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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the	2012 ca	lendar year, or tax year beginning 08-01-2012 , 2012, and ending 07-31-2	2013					
		pplicable	C Name of organization		D Employ	er ide	ntification number		
	dress ch		Jewish Federation of Greater Dallas		75-08	0065.	4		
_	me cha	_	Doing Business As		75-08	00054	т		
	tıal retu	_							
_			Number and street (or P O box if mail is not delivered to street address) Room/suite 7800 Northaven Road		E Telepho	ne num	ber		
Terminated Amended return			Suite		(214)	(214)615-5200			
			City or town, state or country, and ZIP + 4 Dallas, TX 75230						
J Ap	plication	n pending	-		G Gross re	ceipts	10,135,500		
			F Name and address of principal officer Susan Kramer		his a group	return	for		
			7800 NORTHAVEN ROAD	affil	ıates?		┌ Yes 🗸 No		
			DALLAS,TX 75230	Н(b) A re	all affiliates	ınclu	ded?		
				If"I	No," attach	a lıst	(see instructions)		
I Ta	ıx-exem	npt status	,(-),(-),(-),	u(a) Gro	oup exempti	on niii	mher 🌬		
J W	ebsite	e: 🕨 ww	w jewishdallas org	H(c) Gro	oup exemper	on nai	ilber P		
 К For	m of or	aanızatıor	Corporation Trust Association Other	L Year of	formation 191	1 M	State of legal domicile TX		
	rt I		nmary						
			lescribe the organization's mission or most significant activities						
	-	THE JEV	WISH FEDERATION OF GREATER DALLAS COORDINATES AND IMPLE						
e e		LEADEF	RSHIP DEVELOPMENT AND COMMUNITY RELATIONS FOR THE JEWIS	<u>н сомм</u>	UNITY LOC	ALLY	& A BRO A D		
Governance	.								
Ě									
9	2	Check t	his box দ if the organization discontinued its operations or disposed of n	nore than	25% of its	net as	sets		
					ı	ı	1		
20 (f)	1		of voting members of the governing body (Part VI, line 1a)		•	3	31		
Activities &	1		of independent voting members of the governing body (Part VI, line 1b) .			4	31		
€			ımber of ındıvıduals employed ın calendar year 2012 (Part V, line 2a) .			5	49		
⋖			ımber of volunteers (estimate if necessary)		6	200			
			related business revenue from Part VIII, column (C), line 12		7a	0			
	Ь	Net unre	elated business taxable income from Form 990-T, line 34		• •	7b			
				Pr	ior Year	_	Current Year		
ā	8		ibutions and grants (Part VIII, line 1h)		9,680,0	0	9,894,834		
Rayenue	9 10	_	am service revenue (Part VIII, line 2g)		72,2		70,976		
Ě	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-52,8		-39,627		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		32,0	52,515			
					9,699,4	56	9,926,183		
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1–3)		4,732,9	33	4,748,051		
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0	0		
Ø	15	Saları 5–10	es, other compensation, employee benefits (Part IX, column (A), lines		2 514 8	2,514,853 2,75			
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		2,311,0	0	2,759,041		
<u>क</u>	Ь					\dashv			
Д	17		undraising expenses (Part IX, column (D), line 25) ▶ 847,167 • expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,018,0	<u> </u>	2 101 001		
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,265,8		2,191,901		
	19		nue less expenses Subtract line 18 from line 12		433,6	_	227,190		
<u>~ ~</u>	13	Kevei	ide less expenses Subtract line to from line 12	Reginni	ng of Curren				
ත් ක්ර					Year -		End of Year		
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		13,019,5	87	12,735,312		
4 E	21	Total	liabilities (Part X, line 26)	8,346,1	95	8,212,342			
	22	Net a	ssets or fund balances Subtract line 21 from line 20		4,673,3	92	4,522,970		
Pa	rt II	Sigr	nature Block						
my k	nowled	dge and	perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete $$ Declaration of preparer (other than nowledge						
		***			2014-06-16				
Sigr		Sign	ature of officer		Date				
Her	е		DLEY LAYE INTERIM CEO						
		1/	e or print name and title			DTIN			
D - '	.J		Print/Type preparer's name Preparer's signature Date Jamie Eversole Preparer's signature 2014		neck if If	PTIN			
Paid			Firm's name BDO USA LLP		rm's EIN 🕨		_		
	pare		Firm's address ► 6050 Southwest Blvd Suite 300	וח	none no (817)	738-3	400		
USE	On	ıy			MIE IIO (817)	, 30-24	τυυ		
			Fort Worth, TX 76109						

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. $\,$.

