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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010 C Name of organization Please Jewish Federation of Greater Houston use IRS label or 74-1109654 Doing Business As E Telephone number print or type. See (713) 729-7000 pecific Number and street (or P O box if mail is not delivered to street address) Room/suite

A For the 2009 D Employer identification number B Check if applicable Address change Name change Initial return Instruc-G Gross receipts \$ 19,317,144 5603 South Braeswood Blvd Terminated tions. City or town, state or country, and ZIP + 4 Houston, TX 77096 Amended return Application pending Name and address of principal officer Is this a group return for Lee Wunsch affiliates? 5603 South Braeswood Houston, TX 77096 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Group exemption number 🕨 **Website:** ► www houstonjewish org K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► L Year of formation 1936 M State of legal domicile TX Part I Summary Briefly describe the organization's mission or most significant activities Working together with our community partners, the Federation provides valuable human, financial, and conceptual resources and programs, which help strengthen and enrich the Greater Houston Jewish community, as well as the Jewish community worldwide Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 94 Number of independent voting members of the governing body (Part VI, line 1b) . . . 92 41 Total number of employees (Part V, line 2a) . . Total number of volunteers (estimate if necessary) .

200 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 20,941,347 19,116,677 Program service revenue (Part VIII, line 2g) . 181,372 186,033 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,265 12,386 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 21,138,645 19,310,435 15,211,669 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 17,321,036 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 2,334,893 2,176,816 Professional fundraising fees (Part IX, column (A), line 11e) . 16a 0 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright \frac{1,181,419}{}$ ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1,373,976 1,104,892 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,029,905 18,493,377 Revenue less expenses Subtract line 18 from line 12 . 108,740 817,058 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 7,567,368 7,667,958 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 5,960,019 5,241,269

Part II Signature Block

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

Sian Here

\*\*\*\*\* 2011-07-14 Signature of officer Mary Ward-Hecksel Sr VP/CFO Type or print name and title

Date

Paid Preparer's **Use Only** 

Firm's name (or yours if self-employed),

Preparer's

Jody Blazek

Blazek & Vetterling

address, and ZIP + 4 2900 Weslayan Suite 200

Houston, TX 770275132 May the IRS discuss this return with the preparer shown above? (see instructions) . . .

EIN ▶

(see instructions)

Preparer's identifying number

Phone no (713) 439-5739

1,607,349

Yes  $\Gamma$  No

Net assets or fund balances Subtract line 21 from line 20

Check if

empolyed 🕨 🔽

2,426,689

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Our mission is to preserve and enrich Jewish communal life through innovative and visionary leadership that is responsive and responsible to Jewish communities locally, nationally, in Israel, and around the world

2	Did the organization the prior Form 990 o		ant program se	rvices during the year	which were not listed on	□ Yes ▽ No
	•	ese new services on So	hedule O			
3	•	cease conducting, or r	nake sıgnıfıcan	t changes in how it co		┌ Yes ┌ No
	If "Yes," describe the	ese changes on Sched	ule O			
4	Section 501(c)(3) ar	•	ions and section	on 4947(a)(1) trusts a	largest program services by re required to report the amo service reported	•
4a	(Code	) (Expenses \$	15,267,082	ıncludıng grants of \$	15,211,669 ) (Revenue \$	112,703 )
	Federation Annual Cam Argentina, in the Forme following Feeding the h	paign Money raised through r Soviet Union, in Ethiopia, ungry Educating the young	h the Campaign be and in nearly 60 o Caring for the old	enefits millions of Jewish pe ther countries around the w Comforting the sick Counse	sh lives is through our annual comm sople in need-here in Houston, acros rorld by granting funds to organizati eling the troubled Rescuing the oppr ble to meet their own basic needs	ss the United States, in Israel, in ons to accomplish the
4b	(Code	) (Expenses \$	547,389	ıncludıng grants of \$	) (Revenue \$	56,675 )
	learning The BJE is ded education at all levels, a	icated to Enhancing the quadvocating on behalf of stud	iality of formal and lents, parents, ins	d informal Jewish education titutions and professionals i	r Houston area by fostering and stre i in the community, promoting enrol nvolved in Jewish education, encoul mong schools and community organ	llment and participation in Jewish raging and providing for the
	(Code	) (Expenses \$	271,304	ıncludıng grants of \$	) (Revenue \$	)
	Community Relations C community	ommittee (CRC) programs	focus on educatioi	n and information on dome:	stic and international issues directly	impacting the Jewish
4d	Other program serv	rices (Describe in Sch	edule O )			
	(Expenses \$	116,022 inc	ludıng grants o	f\$	) (Revenue \$	11,994 )
4e	Total program servi	ice expenses <b>!-</b> \$	16,201,79	7		

		•			
Part IV	Che	ecklist	of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
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	İ	İ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	j	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			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								
	<b>1a</b> 38								
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 reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return								
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No					
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο					
4a									
Ь	If "Yes," enter the name of the foreign country ▶								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo					
c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?								
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		Νo					
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No					
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 organization, have excess business holdings at any time during the year?			NI -					
9	Sponsoring organizations maintaining donor advised funds.	8		No					
	Did the organization make any taxable distributions under section 4966?	9a		N o					
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No					
10	Section 501(c)(7) organizations. Enter								
	Initiation fees and capital contributions included on Part VIII, line 12   10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								

