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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)

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **08/01/10**, and ending **07/31/11**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **DALLAS JEWISH COMMUNITY FOUNDATION**
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address): **7800 NORTHAVEN ROAD** Room/suite: _____
 City or town, state or country, and ZIP + 4: **DALLAS TX 75230-3296**

D Employer identification number: **75-2836123**

E Telephone number: **214-615-9351**

F Name and address of principal officer: **CARY ROSSEL**
7800 NORTHAVEN ROAD
DALLAS TX 75230-3296

G Gross receipts \$: **10,783,696**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: **WWW.DJCF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1999**

M State of legal domicile: **TX**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a): **47**

4 Number of independent voting members of the governing body (Part VI, line 1b): **47**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a): **12**

6 Total number of volunteers (estimate if necessary): **100**

7a Total unrelated business revenue from Part VIII, column (C), line 12: _____

7b Net unrelated business taxable income from Form 990-T, line 34: **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h):	7,373,983	7,108,340
9 Program service revenue (Part VIII, line 2g):		
10 Investment income (Part VIII, column (A), lines 3, 4, and 5d):	122,172	3,508,644
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 11e):	159,650	166,712
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12):	7,655,805	10,783,696
13 Grants and similar amounts paid (Part IX, column (A), lines 13a-13d):	8,601,617	7,553,469
14 Benefits paid to or for members (Part IX, column (A), line 4):		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):	803,271	856,927
16a Professional fundraising fees (Part IX, column (A), line 11e):		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,567		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f):	582,549	566,120
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25):	9,987,437	8,976,516
19 Revenue less expenses Subtract line 18 from line 12:	-2,331,632	1,807,180

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16):	125,866,963	142,119,564
21 Total liabilities (Part X, line 26):	56,155,274	67,517,858
22 Net assets or fund balances Subtract line 21 from line 20:	69,711,689	74,601,706

Part II Signature Block

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

Sign Here
 Signature of officer: *[Signature]* Date: **6/18/12**
MEYER BODOFF
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **ELLAN WRIGHT** Preparer's signature: *[Signature]* Date: **6/18/12** Check if self-employed PTIN: **P00112450**
 Firm's name ▶ **COLE & REED, P.C.** Firm's EIN ▶ **73-1312422**
 Firm's address ▶ **531 COUCH DR OKLAHOMA CITY, OK 73102-2251** Phone no: **405-239-7961**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUL 10 2012

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **8,694,507** including grants of \$ **7,553,469**) (Revenue \$)
DISTRIBUTIONS AND GRANTS TO OTHER NON-PROFIT AGENCIES AT THE APPROVAL OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **8,694,507**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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 (see instructions)		X
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		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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		X
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		X
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		X
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)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Yes No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
2b	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 (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	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).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **MEYER BODOFF 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 214-615-9351**

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARY ROSSEL CHAIRMAN	1.00	X		X			0	0	0	
(2) ALAN KLEIN VICE-CHAIRMAN	1.00	X		X			0	0	0	
(3) DONALD SCHAFFER TRUSTEE	1.00	X					0	0	0	
(4) MARSHALL FUNK TRUSTEE	1.00	X					0	0	0	
(5) JUDITH BARTON TRUSTEE	1.00	X					0	0	0	
(6) J. TODD CHANON TRUSTEE	1.00	X					0	0	0	
(7) HOWARD S. COHEN TRUSTEE	1.00	X					0	0	0	
(8) RUSTY COOPER TRUSTEE	1.00	X					0	0	0	
(9) RICHARD L. GLAZER TRUSTEE	1.00	X					0	0	0	
(10) MARTIN GOLMAN TRUSTEE	1.00	X					0	0	0	
(11) BARBARA GUTOW TRUSTEE	1.00	X					0	0	0	
(12) MARCY C. HELFAND TRUSTEE	1.00	X					0	0	0	
(13) JULIE LOWENBERG TRUSTEE	1.00	X					0	0	0	
(14) HAL JAYSON TRUSTEE	1.00	X					0	0	0	
(15) HYLTON JONAS TRUSTEE	1.00	X					0	0	0	
(16) DONALD KIVOWITZ TRUSTEE	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) LEONARD R. KRASNOW TRUSTEE	1.00	X						0	0	0
(18) ANN E. LEVINE TRUSTEE	1.00	X						0	0	0
(19) LISA R. NEWMAN TRUSTEE	1.00	X						0	0	0
(20) HARLAN POLLOCK TRUSTEE	1.00	X						0	0	0
(21) STUART M. PRESCOTT TRUSTEE	1.00	X						0	0	0
(22) STANLEY RABIN TRUSTEE	1.00	X						0	0	0
(23) JOHN A. RAPHAEL TRUSTEE	1.00	X						0	0	0
(24) RICHARD ROHAN TRUSTEE	1.00	X						0	0	0
(25) ANDREW H. SCHULTZ TRUSTEE	1.00	X						0	0	0
(26) LAWRENCE E. STEINBERG TRUSTEE	1.00	X						0	0	0
(27) RONALD G. STEINHART TRUSTEE	1.00	X						0	0	0
(28) ALAN TOLMAS TRUSTEE	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								159,388		
d Total (add lines 1b and 1c)								159,388		

