | | | |
| Name and Title | Average hours per week | ndividual or director | | (check Officer | Key employee | | | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | | ector | ntion | 4 | mplc | st co | <u> </u> | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | | trustee | al trust | | yee | mpe | | (** 25 1000 111100) | | and related organizations |
| | | ň | tee | | | Highest compensated employee | | | | Organizations |
| ANN E. LEVINE | | | | | - | _ | | | | |
| TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| LISA R. NEWMAN TRUSTEE | 1.00 | x | | | | | | o | o | o |
| HARLAN POLLOCK | 1.00 | ^ | | | _ | \vdash | - | - | <u> </u> | |
| TRUSTEE | 1.00 | x | | | | | | 0 | 0 | 0 |
| STUART M. PRESCOT | | | | | | | | | | |
| TRUSTEE STANLEY RABIN | 1.00 | X | \vdash | | | - | | 0 | 0 | 0 |
| TRUSTEE | 1.00 | x | | | | | | О | 0 | o |
| JOHN A. RAPHAEL | | | | | | | | | | |
| TRUSTEE | 1.00 | X | <u> </u> | | | | | 0 | 0 | 0 |
| RICHARD ROHAN TRUSTEE | 1.00 | x | | | | | | o | o | o |
| ANDREW H. SCHULT | | ^ | - | | _ | - | | 0 | Ų | |
| TRUSTEE | 1.00 | x | | | | | | 0 | 0 | 0 |
| LAWRENCE E. STEIN | | | | | | | | | _ | |
| TRUSTEE RONALD G. STEINHA | 1.00 | X | - | | | | | 0 | 0 | 0 |
| TRUSTEE | 1.00 | x | | | | | | o | o | О |
| ALAN TOLMAS | | | | | | | | | | |
| TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| | TEIN | 3,5 | | i | | | | | 0 | |
| TRUSTEE MILES D. ZITMORE | 1.00 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE | 1.00 | x | | | | | | o | 0 | o |
| 1b Total | | | | | | | > | 153,425 | | |
| 2 Total number of individuals (inc | _ | | | iose l | liste | d abo | ve) י | who received more than \$10 | 00,000 in | |
| reportable compensation from | the organization i | <u> </u> | <u> </u> | | | | | | | Yes No |
| 3 Did the organization list any for | rmer officer, direc | ctor c | or tru | stee, | , key | emp | loye | e, or highest compensated | | |
| employee on line 1a? If "Yes," o | | | | | | | | and other compensation from | | 3 X |
| 4 For any individual listed on line the organization and related org | | | | | | | | | | |
| individual | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a services rendered to the organi | | | | | | | | | | 5 X |
| Section B. Independent Contracto | | | | _ | | | | | | |
| Complete this table for your five compensation from the organizer | | nsate | ed inc | depe | nder | nt cor | ntrac | tors that received more that | n \$100,000 of | |
| Name and | (A) business address | | | | | | | Descrip | (B) ton of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | ┼ | | | |
| | | | | | | | | | | |
| | | _ | | | | | T | | | |
| | | | | _ | | | | | | |
| 2 Total number of independent c | • | - | | | | to th | ose | listed above) who received | | |
| more than \$100,000 in comper | isation from the C | лgar | ıızalı | uri 🚩 | - | | | | <u>_</u> | 0 Form 990 (2009) |

| <u>Pa</u> | <u>rt V</u> | III Statement of Reve | nue | | <u> </u> | | | |
|--|-------------|--|--------------------|------------------------|----------------------|--|---|---|
| | • | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| s s | 12 | Federated campaigns | 1a | | | Tevende | | 312, 313, 01 314 |
| ant | h | Membership dues | 1b | | | | | |
| ρĒ | b | • | | | | | | |
| ıts | | Fundraising events | 1c | | | | | |
| 95 | a | Related organizations | 1d | | | | | |
| sin | е | Government grants (contributions) | 1e | | | | | |
| uti Je | 1 | All other contributions, gifts, grants, and similar amounts not included above | | | | | | |
| 달당 | | | 1f | 7,373,983 2,484,684 | | | | |
| oug | g | Noncash contributions included in lines 1a- | If \$ | 2,484,684 | | | | |
| Program Service Revenue Contributions, gifts, grants | h | Total. Add lines 1a-1f | | <u> </u> | 7,373,983 | | | |
| ηne | | | | Busn. Code | | | | |
| ver | 2a | | | j | | | | |
| Re | b | | | | | | | |
| vice. | С | | | | | | | |
| Ser | d | | | | | | | |
| am | е | | | | | | | |
| ogr | f | All other program service reven | iue | | | | | |
| ዋ | g | Total. Add lines 2a-2f | | > | | | | |
| | 3 | Investment income (including d | ıvıdends, ıntei | rest, and | | | | |
| | | other similar amounts) | | ▶ | 1,690,548 | | | 1,690,548 |
| | 4 | Income from investment of tax- | exempt bond | proceeds ► | | | | |
| | 5 | Royalties | | • [| | | | |
| | | (ı) Real | (1 | ıı) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental exps | | | | | | |
| | С | Rental inc or (loss) | | | | | | |
| i | d | Net rental income or (loss) | | • | | | | İ |
| | | Gross amount from (i) Securities | , | (II) Other | | | - | |
| | | sales of assets other than inventory | ··· - · | | | | | |
| | b | Less cost or other | | | | į | | |
| | _ | basis & sales exps 1,568, | 376 | | | | | |
| | C | Gain or (loss) -1,568 | | | | | | |
| | d | Net gain or (loss) | | • | -1,568,376 | -1,568,376 | | |
| | 8a | Gross income from fundraising even | ıte 🗆 | | 1,300,3.0 | 1,300,370 | · | |
| en | ou | (not including \$ | | | | | | |
| Ven | | of contributions reported on line 1c) | | | | | | |
| æ | | See Part IV, line 18 | | | | | | |
| Other Reven | | Less direct expenses | а b | | | | | |
| ᅙ | | Net income or (loss) from fundr | ~ | | - | | | |
| | | | | | | | ··· | |
| | 5 a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | | | a b | | | į | | |
| | | Less direct expenses | | | - | | | |
| | | Net income or (loss) from gamin | ng activities | > | | | | |
| | τυa | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | a | | | | | |
| | | Less cost of goods sold | b | | | | | |
| | С | Net income or (loss) from sales | | <u> </u> | | | | |
| | | Miscellaneous Revenue | | Busn Code | - | 1 | | |
| | 11a | MANAGEMENT FEE INCOME | | | 106,200 | | | 106,200 |
| | b | EVENT INCOME | | | 53,450 | | | 53,450 |
| | С | | | | | | | |
| | d | | | | | | | |
| | е | Total. Add lines 11a-11d | | > | 159,650 | | | |
| | 12 | Total Revenue. See instruction | ns | <u> </u> | 7,655,805 | -1,568,376 | 0 | 1,850,198 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | All other organizations must o | | | | |
|---------|--|---|------------------------------|---|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | , | , | |
| • | organizations in the U.S. See Part IV, line 21 | 8,601,617 | 8,601,617 | | |
| 2 | Grants and other assistance to individuals in | - ' ' ' | | - | |
| - | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| _ | organizations, and individuals outside the | | | 1 | |
| | U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| - | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 652,641 | 598,749 | 34,313 | 19,579 |
| 8 | Pension plan contributions (include section 401(k) | | 000,720 | 0 - , 0 - 0 | |
| 3 | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 99,224 | 69,457 | 26,790 | 2,977 |
| 10 | Payroll taxes | 51,406 | 35,984 | 13,880 | 1,542 |
| 11 | Fees for services (non-employees) | 32,300 | 33,304 | | 2,532 |
| | Management | | | | |
| a b | Legal | | | | |
| | Accounting | 168,614 | 81,859 | 84,788 | 1,967 |
| c d | Lobbying | 100,014 | 02,000 | 0-1,700 | -,501 |
| u | Professional fundraising services See Part IV, line 17 | | | | ·· · · · |
| f | Investment management fees | | | | _ |
| | Other | | | | |
| g 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 18,565 | 12,995 | 5,013 | 557 |
| 17 | Travel | 579 | | 405 | 174 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | İ | | | |
| 10 | Conferences, conventions, and meetings | 47,444 | 38,816 | 4,397 | 4,231 |
| 20 | Interest | , | | -,00, | -, |
| 21 | Payments to affiliates | - 1 | | | · · |
| 21 | Depreciation, depletion, and amortization | | - | | ····- |
| 23 | Insurance | · | | | |
| 23 | in our or too | | | | - |
| 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 | BOND FINANCING COSTS | 231,506 | 231,506 | - | |
| a b | OTHER EXPENSES | 42,548 | 32,662 | 9,883 | 3 |
| C | PRINTING AND PUBLICATIONS | 27,984 | 13,992 | | 13,992 |
| d | SUPPLIES | 20,322 | 17,274 | 2,032 | 1,016 |
| e | POSTAGE AND SHIPPING | 12,970 | 9,079 | 3,502 | 389 |
| f | | 12,017 | 5,812 | 3,232 | 2,973 |
| | Total functional expenses. Add lines 1 through 24f | 9,987,437 | 9,749,802 | 188,235 | 49,400 |
| 26 | | - , , , , , , , , , , , , , , , , , , , | -,, , | | / 100 |
| | SOP 98-2 Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation | | | | |
| DAA | | · | | | Form 990 (2009) |

Page **10**

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,566,540 1,868,965 Cash---non-interest bearing 1 Savings and temporary cash investments 1,376,020 Pledges and grants receivable, net 3 837 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Assets 16,310,100 16,100,643 7 Notes and loans receivable, net Inventories for sale or use 2,741,197 9 2,951,439 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 93,710,954 103,562, Investments—publicly traded securities 11 460 11 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 1,133,927 546,415 15 Other assets See Part IV, line 11 15 117,838,738 125,866,963 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 73,106 116,604 17 17 Accounts payable and accrued expenses 93,524 161,652 18 Grants payable 18 19 Deferred revenue 19 16,230,000 16,010,000 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 34,995,711 39,910,516 Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 51,435,839 26 56,155,274 Net Assets or Fund Balances Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. 54,881,341 27 Unrestricted net assets 51,228,063 14,279,940 28 13,935,452 28 Temporarily restricted net assets 894,896 894,896 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 66,402,899 69,711,689 33 Total net assets or fund balances 117,838,738 125,866,963 Total liabilities and net assets/fund balances

Form 990 (2009)

Form 990 (2009)

