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DLN: 93493197000013

Form **990**

Department of the Treasury

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)

Open

2011

OMB No 1545-0047

Open to Public Inspection

Internal	Revenue	Service	F The organization may have to a	se a copy of this retain	to satisfy	State reportin	ig requirements	Inspection
A Fo	or the 2	2011 ca	lendar year, or tax year beginning 0	9-01-2011 and ending	08-31-20	12	D. Employer id	entification number
		pplicable	C Name of organization Jewish Federation of Greater Houston					
Ad	dress ch	nange	Doing Business As				74-11096	
∏ Na	me cha	nge	boiling business / b					
┌ Inı	tıal retu	rn	Number and street (or P O box if mail is	not delivered to street addr	ess) Room/s	suite	(713) 729-	
Г Те	rmınate	d	5603 South Braeswood Blvd				G Gross receipts	5 \$ 16,194,724
┌ Am	nended i	return	City or town, state or country, and ZIP +	4				
┌ Ap	plication	n pending	Houston, TX 77096					
			F Name and address of principa	al officer		H(a) Ic t	 :hıs a group retur	en for
			Lee Wunsch				ins a group retui iates?	⊤Yes ▽ No
			5603 South Braeswood Houston,TX 77096					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 ` ´	all affiliates includ	, ,
I Ta	ıx-exem	npt status	▼ 501(c)(3)	no)	_ 527		no, attach a list oup exemption n	t (see instructions) umber ⊳
	oheita	• • • • • • • • • • • • • • • • • • •	w houstonjewish org					
			<u> </u>			1		
			Corporation Trust Association	Other 🕨		L Year of	formation 1940	M State of legal domicile TX
Pa	rt I	Sum	mary					
Governance		Jewish F	escribe the organization's mission of ederation takes a leadership approa ity by collaborating with worthy orga public	ch to overseeing progra	ms and se			
ŝ	2 (Check th	nis box দ if the organization discor	itinued its operations o	r dısposed	of more than	25% of its net a	issets
	1 8	Number	of voting members of the governing l	oody (Part VI, line 1a)			3	48
Activities &	4 1	Number	of independent voting members of th	e governing body (Part	VI, line 1	b)	. 4	48
톭	5	Total nur	mber of individuals employed in cale	ndar year 2011 (Part V	, line 2a)		5	39
ă	6	Total nur	mber of volunteers (estimate if nece	ssary)			6	300
	1		related business revenue from Part \				7a	0
	b l	Net unre	lated business taxable income from	Form 990-T, line 34	•	<u> </u>	7b	
							ior Year	Current Year
g.	8		butions and grants (Part VIII, line 1		20,381,288	16,006,041		
Rayenue	9	_	m service revenue (Part VIII, line 2		186,094	178,516		
Ψž	10		ment income (Part VIII, column (A) revenue (Part VIII, column (A), line	•	15,651	10,167		
	11 12		revenue (Part VIII, Column (A), me revenue—add lines 8 through 11 (mi		•	ne -		<u> </u>
	12						20,583,033	16,194,724
	13	Grants	s and similar amounts paid (Part IX,	column (A), lines 1–3)			14,730,395	10,946,325
	14	Benefit	ts paid to or for members (Part IX, c	olumn (A), line 4) .				0
ø	15	Salarıe 5-10)	es, other compensation, employee be	enefits (Part IX, columr	(A), lines		2,283,455	2,330,879
Expenses	16a	,	sional fundraising fees (Part IX, colu	ımn (A.) lına 11a)			2,203,133	0
क ⊕	Ь		ndraising expenses (Part IX, column (D), line					
Δ	17		expenses (Part IX, column (A), lines				1,569,962	1,112,215
	18		expenses Add lines 13–17 (must e			·	18,583,812	14,389,419
	19		ue less expenses Subtract line 18 f				1,999,221	1,805,305
Net Assets or Fund Balances						Beginni	ng of Current Year	End of Year
e de la composition della comp	20	Total a	assets (Part X, line 16)				9,551,606	9,496,718
4.A.	21		iabilities (Part X, line 26)				5,119,960	3,250,967
žÏ	22		sets or fund balances Subtract line				4,431,646	6,245,751
Pa	rt II		ature Block				•	
know			erjury, I declare that I have examined tl f, it is true, correct, and complete. Dec					
		****					2013-07-15	
Sign		'	ature of officer				Date	
Her	е		Ward-Hecksel Sr VP / CFO or print name and title					
		Propaga		Date		Check If	Preparer's taxo	ayer identification number
			's k	Date				
Paid		Preparer signature		Date		self-	(see instruction	s)
	arer's	signature	Jody Blazek	Date			, `	s)
Paid Prep Use	arer's	signature Firm's na if self-er		Date		self-		s)

May the IRS discuss this return with the preparer shown above? (see instructions)

Par		of Program Servedule O contains a res		lishments uestion in this Part III		F
1	Briefly describe the	organization's missioi	1			
				bilizes the Jewish com rticipation and philant		most impactful organizations,
2	the prior Form 990 c	or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			
3	services?	cease conducting, or ese changes on Scheo		nt changes in how it co	nducts, any program	┌ Yes ┌ No
4	Describe the organizexpenses Section 5	zation's program servio 01(c)(3) and 501(c)(4	ce accomplishr 1) organization	s and section 4947(a)	ree largest program servic (1) trusts are required to r th program service reporte	eport the amount of
4a	(Code) (Expenses \$	10,953,619	ıncludıng grants of \$	10,946,325) (Revenue s	50,613)
	Federation Annual Cam in Argentina, in the For following Feeding the h	paign Money raised throug mer Soviet Union, in Ethiop nungry Educating the young	h the Campaign b ia, and in nearly 6 Caring for the old	enefits millions of Jewish po O other countries around the Comforting the sick Couns	eople in need - here in Houston, e world by granting funds to org	oppressed Calming the frightened
	(Codo) (Expenses \$	637,314	including graphs of the) (Revenue \$	14 650)
4b	learning The BJE is dec education at all levels,	ition (BJE) nurtures the con dicated to Enhancing the q advocating on behalf of stu	tinuity and quality uality of formal ar dents, parents, in:	d informal Jewish education stitutions and professionals	r Houston area by fostering and	nrollment and participation in Jewish couraging and providing for the
_	(6-1-) /F	277.146) (D	00.064.)
4 c	(Code) (Expenses \$	277,146	including grants of \$) (Revenue \$	89,864)
	community Relations C	committee (CRC) programs	focus on education	n and information on dome	stic and international issues dire	ctly impacting the Jewish
	Other program serv	vices (Describe in Scl	nedule O)			
	(Expenses \$	•	luding grants	of \$) (Revenue \$	23,380)
4e	Total program serv	ice expenses ⊁ \$	12,079,15	56		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	4	Yes	
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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