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 **▶ 1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section 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) Compensation

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**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MICHELLE TYCHER-STEIN TRUSTEE	1.00	X						0	0	0
(18) MILES D. ZITMORE TRUSTEE	1.00	X						0	0	0
(19) GERARDO WEINSTEIN TRUSTEE	1.00	X						0	0	0
(20) MARK H. KREDITOR TRUSTEE	1.00	X						0	0	0
(21) DAVID RADUNSKY TRUSTEE	1.00	X						0	0	0
(22) JEFF RASANSKY TRUSTEE	1.00	X						0	0	0
(23) LAWRENCE ROSENBLIOM TRUSTEE	1.00	X						0	0	0
(24) LARRY SCHOENBRUN TRUSTEE	1.00	X			X			0	0	0
(25) GARY HOFFMAN TRUSTEE	1.00	X						0	0	0
(26) SANDY KAUFMAN TRUSTEE	1.00	X						0	0	0
(27) RON MANKOFF TRUSTEE	1.00	X						0	0	0
(28) RICHARD MASSMAN TRUSTEE	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section 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) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) STANLEY PEARLE TRUSTEE	1.00	X						0	0	0
(18) BERT ROMBERG TRUSTEE	1.00	X						0	0	0
(19) HOWARD SCHULTZ TRUSTEE	1.00	X						0	0	0
(20) MYRON SCHWITZER TRUSTEE	1.00	X						0	0	0
(21) IRA SILVERMAN TRUSTEE	1.00	X						0	0	0
(22) ANDREA STATMAN TRUSTEE	1.00	X						0	0	0
(23) PEGGY TOBOLOWSKY TRUSTEE	1.00	X						0	0	0
(24) MEYER L. BODOFF PRESIDENT/CEO	40.00			X				159,388	0	0
(25)										
(26)										
(27)										
(28)										
1b Sub-total								159,388		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section 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) Compensation

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 ▶

Part VIII Statement 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,108,340			
	g Noncash contributions included in lines 1a-1f		\$ 1,619,186			
	h Total. Add lines 1a-1f			7,108,340		
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,657,862			1,657,862
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,850,782			
	b Less cost or other basis & sales exps					
	c Gain or (loss)		1,850,782			
	d Net gain or (loss)			1,850,782		1,850,782
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MANAGEMENT FEE INCOME		900099	114,790			114,790
b EVENT INCOME		900099	51,922			51,922
c						
d All other revenue						
e Total. Add lines 11a-11d			166,712			
12 Total revenue. See instructions			10,783,696	0	0	3,675,356

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,553,469	7,553,469		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	675,540	598,150	50,368	27,022
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	131,259	87,944	38,065	5,250
10 Payroll taxes	50,128	33,586	14,537	2,005
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	120,595	46,292	71,603	2,700
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	18,566	12,439	5,384	743
17 Travel	337		236	101
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,748	47,883	8,044	4,821
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BOND FINANCING COSTS	258,877	258,877		
b OTHER EXPENSES	46,011	19,434	26,569	8
c PRINTING AND PUBLICATIONS	24,084	12,042		12,042
d SUPPLIES	14,730	12,520	1,473	737
e POSTAGE AND SHIPPING	10,448	7,000	3,030	418
f All other expenses	11,724	4,871	5,133	1,720
25 Total functional expenses. Add lines 1 through 24f	8,976,516	8,694,507	224,442	57,567
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,868,965	1	2,002,867
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	837,041	3	606,194
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	16,100,643	7	15,860,300
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,951,439	9	2,812,364
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b	Less accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities	103,562,460	11	119,656,537
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	546,415	15	1,181,302
16	Total assets. Add lines 1 through 15 (must equal line 34)	125,866,963	16	142,119,564	
Liabilities	17	Accounts payable and accrued expenses	73,106	17	62,982
	18	Grants payable	161,652	18	163,812
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	16,010,000	20	15,785,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	39,910,516	25	51,506,064
	26	Total liabilities. Add lines 17 through 25	56,155,274	26	67,517,858
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	54,881,341	27	59,846,280
	28	Temporarily restricted net assets	13,935,452	28	13,860,530
	29	Permanently restricted net assets	894,896	29	894,896
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	69,711,689	33	74,601,706	
34	Total liabilities and net assets/fund balances	125,866,963	34	142,119,564	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	10,783,696
2	Total expenses (must equal Part IX, column (A), line 25)	8,976,516
3	Revenue less expenses Subtract line 2 from line 1	1,807,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	69,711,689
5	Other changes in net assets or fund balances (explain in Schedule O)	3,082,837
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	74,601,706

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public
Inspection

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.