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

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

Se	ction A. Governing Body and Management					
	ction At Governing body and Hanagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	94			
b	Enter the number of voting members that are independent	1b	92			
2	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?	ness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com			3		Νο
4	Did the organization make any significant changes to its organizational documents sir filed?		•	4		Νο
5	Did the organization become aware during the year of a material diversion of the organ	nızatı	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6		Νο
7a	•					
b	Are any decisions of the governing body subject to approval by members, stockholder			7b		Νο
8	Did the organization contemporaneously document the meetings held or written action year by the following					
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w organization's mailing address? If "Yes," provide the names and addresses in Schedul	/ho ca	annot be reached at the	9		Νο
Se	ction B. Policies (This Section B requests information about policies not re					
	venue Code.)	•				
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	•		10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with those of the org		• •	10b		Νo
11	Has the organization provided a copy of this Form 990 to all members of its governing	g bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the For	rm 99	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 $$ .			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually in to conflicts?	ntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with describe in Schedule O how this is done	the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revieundependent persons, comparability data, and contemporaneous substantiation of the		• • •			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or taxable entity during the year?		<del>-</del>	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and taken	nste	ps to safeguard the			
	organization's exempt status with respect to such arrangements?	• •		16b		Νo
	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), (3)s only) available for public inspection. Indicate how you make these available. Che Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data 1	-	•			
20	State the name, physical address, and telephone number of the person who possesses			ne orga	nızatıor	n 🕨

# Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page <b>8</b>
1b	Total			112,958
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \( \blacktriangle 4 \)			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C Comper	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0	<u></u>		. (2000)
			orm <b>99</b> 0	<b>,</b> (2009

Form 99								Page <b>9</b>
Part	<b>/</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इ इ	1a	Federated cam	paigns 1a					
듄	ь	Membership du	es <b>1b</b>					
చ్	c	Fundraising eve	ents <b>1c</b>					
ž.	d	Related organiz	zations <b>1d</b>	2,482,977				
ર્જ E	e	Government grants	s (contributions) <b>1e</b>	4,775				
<u>ੂੰ ਤੋਂ</u>	f	All other contribution	ons, gifts, grants, and 1f	16,628,925		i		
Fe E	g	similar amounts no	ot included above ibutions included in					
들유								
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	▶	19,116,677			
				Business Code				
ill.	2a	YAD programs		900,099	11,994	11,994		
9A 9E	ь	Campaign events/	other	900,099	112,703	112,703		
Program Service Revenue	c	BJE programs		900,099	56,675	56,675		
Š	d			·	·	,		
ğ	e							
튵	f f	All other progra	am service revenue					
္န								
	g		s 2a-2f		181,372			
	3		ome (including dividend	. •	19,095			19,095
	4		ar amounts) stment of tax-exempt bond	F	0			13,033
	5				0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss)	me or (loss)	<u></u>	0			
	<u> </u>	Traction and the second	(ı) Securities	(II) O ther				
	7a	Gross amount	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11)				
		from sales of assets other						
	Ь	than inventory Less cost or		6,709				
		other basis and sales expenses						
	c	Gain or (loss)		-6,709				
	d	Net gain or (los	s)		-6,709			-6,709
۸.	8a	Gross income f events (not inc						
Other Revenue		\$						
÷		of contributions See Part IV, lin	reported on line 1c)					
č		See rait IV, iiii	a					
<u>ā</u>	ь	Less direct ex	penses <b>b</b>					
ŏ	С	Net income or (	(loss) from fundraising	events 🛏	0			
	9a		rom gaming activities					
		See Part IV, lin	ne 19 a					
	ь	less directex	penses b					
	c		(loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo	inventory, less owances .					
	Ь	loco cost-f-	a oods sold					
	°		oods sold <b>b</b> (loss) from sales of inve	entory 🟲	0			
	<u> </u>	Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines						
				▶	0			
	12	Total revenue.	See Instructions	▶[	19,310,435	181,372		12,386

	990 (2009)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(D)</b>	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	15,211,669	15,211,669		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	431,261	129,379	172,504	129,378
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,353,741	406,429	530,831	416,481
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	80,170	24,051	32,068	24,051
9	Other employee benefits	174,180	52,254	69,672	52,254
10	Payroll taxes	137,464	54,507	45,293	37,664
11	Fees for services (non-employees)	137,101	3.7537	1.572.53	2.700.
a	Management	0			
h	Legal	443		443	
c	Accounting	23,752		23,752	
_		0		23,732	
d	Professional fundraising See Part IV June 17	0			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	0	25.055	25.540	27.564
g	Other	100,048	36,966	<del>                                     </del>	37,564
12	Advertising and promotion	120,369	8,475	<del>                                     </del>	70,105
13	Office expenses	54,861	14,762	24,419	15,680
14	Information technology	0		-	
15	Royalties	0			
16	Occupancy	116,331	14,244	<u> </u>	28,107
17	Travel	15,728	1,951	12,154	1,623
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	53,856	9,110	19,919	24,827
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,255	3,175	3,418	3,662
23	Insurance	21,879	6,556	8,330	6,993
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	Program expenses	207,603	207,603		
b	O ther expenses	50,640	20,666	26,071	3,903
С	Campaign programs	329,127			329,127
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	18,493,377	16,201,797	1,110,161	1,181,419
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	,,	,,	,,	, ,,
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash—non-interest-bearing			1,320	1	327	
	2	Savings and temporary cash investments		2,182,108	2	1,996,639		
	3	Pledges and grants receivable, net		5,077,817	3	5,330,903		
	4	Accounts receivable, net		55,266	4	94,634		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of						
		Schedule L				5	0	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o	4958(f)(1)) and					
		Schedule L			6	0		
Assets	7	Notes and loans receivable, net				7	0	
SS	8	Inventories for sale or use				8	0	
٧	9	Prepaid expenses and deferred charges	epaid expenses and deferred charges					
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,207,833				
	b	Less accumulated depreciation	10b	1,066,829	158,109	10c	141,004	
	11	Investments—publicly traded securities			11	0		
	12	Investments—other securities See Part IV, line 11	50,500	12	75,500			
	13	Investments—program-related See Part IV, line 11		13	0			
	14	Intangible assets			14	0		
	15	Other assets See Part IV, line 11		•		15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,567,368	16	7,667,958	
	17	Accounts payable and accrued expenses .			210,119	17	274,251	
	18	Grants payable	5,732,863	18	4,954,981			
	19	Deferred revenue	17,037	19	12,037			
_	20	Tax-exempt bond liabilities		20				
es es	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
7		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			5,960,019	26	5,241,269	
Fund Balances		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27				
anı	27	Unrestricted net assets			1,469,955	27	2,331,520	
Bal	28	Temporarily restricted net assets			137,394	28	95,169	
þι	29	Permanently restricted net assets				29	_	
큔		Organizations that do not follow SFAS 117, check here 🕨 🦵 an						
<u>-</u>		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances		1,607,349	33	2,426,689		
-	34	Total liabilities and net assets/fund balances			7,567,368	34	7,667,958	