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

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number 75-2836123

| Pa | <u>ırt l</u> | Reas | on for Public Charity | Status (All organizations | must co | omplete | this p | art)S | <u>ee ins</u> | tructio | ons. | | _ |
|----------|--|--|---------------------------------|---|-------------|--------------------|------------|-----------------------|---------------|--------------------------|-------------|---------|----|
| The o | orga | nization is not a | a private foundation because | it is (For lines 1 through 11, che | ck only or | ne box) | | | | | | | |
| 1 | | A church, con | vention of churches, or asso | ciation of churches described in | section 1 | 70(b)(1)(<i>A</i> | A)(i). | | | | | | |
| 2 | \sqcap | A school desc | cribed in section 170(b)(1)(A |)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | П | | | e organization described in section | on 170(b) | (1)(A)(iii) | | | | | | | |
| 4 | H | - | · | in conjunction with a hospital des | | | | (A)(iii). | Enter th | e hospi | tal's name. | | |
| | | city, and state | • | | | | | , | | | , | | |
| 5 | \Box | | | a college or university owned or | operated | by a gove | rnmenta | ıl unıt de | scribed | ın | | | |
| • | ш | section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| • | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | | |
| 8 | \Box | | | '0(b)(1)(A)(vi). (Complete Part II | ١ | | | | | | | | |
| 9 | H | - | | more than 33 1/3 % of its suppo | • | ntribution | s mamh | archin fe | ac and | l arose | | | |
| J | L | _ | • | of functions—subject to certain ex | | | | - | | - | | | |
| | | · · | · | I unrelated business taxable inco | - | | | | | 1113 | | | |
| | | • • | • | , 1975 See section 509(a)(2). ((| • | | 11 (02) 11 | om busi | 103003 | | | | |
| 10 | | | • | clusively to test for public safety | • | , | a)/4) | | | | | | |
| 11 | Н | _ | • | clusively for the benefit of, to pe | | • | | carry on | t the | | | | |
| •• | ш | • | • | d organizations described in sect | | | | • | | tion | | | |
| | | | , , , , , | e type of supporting organization | , | | | | | | | | |
| | | a Type | | c Type III–Functiona | | | d | ĭ | e III–Otl | her | | | |
| е | | | □ | nization is not controlled directly | , , | | , | | | | | | |
| | ш | , | , , | nd other than one or more public | | | | • | | tion | | | |
| | | • | ection 509(a)(2) | · | | • | | | | | | | |
| f | | If the organiza | ation received a written deteri | mination from the IRS that it is a | Type I, Ty | pe II, or T | ype III s | upportin | g | | | | |
| | | organization, | check this box | | | | | | _ | | | | |
| 9 | | Since August | 17, 2006, has the organization | on accepted any gift or contribution | on from ai | ny of the | | | | | | | |
| • | | following per | sons? | | | | | | | | | | |
| | | (i) A person | who directly or indirectly cor | itrols, either alone or together wil | th persons | describe | d ın (ıı) | | | | | Yes | No |
| | | and (III) b | pelow, the governing body of | the supported organization? | | | | | | | 11g(ı) | | |
| | | (ii) A family | member of a person describe | ed in (i) above? | | | | | | | 11g(ıı) | | |
| | | (iii) A 35% c | ontrolled entity of a person de | escribed in (i) or (ii) above? | | | | | | | 11g(iii | | |
| h_ | | Provide the f | ollowing information about the | e supported organization(s) | | | | | | | | | |
| _ (ı) | Nam | e of supported | (ii) EIN | (iii) Type of organization | (IV) is the | rganization | , , , | ou notify | | s the | (viı) Am | ount of | |
| | org | janization | | (described on lines 1-9 above or IRC section | | sted in your | the organ | nzation in of your | organizat | ion in col zed in the | supp | ort | |
| | | | | (see instructions)) | governing | document? | | ort? | | S ? | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | - · · · | | İ | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | , | | | | | | | | | |
| Tota | <u> </u> | | | <u> </u> | <u> </u> | | | | <u> </u> | | | | |

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

| Sec | tion A. Public Support | | | | | | |
|-----|---|---|----------------------|-------------------------|----------------------|----------------|------------|
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 12,286,890 | 36,634,292 | 10,447,389 | 7,745,575 | 7,373,983 | 74,488,129 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 12,286,890 | 36,634,292 | 10,447,389 | 7,745,575 | 7,373,983 | 74,488,129 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 17,222,350 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 57,265,779 |
| Sec | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 12,286,890 | 36,634,292 | 10,447,389 | 7,745,575 | 7,373,983 | 74,488,129 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,023,331 | 2,975,298 | 2,875,822 | 1,913,553 | 1,690,548 | 11,478,552 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 158,650 | 158,650 |
| 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 | | | | | | 86,125,331 |
| 12 | Gross receipts from related activities, etc. (| • | | | | 12 | 602,836 |
| 13 | First five years. If the Form 990 is for the o | organization's first, se | econd, third, fourth | ı, or fifth tax year as | a section 501(c)(3 | 3) | |
| | organization, check this box and stop here | | | | | | • |
| Sec | tion C. Computation of Public Su | pport Percenta | ige | | _ | | |
| 14 | Public support percentage for 2009 (line 6, | • | • | f)) | | 14 | 66.49% |
| 15 | Public support percentage from 2008 Schei | dule A, Part II, line 1 | 4 | | | 15 | 73.93% |
| 16a | 33 1/3 % support test-2009. If the organi | zation did not check | the box on line 13 | , and line 14 is 33 1. | /3 % or more, chec | k this box | _ |
| | and stop here. The organization qualifies a | s a publicly supporte | ed organization | | | | ► X |
| b | 33 1/3 % support test—2008. If the organi | zation did not check | a box on line 13 o | r 16a, and line 15 is | 33 1/3 % or more, | check this | |
| | box and stop here. The organization qualifi | es as a publicly sup | ported organizatioi | n | | | ▶ [] |
| 17a | 10%-facts-and-circumstances test—2009 | . If the organization | did not check a bo | ox on line 13, 16a, o | r 16b, and line 14 i | s 10% or | |
| | more, and if the organization meets the "fac | ts-and-circumstance | es" test, check this | box and stop here | . Explain in Part IV | how the | |
| | organization meets the "facts-and-circumsta | ances" test. The org. | anization qualifies | as a publicly suppor | rted organization | | ▶ [] |
| b | 10%-facts-and-circumstances test—2008 | - | • | | • | e 15 is 10% or | <i>ب</i> |
| | more, and if the organization meets the "fac | cts-and-circumstance | es" test, check this | box and stop here | . Explain in Part IV | | . □ |
| 18 | organization meets the "facts-and-circumsta | | | | - | stauctions | |

(e) 2009

(d) 2008

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(b) 2006

(c) 2007

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

(a) 2005

| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | | | _ |
|-----|--|---------------------------------------|----------------------|------------------------|----------------------|----------|------|--------------|------------|
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | | |
| С | Add lines 7a and 7b | | <u> </u> | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | | | |
| | line 6) | | | | | | | | |
| - | tion B. Total Support | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Cal | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 |) | (f) Tota | al |
| 9 | Amounts from line 6 | | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | | |
| C | Add lines 10a and 10b | | | | | | | | |
| 11 | Net income from unrelated business activities not included 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) | | | L | l | | | · | |
| 14 | First five years. If the Form 990 is for the | | second, third, fourt | h, or fifth tax year a | is a section 501(c)(| 3) | | | ۲ |
| | organization, check this box and stop here | | | | | | | | <u> </u> |
| Sec | tion C. Computation of Public Su | | | | | | | | |
| 15 | Public support percentage for 2009 (line 8, | `` | • | (f)) | | - | 15 | | <u>%</u> |
| 16_ | Public support percentage from 2008 Sche | | | | | | 16 | | % |
| | tion D. Computation of Investme | | | | | | 4- [| | |
| 17 | Investment income percentage for 2009 (lin | | • | olumn (†)) | | } | 17 | | <u>%</u> |
| 18 | Investment income percentage from 2008 | | | 14 and he = 45 | acc than 22 4/2 2/ | ا سالمم | 18 | | <u>%</u> |
| 19a | 33 1/3 % support tests—2009. If the orga | | | | | | | | |
| L | 17 is not more than 33 1/3 %, check this bo | | = | - | = | | | | |
| b | 33 1/3 % support tests—2008. If the orga line 18 is not more than 33 1/3 %, check the | | | | | | | | ⊾Г |
| 20 | Private foundation. If the organization did | • | • | • | , | | | | 5 - |
| 20 | i nvate roundation. It the organization did | HOLGIECK & DOX OF | 1 mic 17, 130, 0/ 18 | D, GIEGA IIIS DUX 2 | ing see monucuons | <u> </u> | | | <u>- 1</u> |

Schedule A (Form 990 or 990-EZ) 2009 DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

Employer identification number

| D. | ALLAS JEWISH COMMUNITY FOUNDATION | | <u>75</u> -2 | 836123 | | | |
|-----|--|--|--------------|---------------------------------|--|--|--|
| Pa | rt I Organizations Maintaining Donor Advised Fun | | | | | | |
| | the organization answered "Yes" to Form 990, P | art IV, line 6 | | | | | |
| | | (a) Donor advised funds | (b) | Funds and other accounts | | | |
| 1 | Total number at end of year | 346 | | | | | |
| 2 | Aggregate contributions to (during year) | | | 5,687,955 | | | |
| 3 | Aggregate grants from (during year) | | | 6,124,635 | | | |
| 4 | Aggregate value at end of year | 28,107,808 | | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the | ne assets held in donor advised | | | | | |
| | funds are the organization's property, subject to the organization's exclusi | ve legal control? | | X Yes No | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in wr | iting that grant funds can be | | | | | |
| | used only for charitable purposes and not for the benefit of the donor or d | onor advisor, or for any other | | | | | |
| | purpose conferring impermissible private benefit? | | | X Yes No | | | |
| _Pa | art II Conservation Easements. Complete if the orga | | 990, Pa | art IV, line 7 | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check al | | | | | | |
| | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically impo | | area | | | |
| | Protection of natural habitat Preservation of certified historic structure | | | | | | |
| | Preservation of open space | | | | | | |
| 2 | | | | | | | |
| | easement on the last day of the tax year | | | | | | |
| | | | | Held at the End of the Tax Year | | | |
| а | Total number of conservation easements | | 2a | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | |
| С | · · · · · · · · · · · · · · · · · · · | | | | | | |
| d | d Number of conservation easements included in (c) acquired after 8/17/06 2d | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extin | guished, or terminated by the organization (| during | | | | |
| | the taxable year | | | | | | |
| 4 | Number of states where property subject to conservation easement is loc | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic monitor | ring, inspection, handling of | | | | | |
| _ | violations, and enforcement of the conservation easements it holds? | | | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing | g conservation easements during the year | | | | | |
| _ | - | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing cor | iservation easements during the year | | | | | |
| _ | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | requirements of section | | □ vos □ No | | | |
| ^ | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | to in its revenue and surpage statement of | ad | Yes No | | | |
| 9 | 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes | | | | | | |
| | the organization's accounting for conservation easements | gamzation s imaniciai statements that descri | vca | | | | |
| P | art III Organizations Maintaining Collections of Art, I | Historical Treasures or Other Si | milar A | ssets | | | |
| • | Complete if the organization answered "Yes" to | | | 000.0. | | | |
| | If the organization elected, as permitted under SFAS 116, not to report in | | orks of | | | | |
| | art, historical treasures, or other similar assets held for public exhibition, e | | | ·. | | | |
| | provide, in Part XIV, the text of the footnote to its financial statements tha | • | | • | | | |
| b | If the organization elected, as permitted under SFAS 116, to report in its r | | s of art. | | | | |
| | historical treasures, or other similar assets held for public exhibition, educ | | • | | | | |
| | provide the following amounts relating to these items | | , | | | | |
| | (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, historical treasures, or of | her similar assets for financial gain, provide | the | · | | | |
| _ | following amounts required to be reported under SFAS 116 relating to the | · · · · · · · · · · · · · · · · · · · | | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | • | \$ | | | |
| b | Assets included in Form 990, Part X | | • | \$ | | | |
| - | | | | · | | | |