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			
	1a 42			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· =		
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No.
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
-	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).	7-	V	
а	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?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		No_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 3		
	Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	O		INU
	Did the organization make any taxable distributions under section 4966?	9a		No
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	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.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		Νo
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No

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

Check if Schedule i) contains a response to	any question in this Part VI										٠,١	_
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Se	ction 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	1a	48			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	48			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?	•		7b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	•		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, we organization's mailing address? If "Yes," provide the names and addresses in Scheduler $(A, B, B,$	ıle O		9		Νo
	ction B. Policies (This Section B requests information about policies not requested Code.)	requ	ired by the Internal			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization purposes?			10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually rise to conflicts?			12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with an Schedule O how this was done			12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the					
	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes," to line 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 o taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organiz	ation	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to saleguard the	40.		NI e
	organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	·		16b		Νo

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Mary Ward-Hecksel

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

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(A) me and Title A verage hours per week (describe				t che e boi is bo nd a etee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	Average Position (do not check hours more than one box, per unless person is both week an officer and a director/trustee) 2							(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensatior from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from to	ited f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			Misch		organiza	I .
See A	ddıtıonal Data Table													
												+		
												+		
								<u> </u>				+		
												+		
												_		
												\perp		
1b	Sub-Total			<u> </u>	_	<u> </u>		<u> </u> ►				+		
С	Total from continuation sheets		tion A					►						
d	Total (add lines 1b and 1c) .							>		648,800				69,337
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	receive	d more th	an			
													Yes	No
3	Did the organization list any form on line 1a? If "Yes," complete Sch					eye •	mploy •	ee, c	r highes • • •	t compens	ated employee	3		No
4	For any individual listed on line is organization and related organization													110
_	Individual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										•	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) cription of services		(C Comper	
820 G	Ricoh USA Jears Rd on, TX 77067									Staff/copier			·	107,553
										_		\blacksquare		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Form 99						Page 9
Part V	/++ 1	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
nts nts	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b	_			
is, ç	C	Fundraising events 1c				
g≝ ïar	d	Related organizations 1d 1,887,179				
ns, simi	e	Government grants (contributions) 1e	.			
utio er:	f	All other contributions, gifts, grants, and similar amounts not included above 14,118,862	.			
e in	g	Noncash contributions included in 524				
no L	h	Innes 1a-1f \$ Total. Add lines 1a-1f	16,006,041			
O m			2-,,			
J.H.e	2a	Program ticket sales Business Code 90009	9 169,080	169,080		
еме	 ь	Campaign events/other 90009	<u>'</u>	,		
ě H	c		3,100	2,122		
er vic	d					
Program Serwce Revenue	e					
graf	f	All other program service revenue				
Ş.	g	Total. Add lines 2a-2f	178,516			
	3	Investment income (including dividends, interest	170,510			
		and other similar amounts)	10,167			10,167
	4	Income from investment of tax-exempt bond proceeds $\ . \ . \ \ \blacktriangleright$	0			
	5	Royalties	0			
	6a	(1) Real (11) Personal Gross rents	-			
	b	Less rental	-			
	c	expenses Rental income	-			
	d	or (loss) Net rental income or (loss)				
	"	(i) Securities (ii) Other				
	7a	Gross amount	1			
		from sales of assets other				
	ь	than inventory Less cost or	1			
		other basis and sales expenses	_			
	C	Gain or (loss)	_			
	d	Net gain or (loss)	0			
o	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
şe,		See Part IV, line 18				
7		a	_			
Ť	b c	Less direct expenses b Net income or (loss) from fundraising events •				
•	9a	Gross income from gaming activities	,			
		See Part IV, line 19				
	١.	a	-			
	b c	Less direct expenses b Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances .				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory •	0			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C	All other revenue				
	d e	All other revenue				
		iotai. Add files 11a-11d	0			
	12	Total revenue. See Instructions	16,194,724	178,516		10,167

3

5

7

10

11

12

14

15

16

17

18

19

20 21

22

23

25

Total functional expenses. Add lines 1 through 24f

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

Joint costs. Check here ► 🗀 If following

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 10,899,225 10,899,225 Grants and other assistance to individuals in the United States See Part IV, line 22 47,100 47,100 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 601,301 87,135 242,581 271,585 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages 1,169,611 482,133 413,098 274,380 Pension plan contributions (include section 401(k) and section 72,148 33,270 10,883 403(b) employer contributions) 27,995 154,303 43,094 81,625 Other employee benefits 29,584 333,516 128,980 48,803 155,733 Fees for services (non-employees) Management 540 540 Legal 24,507 Accounting 24,507 Lobbying 0 Professional fundraising See Part IV, line 17 . . 0 Investment management fees 0 85,169 g 18,264 35,300 31,605 Advertising and promotion . . . 97,454 3,852 70,973 22,629 Office expenses 88,228 18,195 48,879 13 21,154 46,830 5,884 22,510 Information technology 18,436 Royalties . . 0 68,466 29,954 15,063 23,449 17,833 2,851 12,287 2,695 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 64,426 9,499 33,394 21,533 O Payments to affiliates 0 Depreciation, depletion, and amortization 10,255 10,255 4,928 24,314 11,020 8,366 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 4,314 10,317 7,517 Other expenses 22,148 275,369 275,369 Program expenses Campaign programs 286,676 3,807 C 282,869 d е All other expenses