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

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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 supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	36,634,292	10,447,389	7,745,575	7,373,983	7,108,340	69,309,579
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	36,634,292	10,447,389	7,745,575	7,373,983	7,108,340	69,309,579
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,184,742
6 Public support. Subtract line 5 from line 4						45,124,837

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	36,634,292	10,447,389	7,745,575	7,373,983	7,108,340	69,309,579
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,975,298	2,875,822	1,913,553	1,690,548	1,657,862	11,113,083
9 Net income from unrelated business activities, whether or not the business is regularly carried on				158,650	165,712	324,362
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						80,747,024
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	55.88%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	66.49%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	\$	0
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**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	350	
2 Aggregate contributions to (during year)	4,608,784	
3 Aggregate grants from (during year)	5,923,810	
4 Aggregate value at end of year	32,076,820	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,854,735	23,676,075	25,640,627		
b Contributions	1,961,383	1,962,925	3,554,130		
c Net investment earnings, gains, and losses	2,863,844	2,790,396	-2,179,590		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,074,571	3,219,270	3,107,529		
f Administrative expenses	291,437	355,391	231,563		
g End of year balance	26,313,954	24,854,735	23,676,075		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ **86.00 %**
- b** Permanent endowment ▶ **11.00 %**
- c** Term endowment ▶ **3.00 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CUSTODIAL LIABILITIES	50,428,774
(3) LIABILITY FOR SPLIT INT AGREEMENT	1,077,290
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	51,506,064

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net) Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9		10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5

Part XIV Supplemental Information

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, line 2, 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

Part XIV. Supplemental Information (continued)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADAT CHAVERIM 6300-A INDEPENDENCE PARKWAY PLANO TX 75023	75-2708475	3	7,690				RELIGION
(2)	ADOLPH & ROSE LEVIS JEWISH COMMUNIT 9801 DONNA KLEIN BLVD BOCA RATON FL 33428	65-1127438	3	8,334				COMMUNITY DEVELOPMENTS
(3)	AKIBA ACADEMY OF DALLAS 12324 MERIT DRIVE DALLAS TX 75251	75-1151383	3	186,025				EDUCATIONAL
(4)	AMERICAN COMMITTEE FOR SHAARE ZEDEK 55 W. 39TH STREET, 4TH FLOOR NEW YORK NY 10018	13-5645878	3	5,750				MEDICAL RESEARCH
(5)	AMERICAN FRIENDS OF YAD ELIEZER 1102 E. 26TH STREET BROOKLYN NY 11210	11-3459952	3	8,000				HUMAN SERVICE
(6)	AMERICAN JEWISH COMMITTEE 12720 HILLCREST ROAD, #210 DALLAS TX 75230	13-5563393	3	17,830				PUBLIC AFFAIRS
(7)	AMERICAN JEWISH JOINT DISTRIBUTION 711 THIRD AVENUE, 10TH FLOOR NEW YORK NY 10017-4014	13-1656634	3	22,709				HUMAN SERVICE
(8)	AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH ST., 11TH FLOOR NEW YORK NY 10018-7904	22-2584370	3	33,442				HUMAN SERVICE
(9)	AMERICAN RED CROSS/DALLAS AREA CHAP 4800 HARRY HINES BLVD. DALLAS TX 75235-7717	75-0800605	3	8,700				DISASTER RELIEF

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

3 Enter total number of other organizations

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

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No 1545-0047

2010

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Employer identification number
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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMFAR, THE FOUNDATION FOR AIDS RESE 120 WALL STREET, 13TH FLOOR NEW YORK NY 10005	13-3163817	3	8,000				DISEASE/DISORDER
(2)	ANN AND NATE LEVINE ACADEMY, A SOLO 18011 HILLCREST ROAD DALLAS TX 75252-5863	75-2714693	3	246,664				EDUCATIONAL
(3)	ANTI-DEFAMATION LEAGUE 12800 HILLCREST RD, SUITE 219 DALLAS TX 75230-1514	13-2887439	3	23,030				PUBLIC AFFAIRS
(4)	ASOLO REPERTORY THEATER INC. 5555 NORTH TAMiami TRAIL SARASOTA FL 34243	59-2717909	3	27,375				ARTS, CULTURE
(5)	AUSCHWITZ INSTITUTE FOR PEACE AND 2 WEST 45TH ST., SUITE 1602 NEW YORK NY 10036	20-4714242	3	15,000				HUMAN SERVICE
(6)	BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE, SUITE 100 DALLAS TX 75246-1800	75-1606705	3	26,150				HEALTH, GENERAL
(7)	BBOYO, INC. 2020 K STREET NW, 7TH FL. WASHINGTON DC 20006-1828	76-0314607	3	6,000				ISRAEL TEEN TRIPS
(8)	BIRTHRIGHT ISRAEL FOUNDATION P. O. BOX 1784 NEW YORK NY 10156	13-3931912	3	14,500				ISRAEL TEEN TRIPS
(9)	BRANDEIS UNIVERSITY 415 SOUTH STREET, MS 012 WALTHAM MA 02454-9110	04-2103552	3	10,000				EDUCATIONAL

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

3 Enter total number of other organizations

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DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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2010