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

#### OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

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

·· <del>-</del> ·		··· ··· <del>-</del> ·							74-1109654	1					
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions													
		ation is	ation is not a private foundation because it is (For lines 1 through 11, check only one box )  A church, convention of churches, or association of churches section 170(b)(1)(A)(i).												
1	Γ	A churc	h, conventio	on of churches, or as	sociation of c	hurches <b>se</b>	ction 170(b)(	1)(A)(i).							
2	Γ	A school	ol described	ın <b>section 170(b)(1)</b>	( <b>A)(ii).</b> (Atta	ach Schedule	≘ E )								
3	$\Gamma$	A hospi	tal or a coop	perative hospital serv	vice organiza	tion describ	ed in <b>section</b>	170(b)(1)(A	)(iii).						
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ibed in <b>sectio</b>	on 170(b)(1)(	( <b>A)(iii).</b> Ente	er the				
5	Г	An orga	ınızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt describe	— ed in				
		section 170(b)(1)(A)(iv). (Complete Part II )													
6	$\Gamma$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	⊽	describ	ed ın	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its si	upport from a	governmenta	al unit or fron	n the general	public				
8	Г			described in <b>section</b>		)(vi) (Comp	lete Part II )								
9	,		· ·	t normally receives			-		ions, membe	rship fees a	nd aross				
	•	receipts its supp	s from activi oort from gro	ties related to its exc ss investment incom anization after June 3	empt function ne and unrela	ns—subject t ted business	co certain exc s taxable inco	eptions, and ome (less sec	(2) no more ction 511 tax	than 331/3%	of				
10	Γ	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of													
11	Γ	one or r	more publicly	anized and operated y supported organiza- pes the type of suppo <b>b</b> Type II	tions describ orting organiz	ed in section ation and co	n 509(a)(1) c	or section 50 11e through	9(a)(2) See	•	<b>a)(3).</b> Check				
e	Γ	other th		x, I certify that the o											
f			rganızatıon r	eceived a written det	termination fi	rom the IRS	that it is a Ty	/pe I, Type I	I or Type III	supporting o	organization,				
g		followin	g persons?	006, has the organiz	•			•			Yes No				
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the the supported organization?  11g(i)													
		and (iii) below, the governing body of the the supported organization?  (ii) a family member of a person described in (i) above?  11g(ii)													
		• •	•	ed entity of a person			ove?			11g(iii)	-				
h				g information about t						9(/					
				-		•	. ,								
	(i) Name suppor ganiza	of ted	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organizati col (i) list your govei documei  Yes	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?				

Total

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

_	ection A. Public Support	ou checkeu the	DOX OII IIIC 3,	, or o or rait i	•••		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	16,865,743	3 11,775,884	15,305,040	20,941,347	19,116,677	84,004,691
2	grants ") Tax revenues levied for the organization's benefit and either						0
_	paid to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	16,865,743	11,775,884	15,305,040	20,941,347	19,116,677	84,004,691
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						8,740,844
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public Support. Subtract line 5						75,263,847
S	from line 4 ection B. Total Support						
	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
	beginning in)	` '			` '		
7	A mounts from line 4	16,865,743	132,633	15,305,040	20,941,347	19,116,677	84,004,691
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	100,239	132,633	71,771	11,265	19,095	335,003
9	similar sources  Net income from unrelated  business activities, whether or not the business is regularly						0
10	carried on Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital						0
11	assets Total support (Add lines 7 through 10)						84,339,694
12	Gross receipts from related activity	ties, etc (See ins	tructions )			12	826,662
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	fifth tax year as a	501(c)(3) organiz	zation,
S	ection C. Computation of Pu						
14	Public Support Percentage for 200	)9 (line 6 column	(f) divided by line	11 column (f))		14	89 240 %
15	Public Support Percentage for 200	)8 Schedule A, Pa	art II, line 14			15	96 600 %
	33 1/3% support test—2009. If the and stop here. The organization qu	ialifies as a public	ly supported orga	nızatıon			<b>►</b> ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meanization meanization	on qualifies as a p t— <b>2009.</b> If the org ation meets the "	ublicly supported ganization did not o facts and circums	organization check a box on lir tances" test, che	ne 13, 16a, or 16t ck this box and <b>st</b>	o and line 14 op here. Explain	<b>▶</b> ┌
	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiz supported organization	anization meets th ation meets the "	ne "facts and circu facts and circums	mstances" test, tances" test The	check this box an organization qua	d <b>stop here.</b> lifies as a publicly	·
18	<b>Private Foundation</b> If the organizations	tion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