14,389,419

12,079,156

1,199,530

1,110,733

Part X **Balance Sheet** (A) (B) Beginning of year End of year 492 Cash—non-interest-bearing 1,305 1 1 2.086.559 2.598.860 2 2 3 7,139,208 6,593,408 78.133 38.680 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 7 0 8 9 40.965 9 48,424 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 1,247,857 Part VI of Schedule D 10a 10b 1,087,339 130,749 b Less accumulated depreciation 10c 160,518 11 0 11 75,500 50,500 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 Intangible assets 15 5,023 15 9,551,606 9,496,718 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 174,946 204,420 17 17 Accounts payable and accrued expenses . 18 4.932.977 18 3.039.510 19 12,037 19 7.037 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 5,119,960 26 3,250,967 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 3,010,857 Unrestricted net assets 4,905,248 1.420.789 28 1,340,503 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 4.431.646 33 6.245.751 34 Total liabilities and net assets/fund balances 9.551.606 34 9.496.718

Par	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)	1		16.1	194,724
2	Total expenses (must equal Part IX, column (A), line 25)	2			389,419
3	Revenue less expenses Subtract line 2 from line 1	3		1,8	305,305
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,4	31,646
5	Other changes in net assets or fund balances (explain in Schedule O)	5			8,800
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6,2	245,751
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	F
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization Jewish Federation of Greater Houston

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) A church, convention of churches, or association of churches 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II 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) 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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
and (III) below, the governing body of the the supported organization?	11g(i)		
(ii) a family member of a person described in (i) above?	11g(ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
Provide the following information about the supported organization(s)			

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızat col (ı) lıs your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		e ion in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
T-4-1									
Total									

following persons?

h

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

-	ection A. Public Support	e organization	Talls to quality u	inder the tests	iistea below, pie	ease complete i	'art III.)
	endar year (or fiscal year beginning	() 2007	(1) 2000	() 2000	(1) 2040	() 2011	
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	15,305,04	0 20,941,347	19,116,677	20,381,288	16,006,041	91,750,393
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	15,305,04	0 20,941,347	19,116,677	20,381,288	16,006,041	91,750,393
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						2,077,681
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from line 4						89,672,712
S	ection B. Total Support						
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	beginning in)						
7 8	A mounts from line 4 Gross income from interest,	15,305,040	20,941,347	19,116,677	20,381,288	16,006,041	91,750,393
0	dividends, payments received						
	on securities loans, rents, royalties and income from similar sources	71,771	11,265	19,095	15,651	10,167	127,949
9	Net income from unrelated business activities, whether or not the business is regularly						0
	carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital						0
	assets						
11	Total support (Add lines 7 through 10)						91,878,342
12	Gross receipts from related activity	, ,	•			12	1,056,710
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	tion's first, second	, thırd, fourth, or f	fifth tax year as a	501 (c)(3) organız	ation, ▶┌
S	ection C. Computation of Pu	blic Support	Percentage				
14	Public Support Percentage for 201	.1 (lıne 6 column	(f) divided by line	11 column (f))		14	97 600 %
15	Public Support Percentage for 201	.0 Schedule A, P	art II, line 14			15	80 910 %
16a	33 1/3% support test—2011. If th	_		•	line 14 is 33 1/3%	or more, check t	
Ь	and stop here. The organization qu 33 1/3% support test—2010. If th	e organization di	d not check the bo	x on line 13 or 16	Sa, and line 15 is 3	33 1/3% or more,	► ▽ check this_
17-	box and stop here. The organization 10%-facts-and-circumstances test			-	aa 12 16a ar 16h	and line 14	▶
L/a	is 10% or more, and if the organiz						
	in Part IV how the organization me						ed
	organization	2010 7516		ahaalaa beee ee t	12 16- 16'		► □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz						
	supported organization			46 461 47	471 1 1 1 1		► □
18	Private Foundation If the organization instructions	tion did not chec	ка pox on line 13,	16a, 16b, 1/a o	r 1 / b, cneck this	pox and see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493197000013

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	orga	nızatıoı	n
Jewish	Federat	ion of	Greater	Houston

Employer identification number

┌ Yes

☐ Yes

Yes

✓ No

74-1109654

Part I-A	Complete if the organization is e	exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete	<u>if the org</u>	<u>janization is</u>	s exempt unde	r section 50)1(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
 - Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 Figure Since Sover \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Figure Since Sover \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 Figure Since Sover \$1,500,000	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S11,000,000 S11,000,000 F11,000,000			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
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Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
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Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
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g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(8	(a) (b	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		175
е	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		63,760
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	O ther activities? If "Yes," describe in Part IV	Yes		14,088
j	Total lines 1c through 1i			78,023
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

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

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

DLN: 93493197000013

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	74-1109654
*t I Organizations Maintaining Donor Advised Funds or Other Similar organization answered "Yes" to Form 990, Part IV, line 6.	r Funds or Accounts. Complete if
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control?	
Did the organization inform all grantees, donors, and donor advisors in writing that grant fu used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	inds may be
conferring impermissible private benefit Conservation Easements. Complete if the organization answered "Yes	
Purpose(s) of conservation easements held by the organization (check all that apply)	s to rollin 990, Fait IV, line 7.
Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of Preservation of open space	f a certified historic structure
Complete lines 2a-2d if the organization held a qualified conservation contribution in the feasement on the last day of the tax year	form of a conservation
easement on the last day of the tax year	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06	2d
Number of conservation easements modified, transferred, released, extinguished, or terming the taxable year ▶	nated by the organization during
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, is enforcement of the conservation easements it holds?	
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation eas	sements during the year 🕨
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	
►\$	ients damig the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	section Yes
In Part XIV, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finan the organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, line 8	es, or Other Similar Assets.
If the organization elected, as permitted under SFAS 116, not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education or resprovide, in Part XIV, the text of the footnote to its financial statements that describes these	ement and balance sheet works of earch in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items	ent and balance sheet works of art,
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	
If the organization received or held works of art, historical treasures, or other similar asset following amounts required to be reported under SFAS 116 relating to these items	· -
Revenues included in Form 990, Part VIII, line 1	▶ - \$