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Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CAMP YOUNG JUDEAEA 121 CAMP YOUNG JUDEAEA DRIVE WIMBERLEY TX 78676	74-6063430	3	18,700				YOUTH DEVELOPMENT
(2)	CAPITAL CAMPAIGN-GDJC 7800 NORTHAVEN ROAD DALLAS TX 75230	75-2819936	3	154,974				COMMUNITY DEVELOPMENT
(3)	CHABAD LUBAVITCH OF DALLAS 6710 LEVELLAND RD. DALLAS TX 75252	23-7278350	3	20,600				RELIGION
(4)	CHILDREN'S MEDICAL CENTER OF DALLAS 2777 STEMMONS FRWY, STE. 700 DALLAS TX 75207	75-0800628	3	12,100				HEALTH, GENERAL
(5)	COMMUNITY HOMES FOR ADULTS, INC. 5959 ROYAL LANE, SUITE 634-214 DALLAS TX 75230	75-1894451	3	35,938				HOUSING, SHELTER
(6)	CONGREGATION ANSHAI TORAH 5501 WEST PARKER ROAD PLANO TX 75093	75-1704418	3	19,244				RELIGION
(7)	CONGREGATION BETH TORAH 720 W. LOOKOUT DRIVE RICHARDSON TX 75080	23-7436203	3	26,785				RELIGION
(8)	CONGREGATION OHR HATORAH 6324 CHURCHILL WAY DALLAS TX 75230	75-2803545	3	19,104				RELIGION
(9)	CONGREGATION SHAAPE TEFILLA 6131 CHURCHILL WAY DALLAS TX 75230	75-2082492	3	70,268				RELIGION

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

3 Enter total number of other organizations

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**SCHEDULE I
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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CONGREGATION SHEARITH ISRAEL 9401 DOUGLAS AVENUE DALLAS TX 75225-1612	75-0976060	3	780,064				RELIGION
(2)	CONGREGATION TIFERET ISRAEL 10909 HILLCREST ROAD DALLAS TX 75230	75-0871724	3	30,023				RELIGION
(3)	CORNELL UNIVERSITY P. O. BOX 535267 PITTSBURGH PA 15352-9874	15-0532082	3	5,500				EDUCATIONAL
(4)	DALLAS AREA TORAH ASSOCIATION 5840 FOREST LANE DALLAS TX 75230-2634	75-2246229	3	26,380				RELIGION
(5)	DALLAS CENTER FOR THE PERFORMING AR 2100 ROSS AVENUE, SUITE 650 DALLAS TX 75201	75-2890923	3	7,500				ARTS, CULTURE
(6)	DALLAS CHAPTER OF HADASSAH 6757 ARAPAHO, SUITE 711-182 DALLAS TX 75248	23-7289943	3	19,372				HUMAN SERVICE
(7)	DALLAS COMMUNITY KOLLEL 6131 CHURCHILL WAY DALLAS TX 75230	32-0080766	3	33,000				RELIGION
(8)	DALLAS CONTEMPORARY 161 GLASS STREET DALLAS TX 75207	75-1575687	3	6,250				ARTS, CULTURE
(9)	DALLAS HEBREW FREE LOAN ASSOCIATION P. O. BOX 671235 DALLAS TX 75367-1235	51-0148138	3	14,233				HUMAN SERVICE

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

3 Enter total number of other organizations

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DAA

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No 1545-0047

2010

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Department of the Treasury
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DALLAS JEWISH COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DALLAS HOLOCAUST MUSEUM/CENTER FOR 211 NORTH RECORD ST., STE. 100 TX 75202-3361	75-2113723	3	59,596				ARTS, CULTURE
(2)	DALLAS HOME FOR JEWISH AGED, INC. 6101 OHIO DRIVE, SUITE 100 PLANO TX 75024	75-0871733	3	24,002				ELDERLY SERVICES
(3)	DALLAS JEWISH COALITION, INC. 7557 RAMBLER, SUITE 262 DALLAS TX 75231	75-2133827	3	15,150				HOUSING, SHELTER
(4)	DALLAS JEWISH HISTORICAL SOCIETY 7900 NORTHAVEN ROAD DALLAS TX 75230	75-2156817	3	41,908				ARTS, CULTURE
(5)	DALLAS MUSEUM OF ART 1717 NORTH HARWOOD DALLAS TX 75201-2398	75-0808774	3	8,749				ARTS, CULTURE
(6)	DALLAS SYMPHONY ASSOCIATION 2301 FLORA STREET, STE 300 DALLAS TX 75201	75-0705442	3	48,274				ARTS, CULTURE
(7)	DALLAS THEATER CENTER 2400 FLORA STREET DALLAS TX 75201	75-0959992	3	24,991				ARTS, CULTURE
(8)	DALLAS WOMEN'S FOUNDATION 4300 MACARTHUR AVE., SUITE 255 DALLAS TX 75209	75-2048261	3	30,250				PHILANTHROPY
(9)	EQUEST P O BOX 192747 DALLAS TX 75219-8527	75-1823701	3	16,000				HEALTH, GENERAL