▼Yes

No

Form	990 (2012)					Page 2
Par		t of Program Serv edule O contains a resp		lishments Jestion in this Part III		
1	Briefly describe the	organızatıon's mıssıor	1			
					TS FUNDRAISING, SOCIAL PL DMMUNITY LOCALLY & ABROA	
2	Did the organization	undertake any signific	ant program se	urvices during the year	which were not listed on	
_	the prior Form 990 o	or 990-EZ?			· · · · · · · · · · · · ·	┌ Yes ┌ No
	*	ese new services on S				
3	services?	cease conducting, or i		t changes in how it con	ducts, any program	┌ Yes ┌ No
4	Describe the organizexpenses Section 5	zation's program servic	e accomplishm) organizations	are required to report	ee largest program services, as the amount of grants and allocat	
4a	(Code) (Expenses \$	647,781	ıncludıng grants of \$) (Revenue \$)
	of hundreds of voluntee	ers across various departme : organized Jewish communi	nts of the Federati	ion, the Federation inspires a	nity in addition to raising and allocating and connects community members who and Overseas, Planning and Allocations,	might otherwise not be
4b	(Code) (Expenses \$	615,073	ıncludıng grants of \$) (Revenue \$)
	and serve as a catalyst	for new Jewish education i	nitiatives, and to p	promote Jewish education as	itator, and conveyor with community, t the critical link to ensuring Jewish cont ration departments particularly in areas	inuity and the increased
4c	(Code) (Expenses \$	405,005	ıncludıng grants of \$) (Revenue \$)
	Jewish organizations ar	nd religious institutions in the	e Greater Dallas ar	ea The JCRC seeks to deve	tral umbrella organization for public affa lop organized Jewish community conse community and the community at large	nsus on issues affecting the
	(Code) (Expenses \$	20,093	ıncludıng grants of \$)
	Missions & Leadership	, (<u>-</u> po			, (+	,
	(Code) (Expenses \$	1,257,202	ıncludıng grants of \$) (Revenue \$)
	Other					
	(Code) (Expenses \$	4,891,472	ıncludıng grants of \$	4,748,051) (Revenue \$)
	Allocations to Ntl & Loca	al Agencies				
4d	Other program serv	vices (Describe in Sch	edule O)			
	(Expenses \$	6,168,767 inc	luding grants o	of \$ 4,748,0	51) (Revenue \$)
4e	Total program serv	ice expenses 🕨	7,836,626			

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		
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 for escrow or custodial account liability, 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^{\square}	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	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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
С	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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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 and XII	12a	Yes	
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 and XII is optional	12b		No
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, Parts I and IV	14b	_	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 197 Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Par				_
	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		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		140
_		1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders	-		
ь	against amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

	ection A. Governing body and management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b		8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 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 Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ODESSA BEVERLY-JOHNSON 7800 NORTHHAVEN ROAD Dallas, TX (214) 369-3313

Form	990	(2012)
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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 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 organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	e and Title A verage hours per more than one box, unless week (list person is both an officer any hours for related							Reportable compensation from related organizations (W	/-	ted fother ation he			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-M15C)	2/1099-M15C		organizati relate organiza	ed
												+		
							\perp							
												+		
1b	Sub-Total	<u> </u>	<u> </u>	<u> </u>	<u></u>			<u></u>				+		
c	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
<u>d</u> 2	Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not						e) w	ho receive	641,596 d more th	l .	0		11,554
	\$100,000 of reportable compe							,						
_	Doddle					1				.			Yes	No
3	On line 1a? If "Yes," complete S					. кеу •	• mpic	yee, •	_	compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											_		
5	Did any person listed on line 1								_	anızatıon	or individual for	4	Yes	_
	services rendered to the orgar	nzation <i>t IT "Ye</i> s	, compi	ete S	спеа	uie J	ror su	сп р	erson .			5		N o
5e	cction B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	zation Report co (A) Jame and business		ation	for	the c	alend	arye	ear ending		(B) cription of services	ion's	tax year (C Comper)
												\dashv		
												+		
2	Total number of independent co	ntractors (inclu	dına but	not	lımıt	ed to	o thos	e list	red above)	who rece	ived more than			