| Sche | dule D (Form 990) 2009 DALLAS JEW | ISH COMMUNIT | I FOUNDATI | ON | <u> 75-28.</u> | 36123 | | | P | age 2 |
|----------|--|------------------------------|--------------------------|---------------|----------------|---------------|-------------|-----------|-------|-------|
| Pa | rt III Organizations Maintaining C | Collections of Art, F | listorical Treas | ures, or | Other S | imilar As | sets (| continu | ed) | |
| 3 | Using the organization's acquisition, accession, collection items (check all that apply) | and other records, check | any of the following the | hat are a sı | gnificant u | ise of its | | | | |
| а | Public exhibition | d Loan o | r exchange program | s | | | | | | |
| b | Scholarly research | e Other | 3, 3 | | | | | | | |
| С | Preservation for future generations | _ | | | - | | _ | | | |
| 4 | Provide a description of the organization's collect Part XIV | tions and explain how the | y further the organiza | ation's exer | npt purpos | se in | | | | |
| 5 | During the year, did the organization solicit or recassets to be sold to raise funds rather than to be | | | | r | | | Ye | | No |
| Da | art IV Escrow and Custodial Arrar | | | | wered "\ | Ves" to Fo | rm 90 | | | , 140 |
| Га | IV, line 9, or reported an amo | _ | • | uon ansi | wereu | ו כס נטונ | שני ווות | U, Fait | | |
| 10 | | | | | | | | | | |
| Id | Is the organization an agent, trustee, custodian of included on Form 990, Part X? | or other intermediary for co | onunbutions of other | assets not | | | | □ v- | | 7 |
| _ | | l complete the following to | blo | | | | | ∐ Ye | s | No |
| O | If "Yes," explain the arrangement in Part XIV and | complete the following ta | ible | | | | | Amount | | |
| _ | Danishina balanca | | | | | 4- | - | Amount | | |
| | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | 1d | | | | |
| _ | Distributions during the year | | | | | 1e 1f | | | | |
| f 20 | Ending balance | 000 Dad V Iva 212 | | | | | Ĺ | | | T |
| | Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIV | 990, Falt A, line 217 | | | | | | Ye | s (| No |
| | irt V Endowment Funds. Comple | te if organization an | swered "Ves" to | Form 90 | 90 Part | IV line 1 | <u></u> | | | |
| <u> </u> | Endowment runds. Comple | (a) Current year | (b) Prior year | (c) Two ye | | (d) Three yea | | (e) Four | vears | back |
| 12 | Beginning of year balance | 23,676,075 | 25,640,627 | (0) | -ale saek | (4) 100) 0. | III DOGIN | (0) : 02: | 700.0 | |
| | Contributions | 1,962,925 | 3,554,130 | | | | | | | |
| | Net investment earnings, gains, | 2/302/323 | 3,001,230 | | | | | | | |
| ٠ | and losses | 2,790,396 | -2,179,590 | | | | | | | |
| А | Grants or scholarships | | 2,2:3,030 | | - | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| Ŭ | and programs | 3,219,270 | 3,107,529 | | | | | | | |
| f | Administrative expenses | 355,391 | 231,563 | | | | | | | |
| g | End of year balance | 24,854,735 | 23,676,075 | | | | | | | |
| 2 | Provide the estimated percentage of the year en | | | | | | | | | |
| | Board designated or quasi-endowment ▶ | 87.00% | | | | | | | | |
| | Permanent endowment ► 9.00 % | | | | | | | | | |
| С | Term endowment ▶ 4.00 % | | | | | | | | | |
| | Are there endowment funds not in the possession | n of the organization that | are held and adminis | stered for th | ne | | | | | |
| | organization by | - | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | 3a(ii) | X | |
| b | If "Yes" to 3a(II), are the related organizations list | ted as required on Schedi | ule R? | | | | | 3b | X | |
| 4 | Describe in Part XIV the intended uses of the organization | ganization's endowment fu | ınds | | | | | | | |
| Pa | rt VI Investments—Land, Buildin | gs, and Equipment | . See Form 990 | , Part X, | line 10. | | | | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or oth | er | (c) Acci | umulated | | (d) Book | value | |
| | | (investment) | basis (other) | · | depre | ciation | | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | <u> </u> | | | | | | | | |
| | Other | | | | | | | | | |
| Tota | . Add lines 1a through 1e (Column (d) must equa | al Form 990, Part X, colum | n (B), line 10(c)) | | | | <u> </u> | | | |

Schedule D (Form 990) 2009

DALLAS JEWISH COMMUNITY FOUNDATION

Schedule D (Form 990) 2009

75-2836123

Page 3

organization's liability for uncertain tax positions under FIN 48

| Scher | dule D (Form 990) 2009 DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 | 3 | Page 4 |
|--------|--|-------|--------------|
| | art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme | | r ugc_+ |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |
| Pa | art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu | ırn | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | | | |
| С | Recoveries of prior year grants 2c | | |
| | | | |
| | | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | | | |
| b | | | |
| | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | , |
| Pa | art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | eturn | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities 2a | | |
| b | Prior year adjustments 2b | | |
| С | Other losses 2c | | |
| d | Other (Describe in Part XIV) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | | 5 | |
| | art XIV Supplemental Information | | - |
| | plete 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 | | |
| | 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete | | |
| this p | part to provide any additional information | | |
| | | | |
| | | | |
| | - | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Schedule D (Fo | rm 990) 2009 | DALLAS | JEWISH | COMMUNITY | FOUNDATION | 75-2836123 | Page 5 |
|----------------|--------------|-----------------------|---------------|--------------|----------------|--------------|--------------|
| Part XIV | Supplem | DALLAS nental informa | ation (contin | ued) | <u> </u> | <u> </u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | - - | | | |
| | | | | | | | |
| | | | | - | - - | | - - |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | - - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | _ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | . | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2009

Open to Public

Inspection

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

Attach to Form 990.

Employer identification number

Ŷ COMMUNITY DEVELOPMEN COMMUNITY DEVELOPMEN × YOUTH DEVELOPMENT ELDERLY SERVICES Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance ARTS, CULTURE Yes EDUCATIONAL Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to EDUCATIONAL EDUCATIONAL EDUCATIONAL (g) Description of non-cash assistance 75-2836123 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa), assistance other) 7,200 34,775 6,000 11,850 11,000 114,750 20,000 1,000,000 16,250 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States DALLAS JEWISH COMMUNITY FOUNDATION (c) IRC section f applicable ო ന ო ന ო ന ന ന ო 23-1365179 75-2819936 75-0808797 06-0646973 TX 75252-5804 02-0699665 02-0811021 03-0435268 04-2103634 06-0790484 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance CAPITAL CAMPAIGN- GDJC EXPENSE REIM THE LEGACY SENIOR COMMUNITIES, INC JEWISH FEDERATION OF FORT WORTH & UNIVERSITY OF PENNSYLVANIA-HILLEL TX 75230 TX 76109 75024 TX 75230 CT 06103 PA 19104 02155 CT 6511 (a) Name and address of organization JEWISH EDUCATIONAL EXPERIENCE 6101 OHIO DRIVE, SUITE 100 TRUSTEES OF TUFTS COLLEGE Æ HARTFORD STAGE COMPANY 215 SOUTH 39TH STREET TEXAS TORAH INSTITUTE 4049 KINGSRIDGE ROAD 17738 DAVENPORT ROAD 7800 NORTHAVEN ROAD 220 PACKARD AVENUE 50 CHURCH STREET 5840 FOREST LANE YALE UNIVERSITY 105 WALL STREET PHILADELPHIA FORT WORTH NEW HAVEN HARTFORD MEDFORD DALLAS DALLAS DALLAS Part II Part PLANO

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2009

| Form 990, Part IV, line 22 | | (e) Method of valuation (book, Yukana) (f) Description of non-cash assistance FMV, appraisal, other) | | |
|---|---|--|--|--|
| ation answered "Yes" to f | | (e) Method of valuation (boc FMV, appraisal, other) | | |
| nplete if the organiza | - | (d) Amount of non-cash assistance | | |
| • United States. Cor | nal space is needed | (c) Amount of cash grant | | |
| to Individuals in the | (Form 990) if additio | (b) Number of recipients | | |
| Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 | Use Part IV and Schedule I-1 (Form 990) if additional space is needed | (a) Type of grant or assistance | | |
| Part III | | | | Target and the same of the sam |

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

THE ORGANIZATION DOES MONITOR AND ENSURE THAT THE CHARITABLE PURPOSES ARE

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SATISFIED.

| Ξ | |
|---|-----|
| Щ | 6 |
| 둞 | 99 |
| Ш | Ε |
| 끙 | Por |
| S | = |

Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

Schedule I (Form 990), Part II or Part III.

Attach to Form 990 to list additional information for

Open to Públic

Inspection

OMB No 1545-0047 2009

ARTS, CULTURE Schedule 1-1 (Form 990) 2009 **Employer Identification number** (h) Purpose of grant or assistance PUBLIC AFFAIRS PUBLIC AFFAIRS HUMAN SERVICE INTERNATIONAL HUMAN SERVICE HUMAN SERVICE HUMAN SERVICE ARTS, CULTURE 75-2836123 EDUCATIONAL EDUCATIONAL Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash assistance ,050 5,190 970 8,500 9,380 58,320 15,200 7,860 5,060 25,000 25,000 32, DALLAS JEWISH COMMUNITY FOUNDATION For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable m m ო m ო 11-3459952 13-0887640 13-1624240 13-2867442 13-2887439 13-3391844 13-1624104 13-1656634 13-2572288 13-1656651 13-3275531 (p) EIN 10027-4649 10004-1010 NY 10017-4014 NY 10101-0745 NY 10036-4603 ١ ١ I B'NAI ZION FOUNDATION - TEXAS REGIO JEWISH THEOLOGICAL SEMINARY OF AMER OHR TORAH STONE COLLEGES AND GRADUA JEWISH FEDERATIONS OF NORTH AMERICA NY 10036 11210 AMERICAN JEWISH JOINT DISTRIBUTION 10019 75254 JEWISH COUNCIL FOR PUBLIC AFFAIRS I 49 WEST 45TH STREET, SUITE 701 (a) Name and address of organization AMERICAN FRIENDS OF YAD ELIEZER 711 THIRD AVENUE LIOTH FLOOR _311 WEST_43RD_ST., SUITE 302_ 7920 BELTLINE ROAD, SUITE 695 MANHATTAN CLASS COMPANY, INC. l ½ X X ١ ١ ļ 12800 HILLCREST RD, #219 25 BROADWAY, SUITE 1700 or government 1102 E. 26TH STREET ANTI-DEFAMATION LEAGUE ١ 130 WEST SETH STREET 116 EAST 27TH STREET NEW YORK CITY CENTER I Ī 3080 BROADWAY _P._O._BOX 745_ Name of the organization NEW YORK HADASSAH NEW YORK BROOKLYN NEW YORK NEW YORK NEW YORK NEW YORK DALLAS DALLAS Part I