b Assets included in Form 990, Part X

Part	Titl Organizations Maintaining Co	llections of Art	, His	toric	cal Trea	<u>asur</u>	es, or Oth	er Simila	r Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he foll	owing tha	it are	a significant	use of its co	ollection	ı	
а	Public exhibition		d	Γ	Loan or	exch	ange program	S			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w thev	further t	he or	ganization's e	exempt purp	ose in		
	Part XIV										
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							mılar	Г	Yes	□ No
Par	t IV Escrow and Custodial Arrang							Yes" to Fo	· ·		110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	ediary	for co	ontributio	ns or	other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	ible						
									Amou	ınt	
C	Beginning balance						1 c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	,					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	•									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b	Prior `		(c) Tw	-	d) Three Years	s Back (e	Four Y	ears Back
1a	Beginning of year balance	89,072,982			,674,559		77,490,544				
b	Contributions	14,686,040			,141,907		14,114,975				
C	Investment earnings or losses	5,070,105			,832,826		3,270,220				
d	Grants or scholarships	12,102,927		13	,576,310		13,201,180				
e	Other expenditures for facilities and programs										
f	Administrative expenses	806,055									
q	End of year balance	95,920,145		89	,072,982		81,674,559				
2	Provide the estimated percentage of the yea	r end balance held a	as		<u>I</u>						
а	Board designated or quasi-endowment	97 790 %									
ь	Permanent endowment ► 1 950 %										
c	Term endowment ► 0 260 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	nd ad	lministered fo	r the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organizatio					•			3b	Yes	
4	Describe in Part XIV the intended uses of th										
Pali	t VI Land, Buildings, and Equipme	ent. See Form 99	U, Pa								
	Description of property) Cost or ot is (investm		(b)Cost or othe basis (other)	r (c) Accum depreca		(d) Bo	ok value
1a	Land		•		29	9,560					29,560
b I	Buildings						911,21	3	784,547		126,666
c I	Leasehold improvements										
d I	Equipment						194,40	4	190,112		4,292
е (Other						112,68	0	112,680		<u> </u>
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B,), line	10(c).) .				•		160,518
	. , , ,	· · · ·	. /						lule D (F	Form 9	90) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

Part	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
2aft 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per i	Return
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)	↓	
C	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , II	ines 1b and 2b,

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

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

DLN: 93493197000013

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Internal Revenue Service **Employer identification number** Name of the organization Jewish Federation of Greater Houston 74-1109654 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total (c) Number of offices in the employees or region (by type) (e.g., a program service, describe expenditures for region agents in region or fundraising, program specific type of region/investments independent services, investments, grants service(s) in region in region to recipients located in the contractors region) Middle East/N Africa 0 0 Investments 50,500 Middle East/N Africa 0 100,478 0 Program service Mission trip & video

150,978

150,978

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

DLN: 93493197000013

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

74-1109654 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

65

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Teen Israel Trip Scholarships	21	21,300			
(2) Camp Scholarships	50	25,800			

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The Federation supports organizations that Provide vital assistance such as food, shelter and medical care, Educate the youth of our community, Provide senior care services & programming, Facilitate leadership development and youth engagement programming, Reconnect Jews with the Jewish community, Offer Jewish programming for young families and children, Develop Israel advocacy skills, support Israel travel for youth, Aid people with special needsThere is no additional monitoring once grants have been awarded
Additional Supplemental Information		The Jewish Federation of Greater Houston is reporting grants to the Jewish Federations of North America (JFNA) which is a 501(c)(3) domestic U S charity In addition, JFNA, and its beneficiary agencies, United Israel Appeal (UIA), a subsidiary of JFNA, and the American Jewish Joint Distribution Committee (JDC) - both 501(c)(3) organizations - each file a separate Form 990 and detailed Schedule F

Software ID: 11000144

Software Version: 2011v1.5

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
World O RT Inc 1745 Broadway 17th Floor New York, NY 10019	06- 1669917	501(c)(3)	101,350	0			Technology Equip & Training
World ORT Inc 1745 Broadway 17th Floor New York, NY 10019	06- 1669917	501(c)(3)	100,000	0			Pre-Aliyah Vocational Training

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Womens Intl Zionist Organization950 Third Ave Ste 2803 New York, NY 10022	13- 3041381	501(c)(3)	100,000	0			Youth Village for at risk kids
United Soup Kitchens Inc700 Broadway Ste 718 New York, NY 10003	20- 0042618	1 501(6)(3)	75,000	0			Food Boxes for Needy

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Torah Day School of Houston10900 Fondren Houston,TX 77096	23- 7278350	501(6)(3)	41,850	0			O perating Funds
Tikva Corporation 475 10th Ave 9th Floor New York, NY 10018	22- 3779212	501(c)(3)	32,600	0			Children's Home

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Shlenker School5600 North Braeswood Blvd Houston,TX 77096	76- 0686559	501(c)(3)	97,650	0			O perating Funds
The Shalem Foundation845 Third Ave 6th Floor New York, NY 10022	13- 3941865	501(c)(3)	100,000	0			Liberal Arts College in Israel

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Koby Mandell Foundation Inc366 Pearsall Ave Ste 1 Cedarhurst, NY 11516	91- 2169027	501(c)(3)	50,000	0			Camp-Chidr- Terror/Trgdy
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	7,762	0			JAFI Lone Soldiers

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	52,500	0			Yad Vashem
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	5017(2)(3)	50,000	0			Ethiopian National Project

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	38,000	0			Bırthrıght Israel
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY	13- 1624240	501(c)(3)	317,712	0			Annual Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	1 501(6)(3)	250,100	0			Barzılaı Med Ctr
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY	13- 1624240	501(c)(3)	250,000	0			Western Galilee Hospital

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	1 5011(0)(3)	250,000	0			JAFI-Kıryat YA Cntr
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	1 5017(2)(3)	250,000	0			JAFI-Ben YYV

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	25,000	0			JAFI- Ayalım
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	15,000	0			JAFI- MASA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	100,000	0			YıtzchakShavıt Shaar HaNegev H S
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	100,000	0			Israel Cord Blood Bank