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99								Page 9
Part V	/ 	Statement of	of Revenue ule O contains a respor	nse to any question	in this Part VIII			г
		Check if Schedi	ule O Contains a respoi		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
yΣ	1a	Federated cam	paigns 1a	24,619				
aut	ь	Membership du	ies 1b					
<u>ي</u> ور	c	Fundraising eve	ents 1c	174,818				
T\$, LA	d		zations 1d					
<u>≅</u>								
ığ.	е	Government grant	s (contributions) 1e					
ër,	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	9,695,397				
章	g		ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts		1a-1f \$			0.004.034			
<u> </u>	h	Total. Add lines	s la-l†	· · · · •	9,894,834			
<u>e</u>				Business Code				
e e	2a							
æ	Ь		_					
93	С							
že.	d							
Ξ	е							
Program Serwce Revenue	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividen					
		and other simil	aramounts)	🟲 📗	21,972			21,972
	4		stment of tax-exempt bond	. 1	0			
	5	Royalties	() D I		0			
	6a	Gross rents	(i) Real 18,565	(II) Personal				
	ь	Less rental						
	c	expenses Rental income	18,565	0				
		or (loss)			10.565			10.565
	d	Net rental inco	me or (loss)	· •	18,565			18,565
	7a	Gross amount	(ı) Securities	(II) Other				
	'"	from sales of assets other	53,315					
	١.	than inventory						
	Ь	Less cost or other basis and	4,311					
	c	sales expenses Gaın or (loss)	49,004					
	d	Net gain or (los	ss)		49,004			49,004
	8a	Gross income f		·				
a H		events (not inc	luding -,818					
Other Revenue		Ψ	reported on line 1c)					
Ģ.		See Part IV, lir						
4			a	146,814				
둗	b c		penses b (loss) from fundraising	205,006	-58,192			-58,192
_			from gaming activities	evenes : . p	,			
			ne 19					
			а					
	b		penses b	L	0			
	10a		(loss) from gaming acti	vities	0			
	-54	Gross sales of returns and allo						
			а					
	Ь		oods sold b					
	С		(loss) from sales of inv		0			
	44-	Miscellaneou	s Kevenue	Business Code				
	11a							
	b							
	C	Λ ^+ h = " " - · · -						
	d e	All other reven Total. Add lines		▶				+
				• • •	0			
	12	Total revenue.	See Instructions .	· · · · •	9,926,183			31,349

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) Check if Schedule O contains a response to any question in this Part IX (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 4,748,051 4,748,051 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 641,596 357,575 159,570 124,451 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) . . . Other salaries and wages 1,622,877 904,465 403,622 314,790 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 321,119 Other employee benefits 212,881 65,643 42,595 10 173,449 100,333 43,426 29,690 11 Fees for services (non-employees) 0 Management 0 Legal 51,575 Accounting 33,789 10,703 7,083 0 0 Professional fundraising services See Part IV, line 17 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 470,764 308,413 97,696 64,655 Schedule O) Advertising and promotion . . O 12 13 Office expenses 208,646 142,712 36,665 29,269 14 Information technology . . . 34,809 9,453 16,904 8,452 15 0 Royalties . 165,353 76,512 37,726 16 Occupancy 51,115 **17** 5,173 2,492 1,652 1,029 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 273,629 19 Conferences, conventions, and meetings . 150,511 38,363 84,755 20 10,980 10,980 Payments to affiliates 442,399 21 442,639 240 22 Depreciation, depletion, and amortization . 123,441 69,158 26,060 28,223 23 12,433 10,281 1,435 717 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PRINTING & RELATED 120,934 3,609 60,453 56,872 MISSIONS 56,607 52,426 4,181 **EQUIPMENT & MAINTENANCE** 28,316 6,285 21,456 575 d MISCELLANEOUS 146,303 186,602 28,435 11,864 e All other expenses Total functional expenses. Add lines 1 through 24e 25 9,698,993 7,836,626 1,015,200 847,167 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response to any question in this	s Part	×			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			55,295	1	163,934
	2	Savings and temporary cash investments			4,346,048	2	3,744,548
	3	Pledges and grants receivable, net			4,523,564	3	4,585,070
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II o	f	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	utıng employers			0	
	7	Notes and loans receivable, net			0	<u> </u>	0
48	8	Inventories for sale or use			0	⊢	0
	9			43,311	└	216,802	
	10a	Prepaid expenses and deferred charges	1	2,201,792	,	9	210,002
	ь	Less accumulated depreciation	10b	1,144,802	1,136,062	10c	1,056,990
	11	Investments—publicly traded securities		2,000	\vdash	53,711	
	12	Investments—other securities See Part IV, line 11	0		0		
	13	Investments—program-related See Part IV, line 11	0	\vdash	0		
	14	Intangible assets		0		0	
	15	Other assets See Part IV, line 11		2,913,307	 	2,914,257	
	16	Total assets. Add lines 1 through 15 (must equal line 34).	13,019,587	16	12,735,312		
	17	Accounts payable and accrued expenses			608,282	H	853,096
	18	Grants payable	6,190,425		6,089,392		
	19	Deferred revenue			0,190,429		0,009,392
	20				0		0
		Tax-exempt bond liabilities			0		0
eS	21	Escrow or custodial account liability Complete Part IV of Sche			21		
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	·			•
<u> </u>		persons Complete Part II of Schedule L			0	 	0
_	23	Secured mortgages and notes payable to unrelated third partie			0		0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	1,547,488	25	1,269,854
	26	Total liabilities. Add lines 17 through 25			8,346,195	26	8,212,342
—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.			5,5,755	20	3,2,2,2,2
E E	27	Unrestricted net assets	_	4,332,390	27	3,673,373	
<u>छ</u>	28	Temporarily restricted net assets	•		341,002	28	849,597
<u> </u>	29	Permanently restricted net assets			0	 	0
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h			<u> </u>	23	
		complete lines 30 through 34.	CIC F	j and			
0.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
455	32	Retained earnings, endowment, accumulated income, or other f				32	
Net /	33	Total net assets or fund balances			4,673,392	33	4,522,970
ž	34	Total liabilities and net assets/fund balances			13,019,587	34	12,735,312
		rotal habilities and net assets/land balances	• •		10,019,007	J-4	12,100,012