| Ξ | |
|---|----|
| Ш | 6 |
| 둞 | 99 |
| 圓 | Ε |
| 끙 | ō |
| Ñ | 느 |

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Públic Inspection

| Iliterital Neverine Service | | CIBBOLIOO | | | | | |
|--|-----------------------------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| Name of the organization DALLAS JEWISH COMMUNITY | | FOUNDATION | | | | Emp 75 | Employer identification number 75-2836123 |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), | Assistance to | Governments | and Organization | ons in the United | States (Sche | dule I (Form 990) | , Part II.) |
| | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. ZND FLOOR NEW YORK NEW YORK | 13-3433452 | ε | 001,11 | | | | HUMAN SERVICE |
| OF ISRAEL SCOUTS, INCESTED ST. — — — NY | 13-3843506 | ო | 25,000 | | | | ARTS, CULTURE |
| HI ISRAEL FOUNDATION THIRTY THIRD ST. 7TH NY | 13-3931912 | м | 29,180 | | | | 1 !! |
| C. 36TH STREET BTH 1 | 13-4087102 | 8 | 000'9 | | | | ENVIRONMENTAL |
| AMERICAN JEWISH COMMITTEE 12720 HILLCREST ROAD, #210 DALLAS TX 75230 | 13-5563393 | ε | 38,310 | | | | PUBLIC AFFAIRS |
| UNION OF ORTHODOX JEWISH CONGREGATI 11 BROADWAY NEW YORK NY 10004 | 13-5623717 | ε | 5,864 | | | | RELIGION |
| TORAH DAY SCHOOL OF DALLAS 6921 FRANKFORD ROAD | 16-1626550 | 3 | 14,750 | | | | EDUCATIONAL |
| PLANNED PARENTHOOD OF NORTH TEXAS 7424 GREENVILLE AVENUE #206 DALLAS TX 75231 | 20-1121091 | 8 | 169'19 | | | | HEALTH, GENERAL |
| CAMP SABRA 2 MILLSTONE CAMPUS DR. — — — — ST. LOUIS MO 63146 | 20-1283160 | 3 | 000,71 | | | | YOUTH DEVELOPMENT |
| | 20-2915395 | 3 | 005'9 | | | | RELIGION |
| NORTH TEXAS HILLEL - UNT HILLEL 7800 NORTHAVEN ROAD 3 DALLAS For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | 20-3712189 see the Instruction | 3 ns for Form 990. | 25,780 | | | | YOUTH DEVELOPMENT Schedule 1-1 (Form 990) 2009 |
| נהביה יייניים מאסי יייניים ייינים יינים ייינים יינים יינים ייינים ייינים ייינים ייינים ייינים ייינים ייינים ייינים | | | | | | | |

SCHEDULE 1-1 (Form 990) Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

2009

OMB No 1545-0047

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Públic Inspection

Schedule I-1 (Form 990) 2009 Employer identification number (h) Purpose of grant YOUTH DEVELOPMENT DISEASE/DISORDER or assistance HUMAN SERVICE ARTS, CULTURE CULTURE EDUCATIONAL 75-2836123 RELIGION RELIGION RELIGION Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II OTHER ARTS, non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, (e) Amount of non-cash assistance 25,000 (c) IRC Code section (d) Amount of cash grant 000 6,000 12,860 11,250 8,750 20,715 31,500 5,104 12,414 46,850 DALLAS JEWISH COMMUNITY FOUNDATION if applicable m 3 20-5014628 22-6017975 23-7024262 23-7086643 23-7086643 32-0080766 22-3551013 23-7305164 23-7436203 26-0850444 26-1670104 (b) EIN 07962-1996 02116-3105 CA 95747-7198 l 1 NORTHAVEN CHARITABLE GIVING FOUNDAT SOCIETY FOR CLASSICAL REFORM JUDAIS 10036 OKLAHOMA CITY COMMUNITY FOUNDATION 73102 55902 TX 75230 NY 10018 NY 10036 75080 (a) Name and address of organization FOUNDATION FOR JEWISH CAMP, INC. 10016 FOOTHILLS BLVD., STE 130 15 WEST 36TH ST. LISTH FLOOR 311 WEST 43RD ST., SUITE 302_ 311 WEST 43RD ST., SUITE 302 MYOTONIC DYSTROPHY FOUNDATION RABBINICAL COLLEGE OF AMERICA 片 ž ¥ ž ¥ ١ or government CONGREGATION BETH TORAH DALLAS COMMUNITY KOLLEI MANHATTAN THEATRE CLUB MANHATTAN THEATRE CLUB B'NAI ISRAEL SYNAGOGUE 150 SEVENTH AVENUE SW 720 W. LOOKOUT DRIVE 7800 NORTHAVEN ROAD 1000 N. BROADWAY 6131 CHURCHILL WAY 15 NEWBURY STREET P. 0. BOX 1996 Name of the organization Internal Revenue Service OKLAHOMA CITY MORRISTOWN RICHARDSON ROSEVILLE ROCHESTER NEW YORK NEW YORK NEW YORK DALLAS BOSTON Part I

| Ξ | |
|------------|----|
| Щ | 6 |
| 둞 | 99 |
| Ή | E |
| \ddot{o} | ē |
| ഗ | = |

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Públic Inspection

| Illelliai Nevelide Selvice | | Concount | , on 300/, alt. | or a com. | | | |
|--|---------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| Name of the organization DALLAS JEWISH COMMUNITY FOUNDATION | MMUNITY 1 | FOUNDATION | | | | Emp 75 | Employer identification number 75–2836123 |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), | Assistance to | 5 Governments | and Organizatic | ons in the United | States (Sche | dule I (Form 990) | Part II) |
| | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ARMOI- AFMOA MIDWEST REGION 3175 COMMERCIAL AVE, STE 101 NORTHBROOK | 36-2443175 | m | 6,110 | | | | DISASTER RELIEF |
| MAYO CLINIC 200 FIRST STREET SW | 41-6011702 | м | 20,000 | | | | MEDICAL RESEARCH |
| HONY & OPERA SOUTH TEMPLE CITY UT | 51-0145980 | m | 10,000 | | | | ARTS, CULTURE |
| DALLAS HEBREW FREE LOAN ASSOCIATION | 51-0148138 | | 000'9 | | | | HUMAN SERVICE |
| UNITED STATES HOLOCAUST MEMORIAL MU 5925 FOREST LANE SUITE 517 DALLAS TX 75230-2889 | 52-1309391 | 3 | 10,000 | | | | ARTS, CULTURE |
| GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD | 59-0624404 | ε | 10,000 | | | | COMMUNITY DEVELOPMEN |
| UNIVERSITY OF MIAMI 5665 PONCE DE LEON BOULEVARD CORAL GABLES FL 33146 | 59-0624458 | ю | 20,000 | | | | EDUCATIONAL |
| THE SHUL OF BAL HARBOUR 9540 COLLINS AVENUE SURFSIDE FL 33154 | 59-2302315 | ю | 29,000 | | | | RELIGION |
| OF BAL HARBOUR LINS AVENUE | 59-2302315 | м | 5,400 | | | | RELIGION |
| ASOLO REPERTORY THEATER INC. 5555 NORTH TAMIAMI TRAIL SARASOTA FL 34243 | 59-2717909 | ĸ | 18,750 | | | | ARTS, CULTURE |
| RESHER LD, INC. | 65-0591858 | 3 ns for Form 990 | 18,000 | | | | EDUCATIONAL Schedule 1.1 (Form 990) 2009 |
| | | | | | | | Screenie 1-1 (1 01111 530) 2003 |

| Ξ | |
|---|----|
| Щ | 6 |
| ₹ | 99 |
| | Ε |
| 동 | ō |
| Ñ | F |

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009 OMB No 1545-0047

2009
Open to Public Inspection

| Name of the organization DALLAS JEWISH COMMUNITY | | FOUNDATION | | | | Emp 75 | Employer identification number 75-2836123 |
|---|--------------------|------------------------------------|--------------------------|--------------------------------------|---|--|---|
| | Assistance to | Governments | and Organizatio | ons in the United | 1 States (Sche | (Form 9 | Part II) |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | • |
| WACO TX 76714-8031 | 74-1167963 | m | 20,000 | | | | COMMUNITY DEVELOPMEN |
| P. O. BOX 8031 | 74-1167963 | r | 10.000 | - | | | |
| ERSITY OF TEXAS AT AUSTIN | | | 227 | | | | |
| P O BOX 7727 TX | 74-1587488 | m | 20,000 | | | | EDUCATIONAL |
| AL JEWISH HEALTH | | | | | | | |
| 1400 _JACKSON STREET | 74-2044647 | 8 | 10,950 | | | | MEDICAL RESEARCH |
| ADVISORY BOARD BOOKER T. WASHINGTON | | | | | _ | | |
| 2501 <u>FLORA STREET</u> | 74-3068174 | m | 7,500 | | | | EDUCATIONAL |
| CAMP YOUNG JUDAEA | | | | | | | |
| 9647 HILLCROFT TX 77096 | 74-6063430 | æ | 22,150 | | | | YOUTH DEVELOPMENT |
| DALLAS SYMPHONY ASSOCIATION | | | | | | | |
| | 75-0705442 | (r | 61,500 | | | | GOTTE TITO STOR |
| SYMPHONY ORCHESTRA | | | | | | | . |
| 2301_FIORA | 75-0705442 | m | 24,857 | | | | ARTS. CULTURE |
| AMERICAN RED CROSS/DALLAS AREA CHAP | | | | | | | J |
| ARRY HINES BLVD | , | , | | | | | |
| DALLAS TX 75235-7717 | 75-0800605 | 3 | 10,375 | | | | DISASTER RELIEF |
| CHILDREN'S MEDICAL CENTER OF DALLAS | | | | | | | |
| DALLAS TX 75235 | 75-0800628 | 3 | 11,300 | | | | HEALTH, GENERAL |
| NATIONAL COUNCIL OF JEWISH WOMEN | | | • | | | | |
| 6025_ROYAL_LANE, SUITE_#219-9 DALLAS | 75-0800635 | m | 12,150 | | | | HUMAN SERVICE |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form | see the Instructio | ins for Form 990. | | | | | Schedule I-1 (Form 990) 2009 |

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

Schedule I (Form 990), Part II or Part III.

► Attach to Form 990 to list additional Information for

2009 Open to Públic Inspection

| Name of the organization DALLAS JEWISH COMMUNITY | | | | | | | |
|--|------------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| | | FOUNDATION | | | | Emp 75 | Employer identification number 75-2836123 |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), | tance to Gov | ernments | and Organizatio | ns in the Unite | d States (Sche | dule I (Form 990) | Part II.) |
| (a) Name and address of organization or government | (b) EIN (c) IRO | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AY SCHOOL WELCH ROAD | | (| | | | | |
| C966-627C/ VI | 000000-07 | | 000,01 | | | | EDUCATIONAL |
| JEWISH FEDERATION OF GREATER DALLAS | 75-0800654 | m | 2,147,775 | | | | COMMUNITY DEVELOPMEN |
| COMMUNITY RELATIONS COUNCIL | | | | | | | |
| | 75-0800654 | m | 6,820 | | | | PUBLIC AFFAIRS |
| TEMPLE EMANU-EL | - | | | | | | |
| 8500_HILLCREST_ROAD | 75-0808773 | т | 110,244 | | | | RELIGION |
| DALLAS MUSEUM OF ART | | | | | | | |
| 1717 NORTH HARWOOD TX 75201-2398 75-08 | 75-0808774 | 3 | 7,160 | | | | ARTS, CULTURE |
| TEXAS SCOTTISH RITE HOSPITAL FOR | | | | | | | |
| 2222 WELBORN STREET | 75-0818178 | m | 11,072 | | | | HEALTH, GENERAL |
| ST. MARK'S SCHOOL OF TEXAS | - | | | | | | |
| 10600 PRESTON ROAD TX 75230 75-08 | 75-0827460 | m | 78,475 | | | | EDUCATIONAL |
| CONGREGATION TIFFERT ISRAEL | | | • | | | | |
| 10909_HILICREST_ROAD | 75-0871724 | m | 12,361 | · | | | RELIGION |
| HOME FOR JEWISH AGED, INC. | | | | | | | |
| OHIO DRIVE, SUITE 100 | | | (| | | | |
| | 13-00/T/33 | 0 | CTT / OT | | | | HOUSING, SHELTER |
| — — — — — — — — — — — — — — — — — — — | 75-095999 | r | 08 R | | | | ECTIVITIES SHOK |
| GATION SHEARITH ISRAEL | | | | | | | .l |
| 9401_DOUGLAS AVENUE | 75-0976060 | ო | 479,398 | | | | RELIGION |
| y Act and Paperwork Reduction Act Notice, se | Instructions for | Form 990. | | | | | Schedule I-1 (Form 990) 2009 |