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	10,000	0			JAFI-Youth Empowerment
The Elie Wiesel Fndn for Humanity 555 Madison A venue 20th Floor New York, NY	13- 3398151	501(c)(3)	200,000	0			Education of Ethiopian students

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seven Acres Jewish Sr Care Svcs6200 N Braeswood Blvd Houston,TX 77074	74- 1143086	501(c)(3)	465,122	0			O perating Funds
Seven Acres Jewish Sr Care Svcs6200 N Braeswood Blvd Houston,TX 77074	74- 1143086	501(c)(3)	21,000	0			Unrestricted

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seven Acres Jewish Sr Care Sv 6200 N Braeswood Blvd Houston,TX 77074	74- 1143086	501(c)(3)	6,500	0			Equipmnt & Therapy Svcs
Save a Childs Heart Foundation 10050 Chapel Road Suite 18 Potomac, MD 20854	52- 1783323	501(c)(3)	200,000	0			Pediatric Cardiac Hospital

	41.5 = 1.1	()			463.34		413.5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Robert M Beren Academy11333 Cliffwood Dr Houston,TX 77035	74- 1652136	501(c)(3)	111,850	0			O perating Funds/Travel Schol
PEF Israel Endowmnt Funds Inc317 Madison Ave New York, NY 10017	13- 6104086	501(c)(3)	150,000	0			A vukat Or

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohr Torah Stone Insts of Israel49 W 45th St Suite 701 New York, NY 10036	13- 3275531	501(c)(3)	250,000	0			General Support
New Israel Fund 2100 M Street NW Ste 619 Washington, DC 20037	94- 2607722	501(c)(3)	10,000	0			Unrestricted

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nefesh BNefesh Jewish Souls50 Eisenhower Dr Paramus, NJ 07652	22- 3804152	501(c)(3)	100,000	0			N A Immigration & A bsorption
National Council of Young Israel111 John St Rm 600 New York, NY 10038	13- 3617102	501(c)(3)	125,000	0			Int'l Young Israel Movement

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mickey Leland Kibbutzim Internship Found 1400 Post Oak Blvd Suite 500 Houston, TX 77056	74- 2119190	501(c)(3)	60,000	0			Israelı Prog for Houston Teens
Leo Baeck Ed Center Foundation 3555 Timmons Ste 1440 Houston,TX 77027	76- 0205816	501(c)(3)	15,000	0			Ethiopian Matriculation

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leo Baeck Ed Center Foundation 3555 Timmons Ste 1440 Houston, TX 77027	76- 0205816	501(c)(3)	102,500	0			New school- low-income kids
Keren Anshei Chayil Fund305 W 260th St Bronx, NY 10471	26- 1908110	501(c)(3)	50,000	0			Support for orthodox soliers

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Just One Life Inc 587 5TH Ave Ste 702 New York, NY 10017	13- 3533863	501(c)(3)	100,000	0			Counseling Pregnant Women
Jewish Union Foundation11 Broadway New York, NY 10004	13- 3636595	501(c)(3)	75,000	0			Center for disenfranchised youth

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Telegraphic Agency24 W 30th St Floor 4 New York, NY 10001	13- 0887610	501(c)(3)	7,800	0			General Support
Jewish National Fund42 East 69th Street New York, NY 10021	13- 1659627	501(c)(3)	150,000	0			OR Movement

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federation of Gr Dallas 7800 North Haven Road Dallas, TX 75230	75- 0800654	501(c)(3)	32,500	0			Hıllel Consortium
Jewish Family Service4131 S Braeswood Houston,TX 77025	74- 1152607	501(c)(3)	400,000	0			Employmnt & Transport

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service4131 S Braeswood Houston,TX 77025	74- 1152607	501(c)(3)	245,000	0			O perating Funds
Jewish Community Ctr Assoc520 Eighth Ave 4th Floor New York, NY 10018	13- 5599486	501(c)(3)	20,500	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Childrens RegionalP O Box 7368 Metari, LA 70010	72- 0408936	I 501(c)(3)	10,000	0			O perating Funds
Israel Independence Fund200 Central Park S Apt 31A New York, NY 10019	20- 8676286	501(c)(3)	100,000	0			Jewish Awareness Prog

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Israel Help Organization11271 Alumni Way Jacksonville,FL 32246	20- 3979417	1 501(6)(3)	50,000	0			New Children's Playground
Israel Guide Dog Ctr-Blind968 Easton Rd Ste H Warrington, PA 18976	23- 2519029	1 501761/31	50,000	0			Training of Two Guide Dogs

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Interfaith Ministries for Gr Hous3217 Montrose Blvd Houston, TX 77006	74- 1488102	501(c)(3)	6,000	0	33.161)		O perating Funds
Houston Symphony Society615 Louisiana Ste 102 Houston,TX 77002	74- 1157373	1 501(6)(3)	25,000	0			Israel at 65 Celebration

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	501(c)(3)	8,794	0			Special Projects
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	501(c)(3)	220,000	0			Young Adult Programming

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	501(c)(3)	163,825	0			Chaplaincy
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	501(c)(3)	14,000	0			Shabbat Lımmud

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	501(c)(3)	13,000	0			Hebrew Union College Schirshps
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	1 501(6)(3)	101,803	0			Children's Book Club

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Jewish Community Fndn 5603 South Braeswood Houston,TX 77096	76- 0187329	501(c)(3)	100,378	0			Yom Limmud- Day of Education
Holocaust Museum Houston5401 Caroline Street Houston,TX 77004	76- 0331398	501(c)(3)	20,000	0			Unrestricted

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gush Etzion FoundationP O Box 1030 Manchester, NH 03105	31- 1558409	501(c)(3)	125,000	0			Child Care Ctr Construc
Greene Family Camp1192 Smith Lane Bruceville, TX 76630	13- 1663143	1 501(6)(3)	15,000	0			Camp Counselor Incentives

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of the Isr Defense Forces 1430 Broadway Rm 1301 New York, NY 10028	13- 3156445	501(c)(3)	900,000	0			Nefesh B'Nefesh
Friends of the Isr Defense Fo1430 Broadway Rm 1301 New York, NY 10028	13- 3156445	501(c)(3)	55,000	0			Families of Fallen Soldiers