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
		\Box			
1	Total revenue (must equal Part VIII, column (A), line 12)	L		9,9	926,183
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	598,993
3	Revenue less expenses Subtract line 2 from line 1	3		2	227,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			4,6	573,392
5	Net unrealized gains (losses) on investments	5			-71,988
6	Donated services and use of facilities	5			
7	Investment expenses	,			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	,		- 3	305,624
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0		4,5	522,970
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	L	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both	:е			
	▼ Separate basis				
c	If "Yes," to line 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?	fthe	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uıred	3b		

Software ID: Software Version:

EIN: 75-0800654

Name: Jewish Federation of Greater Dallas

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list	Positio more unless an dire	than	o not one son is er and trust	box s bot d a tee)	th		(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	
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
SHIRLEY DAVIDOFF JCRC	2 0 0 0	×						0	0	0	
SANDY DONSKY Vice Chair	2 0 0 0	х						0	0	0	
David L Veeder Past Chairman	2 0 0 0	х						0	0	0	
LINDSAY FELDMAN BOARD OF DIRECTORS	2 0 0 0	х						0	0	0	
Robert L Feldman Board of Directors	2 0 0 0	х						0	0	0	
Daniel J Prescott Board of Directors	2 0 0 0	×						0	0	0	
PAM HOCHSTER FINE CJE	2 0 0 0	×						0	0	0	
WILLIAM B FINKELSTEIN Board of Directors	2 0 0 0	х						0	0	0	
Jeffery Rasansky CHAIRMAN	2 0 0 0	х						0	0	0	
Jack C Baum CHAIRMAN-ELECT	2 0 0 0	х						0	0	0	
MARK H KREDITOR ANNUAL CAMPAIGN CHAIR PORTFOLI	2 0 0 0	х						0	0	0	
RABBI ANDREW M PALEY RAGD	2 0 0 0	х						0	0	0	
BRIAN M LIDJI VICE CHAIR	2 0 0 0	х						0	0	0	
CINDY MOSKOWITZ VICE CHAIR	2 0 0 0	х						0	0	0	
SHELLEY BECKER BOARD OF DIRECTORS	2 0 0 0	х						0	0	0	
DAVID GREENSTONE BOARD OF DIRECTORS	2 0 0 0	х						0	0	0	
TODD PLATT BOARD OF DIRECTORS	2 0	х						0	0	0	
AJ Rosmarin BOARD OF DIRECTORS	0 0	х						0	0	0	
ERIC PINKER BOARD OF DIRECTORS	0 0	х						0	0	0	
CARY ROSSEL BOARD OF DIRECTORS	2 0	х						0	0	0	
STEVE SCHACHTER FINANCE COMMITTEE CHAIR-PORTFO	2 0	х						0	0	0	
EVAN D STONE BOARD OF DIRECTORS	0 0	х						0	0	0	
SANDRA VEEDER BOARD OF DIRECTORS	0 0	х						0	0	0	
Neil Beckerman BOARD OF DIRECTORS	2 0	х						0	0	0	
David Genecov BOARD OF DIRECTORS	2 0	х						0	0	0	