SCHEDULE 1-1 (Form 990)

Department of the Treasury internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009

Open to Public Inspection

| | | | | | | - | |
|--|---------------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| Name of the organization DALLAS JEWISH COMMUNITY FOUNDATION | MMUNITY | FOUNDATION | | | | Emp. 75 | Employer identification number 75–2836123 |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), | Assistance to | 5 Governments | and Organizatio | ins in the United | States (Sche | dule I (Form 990) | , Part II) |
| (a) Name and address of organization or government | (p) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GREENHILL SCHOOL 4141 SPRING VALLEY ROAD ADDISON TX 75001-3683 | 75-1022742 | м | 52,220 | | | | . EDUCATIONAL |
| SUMMER MUSICALS, INC. | 75-1104793 | m | 5.140 | | | | ARTS. CULTURE |
| ACADEMY OF DALLAS MERIT DRIVE TX | 75-1151383 | m | 179,977 | | | | . 5 |
| SHALOM LPHA_ROAD | 75-1231572 | m | 57,710 | | | | RELIGION |
| LL SCHOOL PRESTON ROAD TX | 75-1406064 | ю | 15,000 | | | | EDUCATIONAL |
| JEWISH COMMUNITY CENTER | 75-1461847 | ဧ | 429,131 | | | | COMMUNITY DEVELOPMEN |
| NE SHELTON SCHOOL & EVANILLECEREST ROAD TX | 75-1507280 | m | 37,350 | | | | EDUCATIONAL |
| [\frac{1}{2}\] | 75-1528433 | m | 86,275 | | | | XOUTH DEVELOPMENT |
| BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE, SUITE 100 DALLAS TX 75246-1801 | 75-1606705 | m | 11,650 | - | | | HEALTH, GENERAL |
| CONGREGATION ANSHAI TORAH 5501 WEST PARKER ROAD TX 75093 | 75-1704418 | Э | 961,09 | | | | |
| NORTH TEXAS FOOD BANK P_O_BOX 676059TX 75267-6059 | 75-1785357 | ო | 16,690 | | | | FOOD, NUTRITION |
| y Act and Paperwork Reduc | see the Instruction | ons for Form 990. | | | | | Schedule I-1 (Form 990) 2009 |

| Ξ | |
|---------------|----|
| Щ | 6 |
| 쿮 | 99 |
| 亘 | Ę |
| $\frac{3}{2}$ | ē |
| S | = |

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Públic Inspection

| Name of the organization Name of the Organization Name of the Organization | | FOUNDATION | | | | Emp. 75 | Employer identification number 75–2836123 |
|--|---------------------|------------------------------------|--------------------------|-----------------------------------|---|---|---|
| | Assistance to | o Governments | and Organizatic | ons in the United | 3 States (Sche | and Organizations in the United States (Schedule I (Form 990) | , Part II) |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EQUEST - P O BOX 192747 | 75-1823701 | က | 10,000 | | | | HEALTH, GENERAL |
| CASA - DALLAS 2815 GASTON AVE | 75-1866204 | m | 5,600 | | | | . CIVIL RIGHTS |
| ITY HOMES FOR ADULIS, OYAL LANE, SUITE 634-2 TX | 75-1894451 | E. | 24,754 | | | | HOUSING, SHELTER |
| DALLAS CHILDREN'S THEATER 5938 SKILLAMAN | 75-1967052 | 3 | 5, 600 | | | | ARTS, CULTURE |
| JEWISH FAMILY SERVICE 5402 ARAPAHO ROAD DALLAS TX 75248-7098 | 75-1992728 | ĸ | 205,256 | | | | HUMAN SERVICE |
| TEXAS HEALTH PRESBYTERIAN FOUNDATIO 8440 WALNUT HILL LANE SUITE 800 LB DALLAS TX 75231-3833 | 75-2022128 | e. | 30,000 | | | | HEALTH, GENERAL |
| DALLAS WOMEN'S FOUNDATION 4300 MACARTHUR AVE. #255 DALLAS TX 75209 | 75-2048261 | ဧ | 37,500 | | | | PHILANTHROPY |
| CONGREGATION SHARE TEFILLA 6131 CHURCHILL WAY | 75-2082492 | m | 75,341 | | | | RELIGION |
| FRIENDS OF KERA | 75~2084961 | ന | 6,500 | | | | ARTS, CULTURE |
| DALLAS HOLOCAUST MUSEUM/CENTER FOR 211 NORTH RECORD ST., STE. 100 DALLAS TX 75202-3361 | 75-2113723 | ĸ | 95,941 | | | | ARTS, CULTURE |
| DALLAS JEWISH COALITION, INC. 7557 RAMBLER, SUITE 262 — — — — — DALLAS — TX 75231 | 75-2133827 | | 18,863 | | | | HOUSING, SHELTER |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form | see the Instruction | ons for Form 990. | | | | | Schedule I-1 (Form 990) 2009 |

| Ξ | |
|---|----|
| Щ | 6 |
| ⋾ | 99 |
| 品 | Ξ. |
| H | 50 |
| S | Ē |
| | |

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009

Open to Públic Inspection

| Internal Revenue Service | | Octionale | שמום ז (ז סוווו ששט), ר מו ר וו | or raitin. | | | |
|--|---------------------|------------------------------------|---------------------------------|-----------------------------------|---|--|---|
| Name of the organization DALLAS JEWISH COMMUNITY FOUNDATION | MAMONITY | FOUNDATION | | | | Emp 75 | Employer identification number 75–2836123 |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990). | Assistance to | o Governments | and Organizatio | ons in the United | States (Sche | dule I (Form 990) | Part II) |
| (a) Name and address of organization or government | (p) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DALLAS JEWISH HISTORICAL SOCIETY 7900 NORTHAVEN ROAD TX 75230 | 75-2156817 | m | 34.973 | | | , | ARTS, CULTURE |
| AREA TORAH ASSOCIATIO | 75-2246229 | | 49.480 | | | | ! !: |
| LUBAVITCH OF DALLAS EVELLAND RD TX | 75-2292127 | n m | 8,156 | | | | RELIGION |
| ACADEMY MERIT DRIVE TX | 75-2470261 | , m | 239,048 | | | | EDUCATIONAL |
| SE ACADEMY ESCO PLACE TX | 75-2655587 | ო | 14,209 | | | | EDUCATIONAL |
| THE WISE ACADEMY 6938 DESCO PLACE | 75-2655587 | m | 12,003 | | | | EDUCATIONAL |
| ANN AND NATE LEVINE ACADEMY, A SOLO 18011 HILLCREST ROAD | 75-2714693 | | 82,333 | | | | EDUCATIONAL |
| ANN AND NATE LEVINE ACADEMY, A SOLO 18011 HILLCREST ROAD TX 75252-5863 | 75-2714693 | ო | 24,421 | | | | EDUCATIONAL |
| D NATE LEVINE ACADEMY, HILLCREST ROAD TX | 75-2714693 | m | 19,161 | | | | EDUCATIONAL |
| ANN AND NATE LEVINE ACADEMY, A SOLO 18011_HILLCREST ROAD DALLAS TX 75252-5863 | 75-2714693 | ന | 18,831 | | | | EDUCATIONAL |
| ANN AND NATE LEVINE ACADEMY, A SOLO 18011 HILLCREST ROAD DALLAS Experiment Act and Bancauck Beduction Act Notice see the Instructions for Error 990 | 75-2714693 | 3 Superference and agon | 18,695 | | | | EDUCATIONAL |
| FOR Privacy Act and Faperwork Acquesion Act isoures, | אפפ חום וווסח מכניי | OIIS IOI 101111 330. | | | | | Schedule I-1 (Form 990) Avos |

| <u> </u> | |
|----------|---------|
| 빌 | 6 |
| ü | 99 1 |
| 풍 | orm |
| Ñ | Щ. |

Department of the Treasury

Part

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule I-1 (Form 990) 2009 COMMUNITY DEVELOPMEN COMMUNITY DEVELOPMEN COMMUNITY DEVELOPMEN COMMUNITY DEVELOPMEN COMMUNITY DEVELOPMEN COMMUNITY DEVELOPMEN Employer identification number (h) Purpose of grant or assistance ARTS, CULTURE ARTS, CULTURE EDUCATIONAL EDUCATIONAL 75-2836123 RELIGION Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II. non-cash assistance (g) Description of (e) Amount of non-cash (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant 10,000 10,000 250,000 150,000 20,000 11,178 10,000 10,000 9,850 200,000 200,000 DALLAS JEWISH COMMUNITY FOUNDATION if applicable m m 75-2803545 75-2819936 75-2819936 75-2819936 75-2819936 75-2819936 75-2819936 75-6004746 75-2714693 75-2714693 75-2890923 (p) EIN ١ 75252-5863 75252-5863 I 1 1 ı DALLAS CENTER FOR THE PERFORMING AR 75230 75230 75230 75230 75230 75230 75230 75201 2403 FLORA STREET, SUITE 500 (a) Name and address of organization ΤX X X Ä ۱¥ 2100 ROSS AVENUE SUITE 650 ۱ă ΙX ΙÄ ANN AND NATE LEVINE ACADEMY Ä ANN AND NATE LEVINE ACADEMY ١ or government CONGREGATION OHR HATORAH ١ ١ 18011 HILLCREST ROAD 18011 HILLCREST ROAD 7800 NORTHAVEN ROAD CAPITAL CAMPAIGN-GDJC 7800 NORTHAVEN ROAD CAPITAL CAMPAIGN-GDJC 7800 NORTHAVEN ROAD CAPITAL CAMPAIGN-GDJC 7800 NORTHAVEN ROAD __ CAPITAL CAMPAIGN-GDJC 7800 NORTHAVEN ROAD CAPITAL CAMPAIGN-GDJC 7800 NORTHAVEN ROAD CAPITAL CAMPAIGN-GDJC 6324 CHURCHILL WAY THE DALLAS OPERA Name of the organization

DALLAS

DALLAS

DALLAS

DALLAS

DALLAS

DALLAS

DALLAS

DALLAS

DALLAS

| CHEDULE 1-1 | orm 990) |
|-------------|----------|

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009

Open to Públic Inspection

| Internal Revenue Service | | Schedule | chedule I (rorm 990), Part II or Part III. | or Part III. | | | in appealing in | |
|--|---------------------|------------------------------------|--|-----------------------------------|---|--|------------------------------------|---|
| | | TO THE CHEACH SHIP SHOW THE STREET | | | | Emp | Employer identification number | |
| | Assistance to | Governments | and Organizatio | ons in the Unite | d States (Sche | dule I (Form 990) | Part) | |
| | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| JEWISH COMMUNITY FOUNDATION OF SAN 4950 MURPHY CANYON RD | 95-2504044 | ო | 000,7 | | | | COMMUNITY DEVELOPMEN | • |
| 1 1 | | | | | | | | • |
| 1 1 1 1 1 1 | | | | | | | | |
| 1 1 1 1 1 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | • |
| | | | | | | | | |
| | | | | | | | | |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instruction | ins for Form 990. | | | | | Schedule I-1 (Form 990) 2009 | |

| Part II. Continuation of Grants and Other | r Assistance to Indiv | Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) | ates (Schedule I (Form | 990), Part III.) | • |
|---|--------------------------|--|--------------------------------------|---|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE J