# Software ID: Software Version:

**EIN:** 74-1109654

Name: Jewish Federation of Greater Houston

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	dent C	onti	ract	tors	5				
(A) Name and Title	(B) Average hours per		(C tion ( hat a	che	')		1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Vikki Evans Director	1 00	×						0	0	0
Terry Gardner Director	1 00	Х						0	0	0
Suzanne Jacobson Sr VP Dev	40 00					x		128,792	0	20,253
Steve Tobias Director	1 00	Х						0	0	0
Steve Finkelman Director	1 00	Х						0	0	0
Stephen Kaufman Director	1 00	Х						0	0	0
Stephen Breslauer Director	1 00	Х						0	0	0
Stephanie Beasley Director	1 00	Х						0	0	0
Shira Yoshor Director	1 00	Х						0	0	0
Sarah Braham Director	1 00	Х						0	0	0
Sanford Weiner Secretary	1 00	Х		х				0	0	0
Sandy Block Director	1 00	Х						0	0	0
Sandra Weiner Director	1 00	Х						0	0	0
Sandra Fınkelman Dırector	1 00	Х						0	0	0
Ron Moses Director	1 00	Х						0	0	0
Robyn Shkolnick Director	1 00	Х						0	0	0
Robert Lapın Vıce Chaır	1 00	Х		х				0	0	0
Robert L Levy Director	1 00	X						0	0	0
Rick Stein Vice Chair	1 00	Х		х				0	0	0
Rick S Guttman Director	1 00	Х						0	0	0
Richard Leibman Director	1 00	Х						0	0	0
Raquel Goldberg Director	1 00	Х						0	0	0
Rabbı Steven Morgen Dırector	1 00	Х						0	0	0
Rabbi Joseph Radinsky Director	1 00	Х						0	0	0
Rabbi Brian Strauss Director	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion ( that a	che	')	_	1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Rabbı Barry Gelman Dırector	1 00	×						0	0	0
Paula Pozmantier Director	1 00	х						0	0	0
Noel Graubart Director	1 00	×						0	0	0
Nat Levy Director	1 00	х						0	0	0
Naomi Warren Director	1 00	х						0	0	0
Nancy Lerner Director	1 00	х						0	0	0
Mılton Frankfort Dırector	1 00	Х						0	0	0
Mike Levy Director	1 00	х						0	0	0
Michael Rubenstein Director	1 00	Х						0	0	0
Mary Ward-Hecksel Sr VP / CFO	40 00			х				130,388	0	19,951
Martha Kaplan Freedman Dırector	1 00	х						0	0	0
Marshall Levit Director	1 00	х						0	0	0
Mark Brookner Vice Chair	1 00	х		х				0	0	0
Lorraine Horwitz Director	1 00	Х						0	0	0
Livingston Kosberg Director	1 00	Х						0	0	0
Lında Freedman Block Dırector	1 00	Х						0	0	0
Leonard Goldstein Chairman	10 00	х		х				0	0	0
Lee Wunsch President & CEO	40 00			х				228,699	0	53,674
Larry S Reader Director	1 00	х						0	0	0
Kenneth Arfa Director	1 00	Х						0	0	0
Kellı Cohen Feın MD Dırector	1 00	Х						0	0	0
John Goott Dırector	1 00	Х						0	0	0
Joel Spira Director	1 00	х						0	0	0
Joe L Williams Director	1 00	Х						0	0	0
Joe Kornfeld Dırector	1 00	×						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		tion (	(che	′)	_		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Joe Kaplan Director	1 00	х						0	0	0
Jıll Levy Dırector	1 00	х						0	0	0
Jay Harberg Director	1 00	х						0	0	0
Jacob Leon Director	1 00	х						0	0	0
Irving Pozmantier Director	1 00	х						0	0	0
Howard W Feldman Director	1 00	х						0	0	0
Haya Varon Director	1 00	х						0	0	0
Glenn L Lowenstein Director	1 00	х						0	0	0
Gıl Melman Dırector	1 00	х						0	0	0
Gerald Merfish Director	1 00	х						0	0	0
Fred Levine Director	1 00	х						0	0	0
Frances Friedman Director	1 00	х						0	0	0
Etan Mırwıs Dırector	1 00	х						0	0	0
Esther Polland Director	1 00	х						0	0	0
Elyse Spector Kalmans Director	1 00	х						0	0	0
Ellen Trachtenberg Dırector	1 00	х						0	0	0
Elizabeth Grzebinski Asst Secretary	1 00	Х		х				0	0	0
Elaine Kellerman Dir Bureau Jew Edu	40 00					х		118,330	0	19,080
Elaine Epstein Director	1 00	х						0	0	0
Eileen Weisman Director	1 00	х						0	0	0
Ed Schreiber Director	1 00	х						0	0	0
Donald Brodsky Director	1 00	х						0	0	0
Don Freedman Director	1 00	х						0	0	0
Dolores Wilkenfeld Director	1 00	х						0	0	0
Denis Braham Treasurer	1 00	Х		х				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	Posi t	tion ( hat a	che		_		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Debra Kass Dluhy Dırector	1 00	Х						0	0	0
Debra G Cohen Dırector	1 00	×						0	0	0
David E Hess Director	1 00	х						0	0	0
David C Morris Director	1 00	×						0	0	0
David Barish Director	1 00	х						0	0	0
Dan Trachtenberg Dırector	1 00	х						0	0	0
Dan C Steiner Director	1 00	х						0	0	0
Carol Goldberg Director	1 00	х						0	0	0
Buzzy Bluestone Director	1 00	х						0	0	0
Buster Freedman Director	1 00	х						0	0	0
Buster Feldman Dırector	1 00	х						0	0	0
Bryan Leibman Director	1 00	Х						0	0	0
Bernard Weingarten Director	1 00	Х						0	0	0
Benjamin S Warren Director	1 00	Х						0	0	0
Ben Rosenberg Dırector	1 00	х						0	0	0
Ben Guefen Dırector	1 00	х						0	0	0
Basıl Joffe Dırector	1 00	х						0	0	0
Barry Lewis Director	1 00	х						0	0	0
Arthur Schechter Dırector	1 00	х						0	0	0
Ann Kaufman Director	1 00	х						0	0	0
Alan Rosen Director	1 00	х						0	0	0
Alan Eisenman Director	1 00	Х						0	0	0
A dolph Susholtz Director	1 00	х						0	0	0