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

3 Enter total number of other organizations

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DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAIRHILL SCHOOL 16150 PRESTON ROAD DALLAS TX 75248-3558	75-1406064	3	20,230				EDUCATIONAL
(2)	FOUNDATION FOR JEWISH CAMP, INC. 15 WEST 36TH ST., 13TH FLOOR NEW YORK NY 10018	22-3551013	3	12,700				YOUTH DEVELOPMENT
(3)	FRIENDS OF KESHER FOUNDATION, INC. 6710 LEVELLAND RD DALLAS TX 75252	75-2666081	3	5,234				PHILANTHROPY
(4)	FRIENDS OF WEDNESDAY'S CHILD 2801 SWISS AVE., STE. 130 DALLAS TX 75204	75-1995826	3	14,500				YOUTH DEVELOPMENT
(5)	FRIENDSHIP CIRCLE 7170 LOXAHATCHEE ROAD PARKLAND FL 33067	26-2025179	3	5,400				HUMAN SERVICE
(6)	HADASSAH THE WOMENS ZIONIST ORGANIZ P. O. BOX 745 NEW YORK NY 10101-0745	13-1656651	3	13,038				HUMAN SERVICE
(7)	HEBREW UNION COLLEGE-JEWISH INSTTU 1 WEST 4TH STREET NEW YORK NY 10012-1186	31-0537067	3	25,200				EDUCATIONAL
(8)	HILLEL COMMUNITY DAY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH FL 33180	59-1296635	3	19,250				EDUCATIONAL
(9)	HOCKADAY SCHOOL 11600 WELCH ROAD DALLAS TX 75229-9965	75-0800650	3	17,150				EDUCATIONAL

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

3 Enter total number of other organizations

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HOLocaust MUSEUM 5401 CAROLINE HOUSTON TX 77004	76-0331398	3	100,350				EDUCATIONAL
(2)	ISRAEL EDUCATION RESOURCE CENTER 85 REVERE DRIVE, SUITE I NORTHBROOK IL 60062	26-1422898	3	26,210				EDUCATIONAL
(3)	ISRAEL EXPERIENCE 19 HOLLAND LANE MONSEY NY 10952	26-3277052	3	8,800				RELIGION
(4)	ISRAEL-TEXAS SCIENCE AND EDUCATION 1302 E. COLLINS BLVD. RICHARDSON TX 75081	32-0225988	3	53,197				EDUCATIONAL
(5)	JEWISH CAMPUS ACTIVITIES BOARD 215 SOUTH 39TH STREET PHILADELPHIA PA 19104	23-1365179	3	7,300				YOUTH DEVELOPMENT
(6)	JEWISH CHILDREN'S REGIONAL SERVICE P.O. BOX 7368 METAIRIE LA 70010-7368	72-0408936	3	5,300				YOUTH DEVELOPMENT
(7)	JEWISH COMMUNITY CENTER 7900 NORTHAVEN ROAD DALLAS TX 75230-3392	75-1461847	3	258,747				COMMUNITY DEVELOPMENT
(8)	JEWISH COMMUNITY FOUNDATION OF GREATER 5801 W. 115TH, SUITE 104 OVERLAND PARK KS 66211	43-6049281	3	10,000				COMMUNITY DEVELOPMENT
(9)	JEWISH COUNCIL FOR PUBLIC AFFAIRS P. O. BOX 1415 NEW YORK NY 10156-1415	13-1624104	3	5,500				PUBLIC AFFAIRS

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

3 Enter total number of other organizations

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JEWISH EDUCATIONAL EXPERIENCE 5840 FOREST LANE DALLAS TX 75230	02-0811021	3	7,000				EDUCATIONAL
(2)	JEWISH FAMILY SERVICE 5402 ARAPAHO ROAD DALLAS TX 75248-7098	75-1992728	3	286,413				HUMAN SERVICE
(3)	JEWISH FAMILY SERVICE-HOUSTON 4131 S. BRAESWOOD BLVD. HOUSTON TX 77025-3392	74-1152607	3	100,000				HUMAN SERVICE
(4)	JEWISH FEDERATION OF GREATER DALLAS 7800 NORTHAVEN ROAD DALLAS TX 75230	75-0800654	3	2,329,170				COMMUNITY DEVELOPEMEN
(5)	JEWISH FEDERATION OF WACO P. O. BOX 8031 WACO TX 76714-8031	74-1167963	3	50,000				COMMUNITY DEVELOPEMEN
(6)	JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY, SUITE 1700 NEW YORK NY 10004-1010	13-1624240	3	169,756				INTERNATIONAL
(7)	JEWISH LIFE NETWORK 6906 OLD PRESTON PLACE DALLAS TX 75252	27-3450821	3	5,900				COMMUNITY DEVELOPEMEN
(8)	JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK NY 10021	13-1659627	3	5,400				ENVIRONMENTAL
(9)	JEWISH STUDIES INITIATIVE OF NORTH 3831DUCHESS TRAIL DALLAS TX 75229	01-0967102	3	5,500				EDUCATIONAL