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emery Weiner Cntr for Jewish Ed9825 Stella Link Houston,TX 77025	74- 1990541	501(c)(3)	202,500	0			O perating Funds
ER Jewish Community Center 5601 S Braeswood Blvd Houston,TX 77096	74- 1198298	I 501(c)(3)	702,411	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ER Jewish Community Center 5601 S Braeswood Blvd Houston,TX 77096	74- 1198298	I 501(c)(3)	50,550	0	33.161)		Maccabı Games & Artsfest
ER Jewish Community Center 5601 S Braeswood Blvd Houston,TX 77096	74- 1198298	1 501(6)(3)	35,265	0			Meals on Wheels

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government					other)	assistance	
ER Jewish Community Center 5601 S Braeswood Blvd Houston, TX 77096	74- 1198298	501(c)(3)	143,500	0			Mıshpacha & Me Program
Cong Beth Shalom- Woodlands5125 Shadow Bend Pl The Woodlands,TX 77381	76- 0030790	501(c)(3)	35,000	0			Gesher Program

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		паррпецые		assistance	appraisal, other)	assistance	or assistance
Christian Friends of Israeli CommP O Box 50833 Colorado Springs, CO 80949	41- 2020104	501(c)(3)	50,000	0			Gush Katıf- Refugee needs
Christian Friends of IsraeliP O Box 50833 Colorado Spring, CO 80949	41- 2020104	501(c)(3)	50,000	0			Heart of Benjamin

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Fund of Israel980 Ave of the Americas 3rd Fl New York, NY 10018	13- 2992985	501(c)(3)	100,000	0	ourer)		Israel Law Center
Care for Israel- Afikim1428 36th Street Ste 200 Brooklyn, NY 11218	26- 2576920	501(c)(3)	100,000	0			Afikim Family Enrichment Assoc

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Camp Young Judaea9647 Hillcroft Houston,TX 77096	74- 6063430	501(c)(3)	15,000	0			Camp Counselor Incentives
Birthright Israel Foundation33 East 33rd St 7th Floor New York, NY 10016	13- 4092050	501(c)(3)	158,755	0			Yng Adult Trvl- Israel

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bıkur Vızrat Cholım Inc1221 42nd St Brooklyn, NY 11219	20- 1572620	I 501 (c)(3)	150,000	0			Hm Spc Needs Children
Beth Yeshurun Day School4525 Beechnut Houston,TX 77096	80- 0165161	501(c)(3)	90,450	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Friends of NATAL Inc1120 Ave of the Americas 4th Fl New York, NY 10036	20- 1914370	501(c)(3)	10,000	0			Israel Trauma Center
A merican Friends of Migdal O hr1560 Broadway Suite 807 New York, NY 10036	13- 3389558	501(c)(3)	100,000	0			Support for at- risk children

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Friends of Meir Panim5316 New Utrecht Ave Brooklyn, NY 11219	20- 1582478	1 501(6)(3)	75,500	0			Meals for disadvantaged kids
Am Jewish Jnt Distribution Comm 711 Third Ave 10th Floor New York, NY	13- 1656634	1 501(6)(3)	272,463	0			Support for Holocaust Survivors

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Jewish Jnt Distribution Comm 711 Third Ave 10th Floor New York, NY 10017	13- 1656634	501(c)(3)	18,000	0			Spinal Surgery- Ethiopia
Am Jewish Jnt Distribution Comm 711 Third Ave 10th Floor New York, NY 10017	13- 1656634	501(c)(3)	14,500	0			Ethiopian Women's Schirshps

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Jewish Jnt Distribution Comm 711 Third Ave 10th Floor New York, NY 10017	13- 1656634	501(c)(3)	111,900	0			Humanitarian A id-Ethiopia
Am Frnds of Sdei Chemed Child39 Broadway No 25 Floor New Yrok, NY 10006	52- 1176413	501(c)(3)	100,000	0			Therapy for at- risk children

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Frnds of Bnei Akiva Yeshivot in Israe11 Broadway Ste 901 New York, NY 10004	52- 6080692	501(c)(3)	150,000	0			Construction of student dorms
Am Friends of New Comm in Isr169- 10 73rd Avenue Flushing, NY 11366	31- 1740763	501(c)(3)	50,000	0			New location for Hadadi

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Friends of Netanya College 270 Madison Avenue 9th Floor New York, NY 10016	13- 3937453	1 5011(6)(3)	250,000	0			Student Dormitories
Am Friends of Isr Emerg Aid FundPO Box 456 Sharon, MA	26- 4515751	501(c)(3)	50,000	0			Firefighter Training

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Friends of Herzog Hosp136 East 57th Street New York, NY 10022	13- 5655183	501(c)(3)	250,000	0	,		Children's Chronic Resp Dept
Am Friends of Hamaayan Fdn119 E 24th St Brooklyn, NY 11210	11- 3431269	501(c)(3)	100,000	0			CommCntr for victims of terror

<u> </u>	•	A					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Assoc Ben Gurion Univ the Negev Inc1430 Broadway 8th Floor New York, NY 10018	23- 7270753	I 501(c)(3)	100,000	0			International student dormitory
All 4 Israel Inc53 Dewhurst St Staten Island, NY 10314	05- 0553417	1 501(6)(3)	50,000	0			Ethiopian Schlrs Pgrm

Compensation Information

DLN: 93493197000013

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number**

Jew	ish redefation of Greater Houston		74-1109654			
Pa	rt I Questions Regarding Compensation	on	<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	굣	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des	-		1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	in Kegs	section 53 4958-4(a)(3)/ If "Yes," describe	_		,
_				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutt	able presumption procedure described in Regulations	9		No

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation (ii) Base compensation (iii) Date of experience in exercise compensation (iii) Other compensation (
(i) Base incentive compensation compensation compensation reportable compensation compensation compensation compensation Form 990 or Form 990-EZ	(A) Name		(B) Breakdown of			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(1) Lee Wunsch (1) 257,490 20,000 21,342 298,832			(i) Base compensation	ıncentive	(iii) Other reportable compensation		Denefits	(B)(I)-(D)	Form 990 or	
	(1) Lee Wunsch	(ı) (ıı)	257,490				21,342	298,832		