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493195009101

### OMB No 1545-0047

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

If th		t have NOT filed Form 5768 (elections, "to Form 990, Part IV, Line 5			
Na	ime of the organization	Tallons Compress Care III		Employer iden	tification number
Jev	vish Federation of Greater Houston			74 1100654	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(	74-1109654 c) or is a section <b>527</b>	organization.
1		ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV	
2 3	Political expenditures			•	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5 <b>►</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	1720 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	r section 527 exem	pt function activities 🕨	\$
2	<del>-</del>	organization's funds contributed to	o other organization:	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organizat contributions received that we	nd employer identification number ion listed, enter the amount paid f re promptly and directly delivered hittee (PAC) If additional space is	from the filing organ I to a separate politi	ızatıon's funds Also enter tl ıcal organızatıon, such as a	he amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000					
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

•			
Part II-B	Complete if the or	ganization is exempt under section 501(c)(3) and has NOT filed Forr	n 5768
	(election under se	ection 501(h)).	

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		147
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		27,645
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		15,618
j	Total lines 1c through 1i			43,410
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

#### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

#### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4	
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Part II-B, Line 11 - Other Activities Description	The Jewish Federation's Community Relations Committee initiated and participated in advocacy efforts on issues directly impacting the Jewish community and its constituents on the local, state, and national levels. The efforts included discussions with city, state, and national elected officials on issues involving health and human services, international affairs, and community concerns.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493195009101

OMB No 1545-0047

Open to Public Inspection

#### **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.

	me of the organization		Emp	loyer identific	ation numb	er
Jew	rish Federation of Greater Houston		74-	1109654		
Рa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Fu			<b>s.</b> Comple	te if the
	organization answered "Yes" to Form 99	, · · · · · · · · · · · · · · · · · · ·				
		(a) Donor advised funds	(	( <b>b)</b> Funds and	other accou	ınts
•	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
•	Aggregate value at end of year					
•	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	<del>-</del>	or advı	sed	☐ Yes	☐ No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben				Г Yes	□ No
10	rt II Conservation Easements. Complete	if the organization answered "Ves" to	. Forn	2 000 Dart I	<u>'</u>	1 140
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality of the toy were the last day of the last day of the toy w	on or pleasure)  Preservation of an Preservation of a c	ertifie	d historic stru		a
	easement on the last day of the tax year	ſ		Held at th	e End of the	Vear
а	Total number of conservation easements		 2a	neid at th	e Liid Oi tiid	. rear
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	-	2c			
d	Number of conservation easements included in (c) a	` `	 2d			
_	Number of conservation easements modified, transfe			l organization	during	
	the taxable year -	rreu, releaseu, extinguisheu, or terminate	и ву п	ie organizacioi	r during	
	Number of states where property subject to conserva	ation easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	violations, an	d <b>┌ Yes</b>	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year	▶	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
1	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				
ar	<b>Complete of the organization answered</b> '		or Ot	her Similar	Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fu			е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r finan	cıal gaın, prov	ıde the	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

ar	<b>Titl</b> Organizations Maintaining Co	<u>llections of Art</u>	, Hist	toric	cal Tre	<u>asur</u>	es, or (	<u> </u>	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	owing tha	at are	a sıgnıfıc	ant ι	ise of its co	ollection	n	
а	Public exhibition		d	Γ	Loan or	exch	ange prog	rams	;			
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ın how	they	further t	the or	ganızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	ed "Y	es" to Fo	rm 990	),	
	Part IV, line 9, or reported an ar											
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or	other as:	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng ta	ble		ſ		1	-		
_							-			A mou	int	
C _	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						l	1f				
а	Did the organization include an amount on Fo		21?								Yes	No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete	if the organization (a)Current Year		were Prior					rt IV, line I)Three Years		NEOUr V	ears Back
	Beginning of year balance	77,490,544	(1)		,359,489	(0)11	ro rears bac	× (0	THICC TCGIS	Dack (C	. <b>,</b> 1 Out 10	Lars Dack
b	Contributions	14,114,975		14	,203,363			$\top$				
С	Investment earnings or losses	3,270,220		-8	,294,795							
d	Grants or scholarships	13,201,180		10	,777,513							
e	Other expenditures for facilities											
f	and programs							+				
g	End of year balance	81,674,559		77	,490,544			+		_		
9	Provide the estimated percentage of the year	, ,			, ,							
		97.400 %	15									
а	Board designated or quasi-endowment	371-100 70										
b	remailent endowment F											
c a	Term endowment ►  Are there endowment funds not in the posse	ccion of the organize	ation t	hat a	ra hald a	nd ad	lminictor	d for	tha			
а	organization by	ssion of the organiza	ation t	iiat a	ie lielu a	iliu au	iiiiiiistere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organization									3b		Νο
	Describe in Part XIV the intended uses of th							- 10				
ēΙ	t VI Investments—Land, Building	s, and Equipme	nt. Se								I	
	Description of investment				) Cost or o is (investm		(b)Cost or basis (ot		(c) Accum deprecia		( <b>d)</b> Bo	ok value
а	Land		•		2	9,560						29,560
b	Buildings						87	1,008		766,817		104,191
С	Leasehold improvements											
	Equipment		•				19	4,585	1	187,332		7,253
е	Other			1			11	2,680	1	112,680	1	

141,004

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts
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 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 Detum
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	per keturn
-	statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV) 2d	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts 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 4a	
b	Other (Describe in Part XIV)	
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	rt XIV Supplemental Information	ا کالیت با او محمدا ۱۷ است
Lon	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4. Pa	irt iv . lines ip and 2b.