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

3 Enter total number of other organizations

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JUVENILE DIABETES RESEARCH FOUNDATI 9400 N. CENTRAL EXPY, #1201 DALLAS TX 75231	23-1907729	3	5,100				MEDICAL RESEARCH
(2)	KESHER ID, INC. 18900 NORTHEAST 25TH AVENUE NORTH MIAMI BEACH FL 33180-3207	65-0591858	3	19,800				EDUCATIONAL
(3)	MARC LUSTGARTEN PANCREATIC CANCER 1111 STEWART AVENUE BETHPAGE NY 11714	31-1611837	3	11,000				MEDICAL RESEARCH
(4)	MARCH OF THE LIVING 12324 MERIT DRIVE DALLAS TX 75251	75-2470261	3	5,975				ISRAEL TEEN TRIPS
(5)	MAX GLAUBEN HOLOCAUST EDUCATIONAL 5708 CHARLESTOWN DALLAS TX 75230	27-2601502	3	10,000				EDUCATIONAL
(6)	MAYO CLINIC 200 FIRST STREET SW ROCHESTER MN 55905	41-6011702	3	20,050				MEDICAL RESEARCH
(7)	MICHIGAN STATE UNIVERSITY COLLEGE 306 BERKLEY HALL EAST LANSING MI 48824	38-6005984	3	20,869				EDUCATIONAL
(8)	MOISHE FOUNDATION 1330 BROADWAY STREET, SUITE 801 OAKLAND CA 94612	26-2599786	3	21,000				HOUSING, SHELTER
(9)	MUSCULAR DYSTROPHY ASSOCIATION 12655 N. CENTRAL EXPRESSWAY DALLAS TX 75243	13-1665552	3	5,200				DISEASE/DISORDER

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

3 Enter total number of other organizations

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NATIONAL COUNCIL OF JEWISH WOMEN 6025 ROYAL LANE, SUITE #219-9 DALLAS TX 75230	75-0800635	3	14,975				HUMAN SERVICE
(2)	NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER CO 80206	74-2044647	3	7,350				MEDICAL RESEARCH
(3)	NATIONAL MS SOCIETY - LONE STAR CHA 2105 LUNA ROAD, STE. 390 CARROLLTON TX 75006	74-1266225	3	5,650				DISEASE/DISORDER
(4)	NEIGHBORS UNITED FOR QUALITY EDUCAT 924 WAYNE STREET DALLAS TX 75223	75-1612054	3	5,300				EDUCATIONAL
(5)	NORTH TEXAS FOOD BANK 4500 SOUTH COCKRELL HILL ROAD DALLAS TX 75236	75-1785357	3	29,866				FOOD, NUTRITION
(6)	NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES DALLAS TX 75201	75-2084961	3	12,328				ARTS, CULTURE
(7)	NORTHAVEN CHARITABLE GIVING FOUNDAT 7800 NORTHAVEN ROAD DALLAS TX 75230	26-0850444	3	23,510				OTHER
(8)	PLANNED PARENTHOOD HEALTH SERVICES 7424 GREENVILLE AVENUE, #206 DALLAS TX 75231	20-1121091	3	94,294				HEALTH, GENERAL
(9)	PROJECT KESHER 2144 ASHLAND AVE, STE 3 EVANSTON IL 60201-3081	36-3673594	3	15,000				HUMAN SERVICE

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

3 Enter total number of other organizations

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

DAA

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2010

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RABBINICAL COLLEGE OF AMERICA P. O. BOX 1996 MORRISTOWN NJ 07962-1996	22-6017975	3	29,500				EDUCATIONAL
(2)	S. M. WRIGHT FOUNDATION 2201 MAIN STREET, STE 805 DALLAS TX 75201	31-1613179	3	10,000				HUMAN SERVICE
(3)	SIGMA ALPHA MU FOUNDATION 8701 FOUNDERS ROAD INDIANAPOLIS IN 46268	13-6093817	3	10,000				FRATERNAL ORDERS
(4)	ST. MARK'S SCHOOL OF TEXAS 10600 PRESTON ROAD DALLAS TX 75230	75-0827460	3	78,150				EDUCATIONAL
(5)	TEMPLE EMANU-EL 8500 HILLCREST ROAD DALLAS TX 75225-4288	75-0808773	3	135,606				RELIGION
(6)	TEMPLE SHALOM 6930 ALPHA ROAD DALLAS TX 75240	75-1231572	3	36,160				RELIGION
(7)	TEXAS HEALTH PRESBYTERIAN FOUNDATIO 8440 WALNUT HILL LANE, STE 800, LB DALLAS TX 75231-3825	75-2022128	3	5,050				HEALTH, GENERAL
(8)	TEXAS HILLEL FOUNDATION 2105 SAN ANTONIO STREET AUSTIN TX 78705-5521	52-1758802	3	16,355				YOUTH DEVELOPMENT
(9)	TEXAS TORAH INSTITUTE 6506 FRANKFORD ROAD DALLAS TX 75252	02-0699665	3	6,700				EDUCATIONAL