(Form 990)

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

DALLAS JEWISH COMMUNITY FOUNDATION

Questions Regarding Compensation

Employer identification number 75-2836123

| | | | Yes | No |
|----|---|-----|-----|----|
| | | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| h | If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment | | | |
| ~ | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | ייי | | |
| _ | | 2 | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | - | | - |
| • | ladicate which if any of the following the commission was to catching the commission of the | | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all that apply | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization | | | ₹. |
| a | | 4a | | X |
| b | | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. | | | |
| _ | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| 5 | compensation contingent on the revenues of | | | |
| _ | | 5a | | х |
| | The organization? Any related organization? | 5b | | X |
| D | • | 30 | | - |
| _ | 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 organization pay or accrue any | | | |
| | compensation contingent on the net earnings of | | | х |
| | The organization? | 6a | | X |
| D | Any related organization? | 6b | | |
| _ | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | _ } | | 37 |
| _ | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was | İ | | |
| | subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | | 1 |

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

Schedule J (Form 990) 2009

Page 2

75-2836123 DALLAS JEWISH COMMUNITY FOUNDATION

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

Part

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 c (I) Base compensation | n of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive reportable compensation compensation | compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)–(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------|---------------------------------------|--|--|--|----------------------------|--|---|
| DAVID AGRONIN | (i) 153,425 | 52 | 0 | 0 | 0 | 153,425 | 00 |
| | | | | | | | |
| 0) | € 3 | | | | | | |
| 0) | (3) | | | · | | | |
| 0) | (E) | | | | | | |
| 1) | (E) | | | | | | |
| 0) | (u) (i) | | | | | | |
| 0) | (u) (t) | | | | | | |
| 0 | (u) (0) | | | | | | |
|)))) | (u) (i) | | | | | | |
| 0 0 | (tt) | | | | | | |
|)) | (n) | | | | | | |
| 0) | (i) (ii) | | | · | | | |
| 0) | (11) | | | | | | |
| | (0) | | | · | | | |
| 0) | (ii) | | | | | | |
| | | | | | | School | Schodule 1 (Form 990) 2009 |

Schedule J (Form 990) 2009 DALLAS JEWISH COMMUNITY FOUNDATION 75–2836123

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

Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

action A line 1a

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer Identification number 75-2836123

| | S JEWISH | | | | | | | | 75-283 | |
|-------------------------|-------------------|-----------------------------------|------|---------|--------------|------------------------------|--------|--|--|--|
| | f Officers, D | irec | tors | , Tr | ust | ees | , Ke | ey Employees, and H | ighest Compensate | d |
| Employees (A) | (B) Average hours | Posi | | ((| C) | hat ap | nolu) | (D) Reportable | (E) Reportable | (F) Estimated |
| Name and Title | per week | Individual trustee or director | | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| MARK H. KREDITOR | 1 00 | <u> </u> | | | | | | | | |
| TRUSTEE MEYER L. BODOFF | 1.00 | X | - | | - | ├ | ļ | 0 | 0 | 0 |
| CHIEF EXEC. OFFICER | 1.00 | | ĺ | x | | | | o | 0 | o |
| GARY WEINSTEIN | 1.00 | + | | ^ | | ╁ | | 0 | | |
| SPECIAL DIRECTOR | 1.00 | | | х | | | | o | 0 | o |
| DAVID AGRONIN | | 1 | | | | | | | | |
| EXEC. DIRECTOR | 40.00 | - | _ | | _ | | x | 153,425 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | - | - | | | | |
| | | | | | | | | | | |
| | | _ | | | | | | | | |
| | | | | | | | | | | |
| | | ļ | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

OMB No ,1545-0047 2009

Open to Public Inspection

Employer identification number 75-2836123

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990). ▶ Attach to Form 990. See separate instructions.

| Name of the organization DALLAS JEWISH COMM | COMMUNITY FOR | FOUNDATION | | | | 75. | 75-2836123 | 1123 | ia con la contra con la contra | |
|--|----------------|-------------|-----------------|-----------------|-----------|----------------------------|------------|--------------|--|------------------|
| | | | | | | | | | | |
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issue price | (f) Descr | (f) Description of purpose | (g) De | (g) Defeased | (h) On behalf of issuer | Jn f of er |
| | | | | | | | Yes | οN | Yes | Š |
| A COLORADO EDUCATIONAL AND CULTURAL F | 84-0896727 | 196458YV9 | 11/15/04 | 18,275,000 | | CAPITAL PROJECTS | | × | | × |
| 80 | | | | | | | | | <u></u> . | |
| 5 | | | | | | | | | _ | |
| O | | | | | | | | | + | |
| c | | | | | | | | | _ | |
| ш | | | | | | | | | | |
| Part II Proceeds | | | | | | | | | | |
| | A | | 0 | | ၁ | a | | | ш | |
| 1 Total proceeds of issue | 16,010 | 10,000 | | | | | | | | |
| 2 Gross proceeds in reserve funds | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | , | | |
| | | | | | | | | | | |
| 6 Working capital expenditures from proceeds | | | | | | | | | | |
| 7 Capital expenditures from proceeds | | | | | | | | | | |
| 8 Year of substantial completion | | | • | | | - | | | | |
| | Yes | | Yes No | o Yes | No | Yes No | | Yes | ž | ٥ |
| 9 Were the bonds issued as part of a current refunding issue? | | × | | | | | | | | |
| 10 Were the bonds issued as part of an advance | | | | | | | | | | |
| refunding issue? | | × | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | × | | | | | | | | | |
| 12 Does the organization maintain adequate books and | | | | | | _ | | | | |
| records to support the final allocation of proceeds? | × | | | | | | | | | |
| Part III Private Business Use | | | | | | | | | | |
| | ∢ | | В | | O | ۵ | | | Ш | |
| 1 Was the organization a partner in a partnership, or a | Yes | No | Yes No | o Yes | No | Yes No | | Yes | No | |
| member of an LLC, which owned property financed by | | > | | | | | | | | |
| | | 4 | | | | | + | | | |
| Are there any lease arrangements with respect to the financed property which may result in private business use? | | × | | | | _ | | | | |
| The second secon | | | | | | | | | | |

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

Schedule K (Form 990) 2009

δ

| Schedule K (Form 990) 2009 DALLAS JEWISH Part III. Private Business Use (Continued) | ᆈ | COMMUNITY FOR | FOUNDATION | N 75-2836123 | 36123 | | | | | Page 2 |
|---|-----|---------------|------------|--------------|-------|--------|-----|-----|---------------|----------------------------|
| 1 | | A | | В | | O | | Q | Ш | |
| 3a Are there any management or service contracts with | Yes | No | Yes | ON | Yes | S S | Yes | No | Yes | Noʻ |
| respect to the financed property which may result in private business use? | | × | | | | | | | | |
| b Are there any research agreements with respect to the financed property which may result in private business use? | | × | | | | | | | | |
| c Does the organization routinely engage bond counsel or other outside counsel to review any management or | | | | | | | | | | |
| service contracts or research agreements relating to the financed property? | | × | | | | | | | | |
| 4 Enter the percentage of financed property used in a | | | | | | | | | | |
| | | ; | | ; | | | | | | |
| | | % | | % | | | % | % | | % |
| Enter the percentage of innanced property used in a private business use as a result of unrelated trade or business | | | | | | | | | | |
| activity carried on by your organization, another section | | | | | | | | | | |
| 501(c)(3) organization, or a state or local government | | % | | % | | 6 | % | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | ,0 | % | | % |
| 7 Has the organization adopted management practices | | | | | | | | | | |
| and procedures to ensure the post-issuance | | : | | | | | | | | |
| compliance of its tax-exempt bond liabilities? | | × | | | | | | | | |
| rait iv Aminage | | | | | , ' | | | | | |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction | Yes | 0 N | Yes | ω | Yes | S S | Yes | S S | Yes | ON. |
| with respect to the bond issue? | | × | | | | | | | | |
| 2 Is the bond issue a variable rate issue? | | × | | | | | | | | |
| 6 | | | | | | | | | | |
| its books and records? | | × | | | | | | | | |
| b Name of provider | | | | | ; | | | | | |
| c Term of hedge | | | | | | | | | | : |
| 4a Were gross proceeds invested in a GIC? | | × | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an | | × | | | | | | | | |
| A Did the hand issue a rightly for an excention to rehate? | | * | | | | | | | | |
| 1 | | : | | | | | | | Schedule K (F | Schedule K (Form 990) 2009 |

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30 ► Attach to Form 990

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number 75-2836123

| _Pa | irt I Types of Property | | | | | | | |
|----------|--|-------------------------------|--------------------------------|---|--|------|-------------|----|
| | | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues | 9 | | |
| 1 | Art—Works of art | | | | | | - | |
| 2 | Art—Historical treasures | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| • | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded | X | 1350 | 2,484,684 | | | | |
| 10 | Securities—Closely held stock | | | | | | | |
| 11 | Securities—Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | SecuritiesMiscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution—Historic | | | | | | | |
| | structures | | | | <u> </u> | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution—Other | | | | | | | |
| 15 | Real estate—Residential | ļ. <u> </u> | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | . | | | | | |
| 23 | Scientific specimens | <u> </u> | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other ► () | | | | | | | |
| 27 | Other ► () Other ► () | | | | | | | |
| 28 29 | Number of Forms 8283 received by t | he organiza | tion during the tay year f | or contributions for | | | | |
| 29 | which the organization completed Fo | | | | 29 | | | |
| | William the organization completed to | 1111 0200, 1 | art iv, bonce Acknowled | gement | 25 | | Yes | No |
| 30a | During the year, did the organization | receive by | contribution any property | reported in Part I, lines 1–2 | 8 that | | 1.03 | |
| | it must hold for at least three years fr | • | | • ' | | | | |
| | used for exempt purposes for the ent | | | , and milot to the required t | | 30a | | x |
| b | If "Yes," describe the arrangement in | | , | | | 1000 | | |
| 31 | Does the organization have a gift acc | | licv that requires the revi | ew of any non-standard | | | | |
| _ | contributions? | | , | , | | 31 | | x |
| 32a | Does the organization hire or use thir | d parties or | related organizations to | solicit, process, or sell none | ash | | | |
| - | contributions? | | 5 | .,, | | 32a | | х |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report reve | nues in coli | umn (c) for a type of prop | perty for which column (a) is | checked, | | | Ì |
| | describe in Part II | | | | <u> </u> | | | |
| F 0 | rivacy Act and Panenwork Peduction A | -A NI -4! | a Aba basharatiana fan Ear | | Sahadul | | | |

Schedule M (Form 990) 2009 DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number 75–2836123

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO PROMOTE OR SUPPORT BY DIRECT ACTION OR PROGRAMS; BY
MAKING GRANTS DIRECTLY; OR BY MAKING GRANTS TO OTHER
ORGANIZATIONS; TO ACCOMPLISH PURPOSES WHICH ARE IN KEEPING
WITH THE JEWISH TRADITION OF PERFORMING ACTS OF
RIGHTEOUSNESS AND ACTS OF LOVING KINDNESS (GEMILUT CHESED)
AND THE JEWISH TRADITION OF TIKKUN OLAM (REPAIRING AND
IMPROVING THE WORLD IN WHICH WE LIVE); AND/OR WHICH HELP
ASSURE THE CONTINUITY OF A STRONG AND VIBRANT JEWISH
COMMUNITY IN DALLAS, IN ISRAEL AND THROUGHOUT THE WORLD.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
BERNSTEIN GLOBAL WEALTH MANAGEMENT

EMPLOYEE

INVESTMENT ACCOUNTS

WALDMAN BROTHERS

EMPLOYEE

INSURANCE POLICIES

WALDMAN BROTHERS

EMPLOYEE

INSURANCE POLICIES

MORGAN STANLEY SMITH BARNEY

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number 75–2836123

EMPLOYEE

INVESTMENT ACCOUNTS

WALDMAN BROTHERS

EMPLOYEE

INSURANCE POLICIES

MORGAN STANLEY SMITH BARNEY

SPOUSE EMPLY

INVESTMENT ACCOUNTS

LAW FIRM

EMPLOYEE

FUNDHOLDERS ARE CLIENTS

PRESCOTT PAILET BENEFITS, LP

EMPLOYEE

INSURANCE POLICIES

MORGAN STANLEY SMITH BARNEY

EMPLOYEE

INVESTMENT ACCOUNTS

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS
THE SUPPORTING ORGANIZATIONS FOLLOW THE DALLAS JEWISH COMMUNITY
FOUNDATION'S POLICIES AND PROCEDURES.