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

Ident if ier	Return Reference	Explanation
,	endowment fund	To support the mission of the Jewish Federation of Greater Houston to preserve and enrich Jewish Communal life through innovative and visionary leadership that is responsive and responsible to Jewish communities locally, nationally, in Israel, and around the world

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493195009101 OMB No 1545-0047

Employer identification number

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

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

Inspect ion

Jewish Federation of Greater Houston						74-1109654	
Part I General Informatio  1 Does the organization maintain in the selection criteria used to aw	records to substantı	ate the amount of the					✓ Yes 🗀
2 Describe in Part IV the organiza							, .es , .
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	<b>(Þ)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations .					44
3 Enter total number of other orga						_	0

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	<u>I</u>	l .	ı	I.	L

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

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

(a) Name and address of

**Software ID:** 09000047

Software Version: 2009v1.7

**EIN:** 74-1109654

Name: Jewish Federation of Greater Houston

(f) Method of

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) Amount of cash (e) Amount of non-**(b)** EIN (g) Description of (h) Purpose of grant

organization or government	(B) EIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Torah Day School10900 Fondren Houston,TX 77096	23-7278350	501(C)3	40,746	0			O perating funds
Tikva Corporation40 W 23rd St 3rd Floor New York, NY 10010	22-3779212	501(C)3	50,000	0			Children's home in Jerusalem
The US Holocaust Meml Museum100 Raoul Wallenberg PI SW Washington, DC 20024	52-1309391	501(C)3	6,000	0			Unrestricted
The Shlenker School5600 North Braeswood Blvd Houston,TX 77096	76-0686559	501(C)3	77,548	0			O perating funds
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(C)3	5,524,633	0			General support
Seven Acres Jewish Sr Care Svcs6200 N Braeswood Blvd Houston,TX 77074	74-1143086	501(C)3	451,316	0			General support
Save a Childs Heart Foundation10050 Chapel Road Suite 18 Potomac, MD 20854	52-1783323	501(C)3	250,000	0			Pediatric Intensive Care Unit
Robert M Beren Academy 11333 Cliffwood Dr Houston,TX 77035	74-1652136	501(C)3	128,294	0			General support
PEF Israel Endowment Funds Inc317 Madison Ave New York, NY 10017	13-6104086	501(C)3	100,000	0			General support
One Family Fund1029 Teaneck Road Ste 3B Teaneck, NJ 07666	11-3585917	501(C)3	150,000	0			Social Services

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	cash valuation non-cash assistanc		(h) Purpose of grant or assistance	
Ohr Torah Stone Inst of Israel49 W 45th St Suite 701 New York, NY 10036	13-3275531	501(C)3	250,000	250,000		Convention facility in Efrat		
New Israel Fund1101 14th St NW 6th Fl Washington, DC 20001	94-2607722	501(C)3	10,000	0			Unrestricted	
Nefesh BNefesh42 East 69th Street New York, NY 10021	22-3804152	501(C)3	1,000,000	0			North American Aliyah	
National Council of Young Israel111 John St Rm 450 New York, NY 10038	13-3617102	501(C)3	150,000	0			Programming for deaf	
Mickey Leland Kibbutzim Internship Found1400 Post Oak Blvd Suite 500 Houston,TX 77056	74-2119190	501(C)3	40,000	0			General support	
Leo Baeck Education Center Fndn3555 Timmons Ste 1440 Houston,TX 77027	76-0205816	5 501(C)3	192,500	0			General support	
Just One Life Inc587 5th Ave Ste 702 New York, NY 10017	13-3533863	3 501(C)3	100,000	0			Support for pregant women	
Jewish Federation of Gr Dallas7800 North Haven Road Dallas,TX 75230	75-0800654	501(C)3	124,428	0			Hillel Consortium	
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	7 501(C)3	730,275	0			General support	
Jewish Community Center of Houston5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(C)3	956,043	0			General support	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 72-0408936 501(C)3 Jewish Childrens Regional 0 Operating funds SvcP O Box 7368 5,258 Metarie, LA 70010 Interfaith Ministries Gr Hous 74-1488102 501(C)3 0 Operating funds 3217 Montrose Blvd 6,134 Houston, TX 77006 76-0187329 501(C)3 Houston Jewish Community General support Foundation5603 South 491,517 Braeswood Houston, TX 77096 Holocaust Museum Houston 76-0331398 501(C)3 0 Unrestricted Education Cente 5401 6,000 Caroline Street Houston, TX 77004 Facilities Gush Etzion FoundationP O 31-1558409 501(C)3 0 Box 1030 150,000 Manchester, NH 03105 Emery Weiner Ctr for Jewish 74-1990541 501(C)3 0 Operating funds Ed9825 Stella Link 186,641 Houston, TX 77025 501(C)3 Elie Wiesel Fdn for Humanity 13-3398151 Support for refugees 555 Madison Ave 20th Fl 500,000 New York, NY 10022 CongBeth Shalom the 76-0030790 501(C)3 Outreach Program Woodlands 5125 Shadowbend 15,000 Place The Woodlands, TX 77381 Support for displaced Christian Friends of Israeli 41-2020104 501(C)3 0 Communities PO Box 50833 families 200,000 Colorado Springs, CO 80949 Camp Young Judaea9647 74-6063430 501(C)3 0 Scholarships Hillcroft 11,770 Houston, TX 77096