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

Identifier	Return Reference	Explanation
Line 1a	,	The Federation pays \$41 per month for telephone/internet service used for business purposes at the home of Lee Wunsch, President & CEO These payments are not treated as taxable compensation because they are deemed to be expenses relating to his services provided to the Federation

Schedule J (Form 990) 2011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

74-1109654

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Personnel Sub-Committee of the Board consisting of the Chairman of Board, Chairman of the Budget and Finance Committee and the Chairman of the Personnel Committee is responsible for determining the compensation of the organization's officers and key employees Officer's compensation is determined after a review of comparable data of non-profit sister agencies of similar size
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A Conflict of Interest Statement is distributed to Board members every year and several follow ups are made if there are conflicts of interest, they are addressed with the President and CEO and the Chair of the Board if appropriate, after discussion, the conflict is brought before the Board
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form is reviewed by the CFO and made available to Board members on the Federation's website, prior to filing
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Article III, Section A, Part 5 was revised to add "c" Rabbinic Member. It was decided that the Board makeup should include a designated Rabbinic position Article V, Section B, Part 8 was revised to change "Overseas Committee" to "Israel and Overseas Committee" to be more representative of who the Committee is and for Israel to have added importance Article III, Section A, Part 5, was revised to add a designated rabbinic position to the Board
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	David Hess and John Hess have a family relationship Elyse Kalmans, Benjamin Warren, and Naomi Warren have a family relationship Elyse Kalmans and Arturo Karakowsky have a business relationship Benjamin Warren, Naomi Warren and Arturo Karakowsky have a business relationship Jacob Leon and Lee Wunsch have a business relationship Nat Levy and Michael Levy have a family relationship Nat Levy and Denis Braham have a business relationship Nat Levy and Sandra Finkelman have a business relationship Nat Levy and John Hess have a business relationship Nat Levy and John Hess have a business relationship Nat Levy and Haya Varon have a business relationship Nat Levy and Haya Varon have a business relationship Nat Levy and Mary Ward-Hecksel have a business relationship Nat Levy and Lee Wunsch have a business relationship Ben Rosenberg and Rabbi Joseph Radinsky have a business relationship Daniel Trachtenberg and Ellen Trachtenberg have a family relationship Sanford Weiner and Fran Friedman have a family relationship Sanford Weiner and Debra Cohen have a family relationship
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Community Relations Committee (CRC) programs focus on education and information on domestic and international issues directly impacting the Jewish community

DLN: 93493197000013

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37,

► Attach to Form 990. ► See separate instructions. Department of the Treasury

Internal Revenue Service Employer identification number Name of the organization Jewish Federation of Greater Houston 74-1109654 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on 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 (13) cor organiz	512(b) ntrolled
						Yes	No
(1) Donald & Martha Kaplan Freedman Fd							
5603 S Braeswood Blvd	Support the Jewish Federation of Gr Hou	тх	501(c)(3)	509(a)(3) I	Houston Jewish Community Foundation	Yes	
Houston, TX 77096 45-5449056							
(2) The Samuels Foundation							
5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	тх	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0207517							
(3) The Rauch Foundation							
5603 South Braeswood Blvd	Support the Jewish Federation of Gr. Hou	тх	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0300344							
(4) Alan F & Diane R Levin Fd							
5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	тх	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0613294							
(5) The Becker Family Foundation							
5603 South Braeswood Blvd	Support the Jewish Federation of Gr. Hou	тх	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0560995	reactation of St. 1164						
(6) Mary L & William J Osher Fd							
5603 South Braeswood Blvd	Support the Jewish Federation of Gr. Hou	тх	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 20-5094518	l casialism of Si Tiba						
(7) Houston Jewish Community Fdn							
5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	тх	501(c)(3)	509(a)(1)	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0187329							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 501	35Y		Schedule R (Forn	n 990) 2	011

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

(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
											i	
											i	

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

(a) Name, address, and EIN of related organization	(b) 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
(1) Extremis Corporation 5603 S Braeswood Blvd Houston, TX 77096 76-0492189	Dormant	ТХ	Hou Jew Comm Fd	C corp			
(2) Minnette & Jerome Robinson CRAT 5603 S Braeswood Blvd Houston, TX 77096 76-6103916	Remainder Trust	TX	Hou Jew Comm Fd	Trust			
							_
4							

chedu	le R (Form 990) 2011		Pε	age 3
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b G	ift, grant, or capital contribution to related organization(s)	1b	Yes	
c G	ift, grant, or capital contribution from related organization(s)	1 c	Yes	
d L	oans or loan guarantees to or for related organization(s)	1d		No
e L	oans or loan guarantees by related organization(s)	1e		No
• •		15	 	No.
	ale of assets to related organization(s)	1f	₩	No
_	urchase of assets from related organization(s)	1g		No
	xchange of assets with related organization(s)	1h	₩	No
i Le	ease of facilities, equipment, or other assets to related organization(s)	1i	-	No
j Le	ease of facilities, equipment, or other assets from related organization(s)	1j	_	No
k P	erformance of services or membership or fundraising solicitations for related organization(s)	1k	1	No
I Pe	erformance of services or membership or fundraising solicitations by related organization(s)	11	1	No
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n S	haring of paid employees with related organization(s)	1n	Yes	
o R	eimbursement paid to related organization(s) for expenses	10		No
p R	eimbursement paid by related organization(s) for expenses	1р	Yes	
_ ^		1-	 	N.
-	Other transfer of cash or property to related organization(s)	1q		No
r O	ther transfer of cash or property from related organization(s)	1r	1	No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) The Samuels Foundation	С	117,500	cash
(2) Alan F & Diane R Levin Fd	С	10,100	cash
(3) The Becker Family Foundation	С	25,000	cash
(4) Mary L & William J Osher Fd	С	231,350	cash
(5) Houston Jewish Community Fdn	С	1,503,229	cash
(6) Houston Jewish Community Fdn	b	621,800	cash