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

3 Enter total number of other organizations

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

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THANKS-GIVING FOUNDATION P. O. BOX 131770 DALLAS TX 75313-1770	75-6036406	3	25,100				PHILANTHROPY
(2)	THE DALLAS OPERA 2403 FLORA STREET, SUITE 500 DALLAS TX 75201	75-6004746	3	14,000				ARTS, CULTURE
(3)	THE ISRAEL PROJECT-TIP 2020 K STREET NW, SUITE 7600 WASHINGTON DC 20006-1828	37-1472882	3	6,250				HUMAN SERVICE
(4)	THE JUNE SHELTON SCHOOL & EVALUATIO 15720 HILLCREST ROAD DALLAS TX 75248-9970	75-1507280	3	18,300				EDUCATIONAL
(5)	THE LEGACY SENIOR COMMUNITIES, INC. 6101 OHIO DRIVE, SUITE 100 PLANO TX 75024	03-0435268	3	105,750				ELDERLY SERVICES
(6)	THE SHUL OF BAL HARBOUR 9540 COLLINS AVENUE SURFSIDE FL 33154	59-2302315	3	30,160				RELIGION
(7)	THE WISE ACADEMY 6938 DESCO PLACE DALLAS TX 75225-1723	75-2655587	3	39,070				EDUCATIONAL
(8)	THE WOMEN'S MUSEUM 3800 PARRY AVENUE DALLAS TX 75226	74-2879023	3	5,885				ARTS, CULTURE
(9)	TORAH DAY SCHOOL OF DALLAS 6921 FRANKFORD ROAD DALLAS TX 75252	16-1626550	3	26,480				EDUCATIONAL

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

3 Enter total number of other organizations

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

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TRUSTEES OF TUFTS COLLEGE 220 PACKARD AVENUE MEDFORD MA 02155	04-2103634	3	10,000				EDUCATIONAL
(2)	TRUSTEES OF TUFTS COLLEGE P. O. BOX 3306 BOSTON MA 02241-3306	04-2103634	3	10,000				EDUCATIONAL
(3)	UNITED CHURCH OF RELIGIOUS SCIENCE 4801 SPRING VALLEY RD, STE 115 DALLAS TX 75244	75-6029151	3	6,000				RELIGION
(4)	UNITED STATES HOLOCAUST MEMORIAL MU P.O. BOX 90988 WASHINGTON DC 20090-0988	52-1309391	3	7,008				ARTS, CULTURE
(5)	UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR STREET DALLAS TX 75202	75-6005352	3	33,264				HUMAN SERVICE
(6)	UNIVERSITY OF MIAMI 5665 PONCE DE LEON BOULEVARD CORAL GABLES FL 33146	59-0624458	3	27,100				EDUCATIONAL
(7)	UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE #305369 DENTON TX 76203-5017	23-7232618	3	19,513				EDUCATIONAL
(8)	UNIVERSITY OF TEXAS - COLLEGE OF 1 UNIVERSITY STATION A0900 AUSTIN TX 78712	74-1587488	3	25,000				EDUCATIONAL
(9)	UNIVERSITY OF TEXAS AT DALLAS JO 31, 800 W. CAMPBELL ROAD RICHARDSON TX 75080-3021	75-1305566	3	9,154				EDUCATIONAL

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

3 Enter total number of other organizations

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF TEXAS CHABAD HOUSE 2101 NUECES ST. AUSTIN TX 78705	45-2530523	3	5,100				RELIGION
(2)	URJ GREENE FAMILY CAMP P.O. BOX 1468-1192 SMITH LANE BRUCEVILLE TX 76630	13-1663143	3	28,153				YOUTH DEVELOPMENT
(3)	VARIOUS							OTHER
(4)	VOGEL ALCOVE 7557 RAMBLER, SUITE 262 DALLAS TX 75231-2318	75-2133827	3	27,304				EDUCATIONAL
(5)	YAVNEH ACADEMY 12324 MERIT DRIVE DALLAS TX 75251	75-2470261	3	216,839				EDUCATIONAL
(6)	YESHIVA UNIVERSITY 500 WEST 185TH STREET NEW YORK NY 10033-3201	13-1624225	3	5,255				EDUCATIONAL
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations

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

DAA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
THE ORGANIZATION DOES MONITOR AND ENSURE THAT THE CHARITABLE PURPOSES ARE
SATISFIED.

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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>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?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>										
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III</p>	5b	X								
<p>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</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III</p>	6b	X								
<p>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</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

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

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MEYER I. BODOFF	(i) 159,388 (ii) 0	0	0	0	0	159,388	0
2		(i) (ii)						0
3		(i) (ii)						
4		(i) (ii)						
5		(i) (ii)						
6		(i) (ii)						
7		(i) (ii)						
8		(i) (ii)						
9		(i) (ii)						
10		(i) (ii)						
11		(i) (ii)						
12		(i) (ii)						
13		(i) (ii)						
14		(i) (ii)						
15		(i) (ii)						
16		(i) (ii)						

Part III Supplemental Information

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

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COLORADO EDUCATIONAL AND CULTURAL F84-0896727196458YV9		11/15/04	18,275,000	CAPITAL PROJECTS		X					X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue				
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion				

	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X				
15 Were the bonds issued as part of an advance refunding issue?		X				
16 Has the final allocation of proceeds been made?	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

Part III Private Business Use

	A	B	C	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				
2 Are there any lease arrangements that may result in private business use of bond-financed property?				