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 31-1794932 0 Bnai Brith Youth Organization 501(C)3 Operating funds 5601 South Braeswood Blvd 16,211 Houston, TX 77096 Birthright Israel Foundation 13-4092050 501(C)3 0 Matching grant 33 East 33rd St 7th Floor 59,718 New York, NY 10016 501(C)3 0 Beth Yeshurun Day School 74-1222268 Operating funds 4525 Beechnut 77,798 Houston, TX 77096 0 American Friends of Netanya 13-3937453 501(C)3 Student dormitories College Inc270 Madison Ave 400,000 9th Fl New York, NY 10016 American Friends of NATAL 20-1914370 501(C)3 0 Unrestricted Inc590 Fifth Ave 19th Fl 20,000 New York, NY 10036 0 American Friends of Migdal 13-3389558 501(C)3 Education support Ohr1560 Broadway Ste 510 1,000,000 New York, NY 10036 501(C)3 0 Support hungry American Friends of Meir 20-1582478 Panim5316 New Utrecht Ave children 250,000 Brooklyn, NY 11219 501(C)3 0 American Friends of Magen 13-1790719 Ambulance David Adom888 Seventh 252,500 Ave Ste 400 New York, NY 10001 Support for food American Friends of Leket 20-8202424 501(C)3 0 Israel Inc1402 Teaneck dıstrıb 75.000 Road Teaneck, NJ 07666 0 American Associates Ben 23-7270753 501(C)3 Outreach Program Gurion1430 Broadway 8th 100,000 Floor New York, NY 10018

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
A mer Jewish Joint Distr Comm711 Third Ave 10th Fl New York, NY 10017	13-1656634	501(C)3	536,513	0			General support		
A mer Friends of Hamaayan Fndn1119 East 24th Street New York, NY 11210	11-3431269	501(C)3	50,000	0			Support for comm ctr		
A mer Friends of OR Natl Mission579 Fifty Avenue New York, NY 10017	30-0208763	501(C)3	350,000	0			Settling the Negev & Galilee		
A mer Friends New Comm in Israel169-10 73rd Avenue Flushing, NY 11366	31-1740763	501(C)3	50,000	0			Support for cancer survivors		

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DLN: 93493195009101

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Open to Public

normal riovolido e di vido	F Attach to Form 990. F See separate instructions.	
Name of the organization Jewish Federation of Greater Houston		Employer identification number
		74-1109654
Part I Questions Regarding C	ompensation	

					163	NO	
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	▼ Travel for companions	<u></u>	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	$\sqcap$	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that						
	Compensation committee		Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line $1a$ with respect to the filing organization				
а	a Receive a severance payment or change-of-control payment?						
ь							
c	Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
_	Only 501(c)(3) and 501(c)(4) organizations only must						
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne la,	, did the organization pay or accrue any				
а	a The organization?						
b	<b>b</b> Any related organization?						
	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						
а	a The organization?						
ь	<b>b</b> Any related organization?						
	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 payments not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III						
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?						
				_			

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	f W-2 and/or 1099-MISC compensation  (ii) Bonus & (iii) Other reportable compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F</b> ) Compensation reported in prior Form 990 or Form 990-EZ	
Mary Ward-Hecksel	(I) (II)	130,388				19,951	150,339		
Lee Wunsch	(1) (11)	228,699				53,674	282,373		

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2009

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As Filed Data -

DLN: 93493195009101

**Employer identification number** 

74-1109654

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0**

Name of the organization Jewish Federation of Greater Houston

(Form 990)

Department of the Treasury Internal Revenue Service

**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.

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

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

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	· · ·	The Form is reviewed by the CFO and made available to Board members on the Federation's website, prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Joe Kaplan and Livingston Kosberg have a business relationship Joe Kaplan and David Morris have a business and family relationship Joe Kaplan and Michael Rubenstein have a business and family relationship Joe Kaplan and Ed Schreiber have a business and family relationship Joe Kaplan and Joe Williams have a business and family relationship Joe Kaplan and Joe Williams have a business and family relationship Joe Kaplan and Joe Williams have a business and family relationship Doe Kaplan and Martha Freedman have a business and family relationship Byse Kalmans and Naomi Warren have a family relationship Linda Block and Donald Friedman have a family relationship Sarah Braham and Denis Braham have a family relationship Frieda Dow and Frances Friedman have a family relationship Sandra Frinkelman have a family relationship Donald Freedman have a family relationship Sandra Finkelman and Steven Finkelman have a family relationship Donald Freedman and Martha Freedman have a family relationship Donald Freedman and Martha Freedman have a family relationship Ann Kaufman and Stephen Kaufman have a family relationship Jill Levy, Nat Levy, and Michael Levy have a family relationship Robert Lapin, Stephen Kaufman, and Ann Kaufman have a family relationship Bryan Leibman and Richard Leibman have a family relationship Karol Musher and Frieda Dow have a family relationship Irving Pozmantier and Paula Pozmantier have a family relationship Daniel Trachtenberg and Ellen Trachtenberg have a family relationship Benjamn Warren and Stephen Raufman Dolores Wilkenfeld and Livingston Kosberg have a family relationship Rabbi Joseph Radinsky and Shira Yoshor have a family relationship Benjamn Warren and Elyse Kalmans have a family relationship John Goott and Basil Joffee have a business relationship Miton Frankfort and Rick Stein have a business relationship John Goott and Basil Joffee have a business relationship Nat Levy and Denis Braham have a business relationship At Levy and Steve Finkelman and Stephan Kaufman Dolores Wilkenfeld and Mark Br

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 OTHER PROGRAM SERVICES 5 Community Relations Committee (CRC) programs focus on education and information on domestic and international issues directly impacting the Jew ish community

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SCHEDULE R (Form 990)

Name of the organization

Jewish Federation of Greater Houston

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. ► See separate instructions.