Employer identification number 75–2836123

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS WILL RECEIVE A DRAFT OF THE RETURN TO COMMENT ON.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD DECIDES CEO PAY AND REVIEWS FOR CURRENT EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD DECIDES CEO PAY AND REVIEWS FOR CURRENT EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE O - ADDITIONAL INFORMATION

AUDITED FINANCIAL STATEMENTS PART IV QUESTION 12:

THE ORGANIZATION'S ACTIVITIES ARE INCLUDED IN A CONSOLIDATED FINANCIAL STATEMENT WITH IT'S RELATED ORGANIZATIONS.

PART VI POLICIES:

QUESTION 13: WRITTEN WHISTLEBLOWER POLICY:

EACH EMPLOYEE HAS DIRECT ACCESS TO THE BOARD OF DIRECTORS TO ADDRESS ANY WHISTLEBLOWING ISSUES. AT THE NEXT MEETING OF THE DALLAS JEWISH COMMUNITY FOUNDATION FORMAL POLICY WILL BE VOTED ON FOR ESTABLISHING FORMAL WHISTLEBLOWING POLICIES.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2009

OMB No 1545-0047

Open to Public

Employer identification number

Inspection

See separate instructions.

(f)
Direct controlling
entity (f) Direct controlling N/A Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of the second one or more related tax-exempt organizations during the tax year.) N/A N/A N/A N/A 75-2836123 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets ----**Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33. (d) Exempt Code section (d) Total income 501C3 501C3 501C3 501C3 501C3 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) X X ¥ Ä X CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE Primary activity (b) Primary activity DALLAS JEWISH COMMUNITY FOUNDATION 75-2510543 75-2188255 75-2759108 75-2848978 75-2141247 TX 75230-3296 TX 75230-3296 TX 75230-3296 TX 75230-3296 TX 75230-3296 (a)Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity THE MORTON H. MEYERSON FAMILY TZEDK HOWARD & LESLIE SCHULTZ FAMILY FDN THE KIRSCHNER-BOOKATZ FAMILY FDN NATE AND ANN LEVINE FAMILY FDN THE GOLD FAMILY FOUNDATION 7800 NORTHAVEN ROAD 7800 NORTHAVEN ROAD 7800 NORTHAVEN ROAD 7800 NORTHAVEN ROAD 7800 NORTHAVEN ROAD DALLAS DALLAS DALLAS DALLAS DALLAS Part Part

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

Schedule R (Form 990) 2009

Page 2

75-2836123 DALLAS JEWISH COMMUNITY FOUNDATION Schedule R (Form 990) 2009

(J) General or Yes No managing Schedule R (Form 990) 2009 partner? Percentage ownership Ξ Code V—UBI amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule K-1 (Form 1065) end-of-year assets Share of <u>6</u> (h)
Disproportionate
alloc 2 Yes No (g) Share of end-of-year Share of total income (f) Share of total income (C corp, S corp, Type of entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (d) Direct controlling entity (d)
Direct controlling | Legal domicile foreign country) (state or છ (c) Legal domicile foreign country) (state or Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III ĕ

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | × | Yes No | 0 |
|---|-------------------------------|-----------------|----------|-----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1a | × | ا |
| b Gift, grant, or capital contribution to other organization(s) | | 1b | × | ا |
| c Gift, grant, or capital contribution from other organization(s) | | 1c X | | |
| d Loans or loan guarantees to or for other organization(s) | | 1d | × | |
| e Loans or loan guarantees by other organization(s) | | 1e | × | اا |
| | | | | |
| f Sale of assets to other organization(s) | | = | × | ا. |
| g Purchase of assets from other organization(s) | | 19 | × | |
| h Exchange of assets | | 4 | × | ا |
| 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) | | 1k X | L L | 1 |
| I Performance of services or membership or fundraising solicitations by other organization(s) | | = | × | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | 1m X | _ | 1 |
| n Sharing of paid employees | | t X | | 1 |
| o Reimbursement paid to other organization for expenses | | 10 | <u>×</u> | |
| p Reimbursement paid by other organization for expenses | | 1p | × | |
| | | | | |
| q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) | | 1- | ×× | |
| 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 | resholds | | | 1 1 |
| (a) | (q) | (2) | | 1 |
| Name of other organization Tra | Transactron Amo type (a-r) | Amount involved | q | } |
| (1) DJCF HOLDING CORPORATION | υ | 6 | 92,702 | 2 |
| (2) | | | | l |
| | | | | l |
| | | | | 1 |
| (4) | | | | 1 |
| (5) | | | | i |
| (9) | | | | |
| | Schedule R (Form 990) 2009 | (Form 9 | 90) 200 | ၂ ၉ |

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

| (f) | General or managing | Ther | N | • | | | | | | | 0) 2009 |
|-------------|----------------------------------|--------------------------------|-----|---|------|--|---|--|--|---|----------------------------|
| | Gen | paq _ | Yes | | | | | | | | rm 99 |
| (6) | Code V—UBI amount in box 20 | of Schedule K-1 (Form 1065) | | | | | | | | | Schedule R (Form 990) 2009 |
| | Disproportionate allocations? | | No | | | | | | | _ | |
| € | Dispropo alloca | | Yes | | | | | | | | |
| (a) | Share of end-of-year | assets | | | | | | | | | |
| (p) | oartners Ion | c)(3) ations? | 8 | | | | - | | | | |
| ٣ | Are all partn section | 501(c)(3) organizations? | Yes | | | | | | | | |
| (c) | Legal domicile (state or foreign | country) | | | | | | | | | |
| (p) | Primary activity | | | | | | | | | | |
| (a) (b) (c) | Name, address, and EIN of entity | | | | | | | | | | |

| SCHEDULE R-1 | Continuatio | on Sheet for Sc | Continuation Sheet for Schedule R (Form 990) | (066 ι | | OMB No 1545-0047 |
|---|---|--|---|-----------------------|---|------------------------------|
| (Form 990) | | | • | • | | 2009 |
| Department of the Treasury Internal Revenue Service | ► Attach to For (Form 990), Par | Form 990 to list additional information for Sc. Part I; Part II; Part III; Part IV; Part V, line 2; or See instructions for Schedule R (Form 990). | ► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI. ► See instructions for Schedule R (Form 990). | dule R art VI. | | Open to Públic Inspection |
| Name of filing organization | DALLAS JEWISH COMMUNITY FOUNDATION | ATION | | Employer iden 75-2836 | Employer identification number 75–2836123 | |
| Part I Continua | Continuation of Identification of Disregarded Entities | | | | | |
| Name | (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state | (d) Total income | (e) End-of-year assets | (f) Direct controlling |
| | | | or foreign country) | | | entity |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| For Privacy Act and Papen DAA | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA | 990. | | | Scheduk | Schedule R-1 (Form 990) 2009 |

| Q) | |
|----|--|
| 0 | |
| æ | |
| Δ. | |

| 75-2836123 |
|--------------------------------|
| FOUNDATION |
| COMMUNITY |
| ALLAS JEWISH |
| Schedule R-1 (Form 990) 2009 D |

| Part II Continuation of Identification of Related Tax-Exempt Organizations |)rganizations | | | | |
|--|------------------|---|---------------------|--|------------------------------|
| (a) | (q) | (c) | (p) | (e) | (J) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity |
| | CHARITABLE | | 501C3 | 7 | N/A |
| OLDING CORPORATION — ORTHAVEN ROAD — TX | CHARITABLE | | 50102 | 7 | N/A |
| i ! i ! i ! i ! i ! i ! i ! i ! i ! | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| DAA | | | | Schedule | Schedule R-1 (Form 990) 2009 |

| 75-2836123 |
|-----------------|
| FOUNDATION |
| COMMUNITY |
| JEWISH |
| DALLAS |
| (Form 990) 2009 |
| R-1 |

| + | COMMUNI | ry fou | FOUNDATION | 75-2836123 | 123 | | | | Page 3 |
|---|---------------------|--------------------------------------|-------------------------------|---|------------------------------|---------------------------------------|-----------------------------------|--|---|
| Part III Continuation of Identification of Related Organizations Taxable as a Partnership | elated Organ | izations | Taxable as a | Partnership | | | | | |
| (a) Name, address, and EIN of related organization | (b) Prmary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | (f) Share of total income | (g) Share of end-of-year assels | (h) Disproportionate allocations? | (i) Code V—UBl amount on box 20 of K-1 | (U) General or managing partner? |
| | | | | sections 512-514) | | | Yes | | Yes |
| | | | | | | | | | |
| | | - | | | | | | | <u> </u> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | , | Schedule R-1 (Form 990) 2009 | 90) 2009 |

| 75-2836123 | |
|-----------------------------|--|
| TEWISH COMMUNITY FOUNDATION | |
| COMMUNITY | |
| JEWISH | |
| DALLAS | |
| R-1 (Form 990) 2009 | |
| dule | |

Page 4

Schedule R-1 (Form 990) 2009 € . Percentage ownership (g)
Share of end-of-year assets Share of total income $\boldsymbol{arepsilon}$ Type of entity (C corp, S corp, or trust) <u>e</u> Continuation of Identification of Related Organizations Taxable as a Corporation or Trust Direct controlling entity ਉ Legal domicile (state or foreign country) Primary activity I Name, address, and EIN of related organization Part IV ₹

| 75-2836123 | le R (Form 990), Part V, line 2) |
|----------------------|----------------------------------|
| FOUNDATION | ations (Schedu |
| S JEWISH COMMUNITY 1 | th Related Organiz |
| DALLAS JEWIS | of Transactions Wi |
| -orm 990) 2009 | Continuation |
| Schedule R-1 (I | Part V |

Page 5

| (a) | (p) | (c) |
|----------------------------|------------------------|------------------------------|
| Name of other organization | Transaction type (a-r) | Amount involved |
| (2) | | |
| | | |
| (6) | | |
| (10) | | |
| (11) | | |
| (12) | - | |
| (13) | | |
| (14) | | |
| (15) | | |
| (16) | | |
| (17) | | |
| (18) | | |
| (19) | | |
| (20) | | |
| (21) | | |
| (22) | | |
| (23) | | |
| (24) | | |
| DAA | Sched | Schedule R-1 (Form 990) 2009 |