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									
							-						

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: 11000144

Software Version: 2011v1.5

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

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

rorini 990, Schedule R, Part II - Ide	nuncation of i	teluteu lux	Exempt org	umzadons		
(a) Name, address, and EIN of related organization	(b) Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
Donald & Martha Kaplan Freedman Fd 5603 S Braeswood Blvd Houston, TX 77096 45-5449056	Support the Jewish Federation of Gr Hou	тх	501(c) (3)	509(a)(3)I	Houston Jewish Community Foundation	Yes
The Samuels Foundation 5603 South Braeswood Blvd Houston, TX 77096 76-0207517	Support the Jewish Federation of Gr Hou	ТХ	501(c) (3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes
The Rauch Foundation 5603 South Braeswood Blvd Houston, TX 77096 76-0300344	Support the Jewish Federation of Gr Hou	тх	501(c) (3)	509(a)(3)I	Jewish Federation of Greater Houston	Yes
Alan F & Diane R Levin Fd 5603 South Braeswood Blvd Houston, TX 77096 76-0613294	Support the Jewish Federation of Gr Hou	тх	501(c) (3)	509(a)(3)I	Jewish Federation of Greater Houston	Yes
The Becker Family Foundation 5603 South Braeswood Blvd Houston, TX 77096 76-0560995	Support the Jewish Federation of Gr Hou	тх	501(c) (3)	509(a)(3)I	Jewish Federation of Greater Houston	Yes
Mary L & William J Osher Fd 5603 South Braeswood Blvd Houston, TX 77096 20-5094518	Support the Jewish Federation of Gr Hou	ТХ	501(c) (3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes
Houston Jewish Community Fdn 5603 South Braeswood Blvd Houston, TX 77096 76-0187329	Support the Jewish Federation of Gr Hou	тх	501(c) (3)	509(a)(1)	Jewish Federation of Greater Houston	Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	The Samuels Foundation	С	117,500	cash
(2)	Alan F & Diane R Levin Fd	С	10,100	cash
(3)	The Becker Family Foundation	С	25,000	cash
(4)	Mary L & William J Osher Fd	С	231,350	cash
(5)	Houston Jewish Community Fdn	С	1,503,229	cash
(6)	Houston Jewish Community Fdn	b	621,800	cash

Software ID: 11000144 **Software Version:** 2011v1.5

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	tion (che	/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
			a			2							
Shira Yoshor Trustee	1 00	Х						0	0	0			
Dolores Wilkenfeld Trustee	1 00	х						О	0	0			
Sandy Weiner Trustee	1 00	Х						0	0	0			
Naomi Warren Trustee	1 00	Х						0	0	0			
Benjamin Warren Trustee	1 00	Х						0	0	0			
Haya Varon Trustee	1 00	Х						0	0	0			
Ellen Trachtenberg Trustee	1 00	Х						0	0	0			
Daniel Trachtenberg Trustee	1 00	Х						0	0	0			
Rick Stein Trustee	1 00	Х						0	0	0			
Rob Shoss Trustee	1 00	Х						0	0	0			
Ben Rosenberg Trustee	1 00	Х						0	0	0			
Vicky P Richker Trustee	1 00	Х						0	0	0			
Rabbi Joseph Radinsky Trustee	1 00	Х						0	0	0			
Paula Pozmantier Trustee	1 00	Х						0	0	0			
Rabbı Steven Morgen Trustee	1 00	Х						0	0	0			
Mındy Mıtzner Trustee	1 00	Х						0	0	0			
Gil Melman Trustee	1 00	Х						0	0	0			
Nat Levy Trustee	1 00	Х						0	0	0			
Mıke Levy Trustee	1 00	Х						0	0	0			
Marshall Levit Trustee	1 00	Х						0	0	0			
Fred Levine Trustee	1 00	Х						0	0	0			
Bryan Leibman MD Trustee	1 00	Х						0	0	0			
Bobby Lapın Trustee	1 00	Х						0	0	0			
Arturo Karakowsky Trustee	1 00	Х						0	0	0			
Joe Kaplan Trustee	1 00	Х						0	0	0			

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

(A) Name and Title	(B) Average hours		() ition (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Elyse Spector Kalmans Trustee	1 00	×						0	0	0
John Hess Trustee	1 00	×						0	0	0
David Hess Trustee	1 00	Х						0	0	0
Franklin J Jay Harberg Jr Trustee	1 00	Х						0	0	0
John Goott Trustee	1 00	Х						0	0	0
Brian Goldstein Trustee	1 00	Х						0	0	0
Raquel Goldberg Trustee	1 00	Х						0	0	0
Frances Friedman Trustee	1 00	Х						0	0	0
Sandra Finkelman Trustee	1 00	Х						0	0	0
Marla Feldman Trustee	1 00	Х						0	0	0
Daniel Fein Trustee	1 00	Х						0	0	0
Vikki Evans Trustee	1 00	Х						0	0	0
Debra G Cohen Trustee	1 00	Х						0	0	0
Nada Chandler Trustee	1 00	Х						0	0	0
Denis Braham Trustee	1 00	Х						0	0	0
Burton Bluestone Trustee	1 00	Х						0	0	0
Lında Freedman Block Trustee	1 00	Х						0	0	0
David Barish PhD Trustee	1 00	Х						0	0	0
Jacob Leon Sec/Treasurer	1 00	Х		х				0	0	0
Gerald Merfish Vice Chair	1 00	Х		Х				0	0	0
Carol Goldberg Vice Chair	1 00	Х		Х				0	0	0
Stephen Breslauer Vice Chair	1 00	Х		Х				0	0	0
Leonard Goldstein Chairman	10 00	Х		Х				0	0	0
Suzanne Jacobson Sr VP Develop	39 00			Х				133,300	0	9,665
Mary Ward-Hecksel Sr VP/CFO	39 00			х				134,845	0	8,665

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

	<u> </u>									
(A) Name and Title	(B) Average hours per week		ition that a Institutional		у)	Highest compens employee	Fo	(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
		ni trustee or	nal Trustee	ICEI	emplo) ee	mpensated	mer			
Lee Wunsch President & CEO	39 00			х				257,490	0	41,342
Elaine Kellerman VP of Comm Ptnshp	39 00					х		123,165	0	9,665