OMB No 1545-0047

**Employer identification number** 

DLN: 93493195009101

2009

Open to Public Inspection

				74-1109654				
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon a	answered "Yes" on	Form 990, Part I	•				
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)  (d) Total income		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity			
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization an	swered "Yes" on	Form 990, Part IV,	line 34 because it had one			
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity			
The Samuels Foundation								
5603 South Braeswood Blvd	Supporting	TX	501(c)(3)	509(a)(3)T1	N/A			
Houston, TX 77096 76-0207517								
The Rauch Foundation								
5603 South Braeswood Blvd  Houston, TX 77096 76-0300344	Supporting	TX	501(c)(3)	509(a)(3)T1	N/A			
The Alan F & Diane R Levin Foundation								
5603 South Braeswood Blvd	Supporting	TX	501(c)(3)	509(a)(3)T1	N/A			
Houston, TX 77096 76-0613294								
The Becker Family Foundation								
5603 South Braeswood Blvd	Supporting	TX	501(c)(3)	509(a)(3)TI	N/A			
Houston, TX 77096 76-0560995								
Mary L & William J Osher Foundation								
5603 South Braeswood Blvd	Supporting	TX	501(c)(3)	509(a)(3)TI	N/A			
Houston, TX 77096 20-5094518								
Houston Jewish Community Foundation								
5603 South Braeswood Blvd	To support Jewish Federation	ТХ	501(c)(3)	509(a)(1)	N/A			
Houston, TX 77096 76-0187329								

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h</b> Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor ging
							Yes	No		Yes	No
Part IV Identific	Identification of Polated Organizations Tayable as a Corporation or Trust (Complete of the organization answered "Vos" on Form 990. Dart IV										

Part IV

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

		· , , , , , , , , , , , , , , , , , , ,						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
Minnette & Jerome Robinson CRAT 5603 South Braeswood Blvd Houston, TX77096 76-6103916	Remainder Trust	TX	N/A	Trust	4,660	74,696	100 000 %	
Martha Ellen Kaplan Freedman CRAT 5603 South Braeswood Blvd Houston, TX77096 74-2550810	Remainder Trust	TX	N/A	Trust	5,600	78,570	100 000 %	

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 34, 35, or 36.)				
Note	. Complete line 1 if any entity is listed in Parts II, III or IV		,	Yes	No	
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?				
a Rece	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No	
<b>b</b> Gift,	grant, or capital contribution to other organization(s)		1b	Yes		
<b>c</b> Gıft,	grant, or capital contribution from other organization(s)		<b>1</b> c	Yes		
<b>d</b> Loar	s or loan guarantees to or for other organization(s)		1d		No	
<b>e</b> Loar	s or loan guarantees by other organization(s)		1e		No	
<b>f</b> Sale	of assets to other organization(s)		1f		No	
<b>g</b> Purc	hase of assets from other organization(s)		<b>1</b> g		No	
h Excl	nange of assets		1h		No	
i Leas	e of facilities, equipment, or other assets to other organization(s)		1i		No	
<b>j</b> Leas	e of facilities, equipment, or other assets from other organization(s)		1j		No	
<b>k</b> Perf	ormance of services or membership or fundraising solicitations for other organization(s)		1k		No	
I Perfo	rmance of services or membership or fundraising solicitations by other organization(s)		11		No	
m Sharing of facilities, equipment, mailing lists, or other assets						
<b>n</b> Shar	ring of paid employees		1n	Yes		
<b>o</b> Reim	nbursement paid to other organization for expenses		10		No	
<b>p</b> Reim	nbursement paid by other organization for expenses		<b>1</b> p	Yes		
<b>q</b> Othe	er transfer of cash or property to other organization(s)		<b>1</b> q		No	
r Othe	r transfer of cash or property from other organization(s)		1r		No	
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	 holds			
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		(c) nt involv	ed	
	tional Data Table					
(2)						
(3)						
(4)			+			
(5)						
(3)						
(6)						

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	N
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**EIN:** 74-1109654

Name: Jewish Federation of Greater Houston

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
The Samuels Foundation	Supporting	TX	501(c)(3)	509(a)(3)T1	N/A
5603 South Braeswood Blvd Houston, TX77096 76-0207517					
The Rauch Foundation	Supporting	TX	501(c)(3)	509(a)(3)T1	N/A
5603 South Braeswood Blvd Houston, TX77096 76-0300344					
The Alan F & Diane R Levin Foundation	Supporting	TX	501(c)(3)	509(a)(3)T1	N/A
5603 South Braeswood Blvd Houston, TX77096 76-0613294					
The Becker Family Foundation	Supporting	TX	501(c)(3)	509(a)(3)TI	N/A
5603 South Braeswood Blvd Houston, TX77096 76-0560995					
Mary L & William J O sher Foundation	Supporting	TX	501(c)(3)	509(a)(3)TI	N/A
5603 South Braeswood Blvd Houston, TX77096 20-5094518					
Houston Jewish Community Foundation	To support Jewish	TX	501(c)(3)	509(a)(1)	N/A
5603 South Braeswood Blvd Houston, TX77096 76-0187329	Federation				

## Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)
(1)	The Samuels Foundation	С	76,000
(1)	The Rauch Foundation	с	25,000
(2)	The Alan F & Diane R Levin Foundation	с	6,050
(3)	The Becker Family Foundation	С	86,000
(4)	Mary L & William J Osher Foundation	с	373,500
(5)	Houston Jewish Community Foundation	р	463,168
(6)	Houston Jewish Community Foundation	с	1,916,427
(7)	Houston Jewish Community Foundation	b	34,471