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

DAA

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>						
b Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		<input checked="" type="checkbox"/>						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		<input checked="" type="checkbox"/>						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		<input checked="" type="checkbox"/>						
2 Is the bond issue a variable rate issue?		<input checked="" type="checkbox"/>						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		<input checked="" type="checkbox"/>						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>						
6 Did the bond issue qualify for an exception to rebate?		<input checked="" type="checkbox"/>						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	50	1,619,186	
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

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

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
WALDMAN BROTHERS**

EMPLOYEE

INSURANCE POLICIES

LEVINE FAMILY FOUNDATION

VICE PRES

SUPPORTING FOUNDATION

PRESCOTT PAILET BENEFITS, LP

EMPLOYEE

INSURANCE POLICIES

JEWISH FEDERATION OF GREATER DALLAS

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number

75-2836123

CHAIRMAN

DONEE/RENTAL

SCHULTZ FAMILY FOUNDATION

VICE PRES

SUPPORTING FOUNDATION

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

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

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

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

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

▶ 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.

**Open to Public
Inspection**

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number
75-2836123

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NATE AND ANN LEVINE FAMILY FDN 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2510543	CHARITABLE	TX	501C3	7	N/A		X
(2)	THE GOLD FAMILY FOUNDATION 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2141247	CHARITABLE	TX	501C3	7	N/A		X
(3)	THE KIRSCHNER-BOOKATZ FAMILY FDN 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2759108	CHARITABLE	TX	501C3	7	N/A		X
(4)	THE MORTON H. MEYERSON FAMILY TZEDK 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2848978	CHARITABLE	TX	501C3	7	N/A		X
(5)	HOWARD & LESLIE SCHULTZ FAMILY FDN 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2188255	CHARITABLE	TX	501C3	7	N/A		X

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

▶ 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.

**Open to Public
Inspection**

Name of the organization

Employer identification number
75-2836123

DALLAS JEWISH COMMUNITY FOUNDATION

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	LAWRENCE E STEINBERG FOUNDATION 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2741258	CHARITABLE	TX	501C3	7	N/A		X
(2)	NORTHAVEN CHARITABLE GIVING FDN 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2741258	CHARITABLE	TX	501C3	7	N/A		X
(3)	DJCF HOLDING CORPORATION 7800 NORTHAVEN ROAD DALLAS TX 75230-3296 75-2845958	CHARITABLE	TX	501C2	7	N/A		X
(4)								
(5)								

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2)								
(3)								
(4)								

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-t)	(c) Amount involved	(d) Method of determining amount involved
(1)	DJCF HOLDING CORPORATION	C	93,015	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Forms
990 / 990-PF

Other Notes and Loans Receivable

2010

For calendar year 2010, or tax year beginning **08/01/10**, and ending **07/31/11**

Name **DALLAS JEWISH COMMUNITY FOUNDATION** Employer Identification Number **75-2836123**

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) NOTES RECEIVABLE	
(2) OTHER RECEIVABLES	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	16,010,000	15,785,000	
(2)	90,643	75,300	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	16,100,643	15,860,300	

Tax-Exempt Bond Liabilities

Form **990**

2010

For calendar year 2010, or tax year beginning **08/01/10**, and ending **07/31/11**

Name

Employer Identification Number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

FORM 990, PART X, LINE 20 - ADDITIONAL INFORMATION

Name of lender	Purpose of issue
(1) COLORADO EDUCATIONAL AND CULTURAL FA	FUND CAPITAL PROJECTS
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Issue date	Original amount of issue	Form 8038 filed Y/N Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1) 11/15/04	18,275,000	Y 11/15/04	02/01/35		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Third party use percent	Maturity date	Repayment terms	Interest rate
(1)	02/01/35		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1) FOUNDATION ASSETS	16,010,000	15,785,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	16,010,000	15,785,000

Form **8868**
(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization DALLAS JEWISH COMMUNITY FOUNDATION	Employer identification number 75-2836123
	Number, street, and room or suite no. If a P.O. box, see instructions. 7800 NORTHAVEN ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DALLAS TX 75230-3296	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MEYER BODOFF
7800 NORTHAVEN ROAD

- The books are in the care of ▶ **DALLAS TX 75230-3296**
Telephone No ▶ **214-615-9351** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **03/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year or
- ▶ tax year beginning **08/01/10**, and ending **07/31/11**

2 If this tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions DALLAS JEWISH COMMUNITY FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 75-2836123
	Number, street, and room or suite no. If a P O box, see instructions 7800 NORTHAVEN ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS TX 75230-3296	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
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Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

**DALLAS JEWISH COMMUNITY FOUNDATION
7800 NORTHAVEN ROAD**

TX 75230-3296

- The books are in the care of **DALLAS** Telephone No **214-615-9351** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

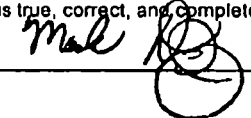
- 4 I request an additional 3-month extension of time until **06/15/12**
- 5 For calendar year _____, or other tax year beginning **08/01/10**, and ending **07/31/11**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA FOR THE TAXPAYER** Date **02/20/12**