Continuation of Unrelated Organizations Taxable as a Partnership

Part VI

| (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? | (e) Share of end-of-year assels | (f) Disproportionate allocations? | (g) Code V—UBi amount on box 20 of K-1 | Gen | (ḥ) General or managing partner? |
|--------------------------------------|-------------------------|---|---|---------------------------------|-----------------------------------|--|-------------|-------------------------------------|
| | | | Yes No | | Yes | | Yes | o Z |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | Schedule R-1 (Form 990) 2009 | | 0) 2009 |
| DAA | | | | | | , n |) = 5 | 2007 (0 |

| Forms | , | 990-PF |
|-------|---|--------|
| 990 | 1 | 99U-P1 |

Other Notes and Loans Receivable

For calendar year 2009, or tax year beginning

08/01/09 , and ending

07/31/10

2009

Name

Totals

Employer Identification Number

| Manie | | | | " | ipioyer identification (valide) |
|--------------------------|---------------------------------------|---------------|----------------------|---------------------------|---------------------------------|
| DALLAS JEWI | SH COMMUNITY FOU | 7! | 5-2836123 | | |
| FORM 990. P | ART X, LINE 7 - | ADDITIONAL | L INFORMATION | | |
| | | | | | - |
| (1) NOTES REC | Name of borrower | | | Relationship to disqualif | ied person |
| | | | | - | |
| (2) OTHER REC (3) | EIVADDES | | | | |
| (4) | | | | | |
| (E) | · | | | | |
| (C) | | | | | |
| (7) | | | | | |
| (0) | | | | | |
| (9) | - | | | | |
| (10) | | | | | |
| 0 | | | | | |
| Original amo borrowed | Date of loan | Maturity date | Re | epayment terms | Interest rate |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | <u> </u> | | | |
| (8) | | | | <u> </u> | |
| (9) | | | | | |
| (10) | | | | | |
| | | | | | |
| | Security provided by borrower | | | Purpose of loan | 1 |
| (1) | | | | | · |
| (2) | | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | | |
| (4) | - | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| | | | Balance due at | Balance due at | Fair market value |
| | deration furnished by lender | | beginning of year | end of year | (990-PF only) |
| <u>(1)</u> | | | 16,230,000 80,100 | 16,010,000 90,643 | ' |
| (2) | | | 80,100 | 30,043 | '- |
| (3) | | | | | |
| (4) | | | | | |
| (5) (6) | | | | | |
| (7) | | | | | |
| (8) | · · · · · · · · · · · · · · · · · · · | | | | |
| (9) | | | | | |
| (10) | - | | | | |

16,310,100

16,100,643

| _ | | | Tax-Exempt Bo | nd Lia | hilities | | | | |
|--|-------------------------|---------------------------------------|--|-----------|--------------|--------------|-----------|--------------|---------------------------------------|
| F | orm 990 | | | | 1/09 , an | | 07. | /31/10 | 2009 |
| me | | For calendar year 2009, or tax | t year beginning | _08/0 | 1/09 , an | ia enaing | 077 | | Identification Number |
| | | | | | | | , | , | |
| <u>D</u> 2 | ALLAS JEWI | SH COMMUNITY FOU | NDATION | | | | | 75-28 | 336123 |
| F(| ORM 990, P | ART X, LINE 20 - | ADDITIONAL | INFOR | MATION | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 1 | COLORADO | Name of lender EDUCATIONAL AND | CULTURAL FA | FUND | CAPITA | Pui AL PR | rpose of | issue I'S | |
| | | | | | | | | | |
| | | | | | | _ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
|) 1 | | | | | | | | | |
|) | | | | | _ | | | | |
| / 0) | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| <u> </u> | | | | | | | | | |
| | | Original amount | Form 8038 filed | | | Co | mpletion | date | Unexpended |
| | Issue date | of issue | Y/N Date filed | | Date retired | 0 | f project | | bond proceeds |
| | 11/15/04 | 18,275,000 | Y 11/15/0 | 4 0 | 2/01/35 | · | | | |
| _ | | | | | | | | | |
| | | | + | | | | | | |
| <u> </u> | | | | | | | | | |
|) | · .= | | | | | | | | |
|) | | | | | | | | | |
|) | | | | | | | | | |
| | · | | | | | | | | |
| 0) | · | | | | | | | | |
| | | | 1 | · | | <u></u> . | | | |
| | Third party use percent | Matunty date | | Renav | ment terms | | | | Interest rate |
| | | 02/01/35 | | | | | | | |
|) | | | | | | | | | |
|) | | | | | | | | | |
|) | | | | | | | | | |
|) | | | - | | | | | | |
| | | | <u> </u> | | | | | | |
| | . | | | | | | | | |
| <u>) </u> | | | | · · · · · | | | | | |
|) 0) | | - | | | | | | | |
| -1 | | · <u> </u> | <u></u> | | | | | | |
| | | Society provided by ba | rrower | | | Amount o | outstandı | ng | Amount outstanding |
| | FOIN | Security provided by bo DATION ASSETS | HOWEI | | | at beginn | 230,0 | 000 | at end of year 16,010,00 |
|) | 1001 | | | | | | | | , |
|) | | | . . | | | | | <u> </u> | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | _ | |
|) | | | | | | | | [| |

16,230,000

16,010,000

(9) (10)

Totals

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

| Internal Revenue | Service | | |
|---|---|----------------|-------------------------------|
| If you are f | iling for an Automatic 3-Month Extension, complete only Part I and check this box | | X |
| If you are f | iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). | | _ |
| Do not comple | ete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form | 8868. | |
| Partl | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | |
| | equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete | | . □ |
| Part I only | | ٠. | |
| | rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensione tax returns. | on of | |
| Electronic Fili | ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time | to file | |
| one of the retu | rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 | 3 | |
| - | f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, g | | |
| • | omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part I | | n |
| 8868 For more | e details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits | | |
| Туре or | Name of Exempt Organization | Employe | er identification number |
| print | | | |
| File by the | DALLAS JEWISH COMMUNITY FOUNDATION | 75-2 | 836123 |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. 7800 NORTHAVEN ROAD | | |
| instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions. TX 75230-3296 | | |
| Check type of | f return to be filed (file a separate application for each return): | | |
| X Form 99 | | | Form 4720 |
| Form 99 | 0-BL Form 990-T (sec 401(a) or 408(a) trust) | | Form 5227 |
| Form 99 | 0-EZ Form 990-T (trust other than above) | | Form 6069 |
| Form 99 | 0-PF Form 1041-A | | Form 8870 |
| Telephone If the orga If this is for the whole on a list with the organization. | are in the care of ▶ DAVID AGRONIN ANO ▶ 214-615-9351 FAX NO ▶ Initiation does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) Group, check this box If it is for part of the group, check this box Inames and EINs of all members the extension will cover. Set an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time | f this is tach | • 🗆 |
| until | 3/15/10 , to file the exempt organization return for the organization named above. The extension is | | |
| | organization's return for: calendar year or | | |
| | tax year beginning 8/01/08, and ending 7/31/09 | | |
| 2 If this ta | x year is for less than 12 months, check reason. Initial return Final return Change in | account | ing period |
| | | | |
| | opplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, | | • |
| | y nonrefundable credits. See instructions. | 3a | \$ |
| | pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax | | • |
| | nts made Include any prior year overpayment allowed as a credit | 3b | \$ |
| | e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, | | |
| • | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment | 3000 | |
| |). See instructions | 3c | \$ |
| - | ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E | U | |
| for payment if | | | g 0000 |
| For Privacy A | Act and Paperwork Reduction Act Notice, see Instructions. | | Form 8868 (Rev 4-2009) |

| Form 8868 (F | Rev. 1-2011) | | | | | | | | | Page 2 |
|--|---|--|--|----------------|-----------|---|--------------------|---------|-------------|----------------------|
| • If you are | filing for an A | dditional (Not Automat | ic) 3-Month Exte | ension, cor | nplete | only Part II and check | this box | | | ▶ X |
| Note. Only α | omplete Part II | if you have already beer | n granted an auto | matic 3-mo | nth exte | ension on a previously f | iled Form 88 | 68. | | ب |
| If you are | filing for an A | utomatic 3-Month Exte | nsion, complete | only Part | (on pa | ge 1). | | | | |
| Partil | Addition | al (Not Automatic) | 3-Month Ext | ension o | f Time | e. Only file the original | ginal (no | copies | s neede | d). |
| Type or print | Name of ex | cempt organization | | | | | | Emplo | yer identi | fication number |
| File by the | Dalla | s Jewish Com | munity F | oundat | tion | | | 75-2 | 28361 | 23 |
| extended | | reet, and room or suite n | | | | | · | | | |
| due date for filing your | | Northaven Ro | | | | | | | | |
| return See | City, town o | or post office, state, and a | ZIP code. For a fo | oreign addre | ess, see | e instructions. | | | | |
| instructions. | Dalla | <u>s</u> | TX | 75230 | -32 | 96 | | | | |
| Enter the Ret | um code for th | e return that this applicat | tion is for (file a se | eparate app | olication | for each return) | | | | 01 |
| Application | ו | | | Return | Appl | lication | | | | Return |
| <u>Is For</u> | | . | | Code | ls Fo | or | | | | Code |
| Form 990 | | <u> </u> | | 01 | | | | | | 基金数量的基础 |
| Form 990-B | <u>L</u> | | | 02 | Form | n 1041-A | | | | 08 |
| Form 990-E | Z | | | 03 | Form | 4720 | | | _ | 09 |
| Form 990-P | F | | | 04 | Form | 5227 | | | | 10 |
| Form 990-T | (sec. 401(a) o | r 408(a) trust) | | 05 | Form | 6069 | | | | 11 |
| | (trust other th | | | 06 | | 8870 | | | | 12 |
| STOPI Do no | t complete Pa | rt II if you were not alre | eady granted an | automatic | 3-mon | th extension on a pre- | viously filed | Form | 8868. | |
| for the whole g list with the na I reques For cale | roup, check the mes and EINs t an additional ndar year | of all members the exter 3-month extension of tim | If it is for part on the insion is for. The until 06/ Year beginning | 15/11 08/0 | , check | this box | If this is and att | | | |
| 7 State in Addi | hange in accoudetail why you tional | | · | | _ | | | epar | e a c | complete |
| - | • | Form 990-BL, 990-PF, 9 See instructions. | 90-T, 4720, or 60 | 069, enter th | ne tenta | tive tax, less any | | 8a | \$ | |
| estimate | d tax payment | Form 990-PF, 990-T, 47 | | • | | | | | | |
| | | with Form 8868. line 8b from line 8a. Incl | luda vaur navmar | at with this f | · · | if considered also soit with | <u> </u> | 8b | <u> </u> | |
| | | red, by using EFTPS (Ele | • • | | | | Ŋ | | • | |
| FID.coa | por or, ir requi | red, by using Er 173 (El | | ature an | | | | 8c | \$ | |
| Under penalties o true, correct, and | f perjury, I declar complete, and th | re that I have examined this tat I am authorized to prepar | form, including acco | | | | best of my kn | owledge | and belief, | it is |
| Signature > | meles | $\mathcal{U}_{\mathcal{I}}$ | | TH | e ▶ | CPA | | | D=+- | ▶ 01/25/11 |
| Organia F | | | | 1100 | <u> </u> | <u>~ , </u> | | | | m 8868 (Rev. 1-2011) |
| | | | | | | | | | ron | |