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

(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Former Highest compensated employee Key employee			related organizations			
Beth Gold BOARD OF DIRECTORS	2 0 0 0	х						0	0	0
Nate Levine BOARD OF DIRECTORS	2 0 0 0	Х						0	0	0
Barbara Stein BOARD OF DIRECTORS	2 0 0 0	Х						0	0	0
Jackie Waldman BOARD OF DIRECTORS	2 0 0 0	Х						0	0	0
Jeffrey Beck BOARD OF DIRECTORS	2 0	Х						0	0	0
SUSAN KRAMER President & CEO	40 0 0 0			х				230,738	0	0
BRADLEY LAYE COO	40 0 0 0			х				158,374	0	0
MEYER DENN EXECUTIVE DIRECTOR-CJE	40 0 0 0					х		106,910		11,554
Mariam Feist Chief Development Officer	40 0 0 0					x		145,574	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493167015224

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Jewish Federation of Greater Dallas

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

(iii) A	35% contro	er of a person descrilled entity of a person ginformation about (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	bed in (i) abo n described	ove? In (I) or (II) a ed organizati the on in rning	ibove?	zation f your	(vi) Is to organization col (i) organization col (i) organization col (ii) organization col (iii) organization col	on in anized	(i) (ii)
(iii) A : Provide me of orted	35% contro	er of a person descrilled entity of a persong information about (iii) Type of organization (described on lines 1-9 above or IRC section	bed in (i) about the supported (iv) Is to organization col (i) list your gove	ove? In (I) or (II) a ed organizati the on in rning	on(s) (v) Did you the organiz in col (i) o	zation f your	organizati col (i) orga	11g(11g(the on in anized	(ii) (iii) (vii) A mount of monetary
(iii) A	35% contro	er of a person descri lled entity of a perso	bed in (i) abo n described	ove? in (i) or (ii) a	ibove?			11g	(i) (ii)
(ii) A fa	amıly memb			_	17				(i)
		aovernina boav or m	e subbolled					1110	
		,	•		3	persons des	cribed in (ii)		Yes No
followir	ng persons?					,			
check	this box					,		III supporti	ng organization,
other the section	han foundatı 1 509(a)(2)	on managers and oth	ner than one	or more pub	licly support	ed organızat	ions describe	ed in sectior	n 509(a)(1) or
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated									
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
•						•		tax) from bu	sinesses
			· ·	=					
_		· ·					· ·	-	-
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)									
		=	=						
sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
			t of a college	or universit	y owned or o	perated by a	government	al unit desc	ribed in
		•	ed in conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii). E	nter the
•		•	-						
A scho	ol described	I in section 170(b)(1)(A)(ii). (At	tach Schedu	ıle E)				
A chur	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b)(1)(A)(i).		
Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	olete this p			
	A church A school A hospita An organism A feder An organism An org	A church, conventing A church, conventing A school described A hospital or a cool A medical research hospital's name, con An organization operation 170(b)(1)(A federal, state, or An organization that described in section A community trust An organization that receipts from activities support from great acquired by the organization 509(a)(2) If the organization check this box Since August 17, 2 following persons? (i) A person who discontinuation or the person or the discontinuation organization check this box Since August 17, 2 following persons? (ii) A person who discontinuation or the person or the discontinuation organization organization check this box Since August 17, 2 following persons? (ii) A person who discontinuation organization organiz	Ization is not a private foundation because A church, convention of churches, or as A school described in section 170(b)(1 A hospital or a cooperative hospital set A medical research organization operate hospital's name, city, and state An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete P A federal, state, or local government or An organization that normally receives described in section 170(b)(1)(A)(vi). A community trust described in section An organization that normally receives receipts from activities related to its exits support from gross investment incolacquired by the organization after June An organization organized and operated one or more publicly supported organization or more publicly supported organization for Type I b Type II c By checking this box, I certify that the other than foundation managers and oth section 509(a)(2) If the organization received a written decheck this box Since August 17, 2006, has the organical following persons? (i) A person who directly or indirectly of	ization is not a private foundation because it is (For I A church, convention of churches, or association of A school described in section 170(b)(1)(A)(ii). (At A hospital or a cooperative hospital service organized A medical research organization operated in conjunction hospital's name, city, and state An organization operated for the benefit of a college section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or government An organization that normally receives a substantial described in section 170(b)(1)(A)(vi). (Complete PA community trust described in section 170(b)(1)(A) An organization that normally receives (1) more that receipts from activities related to its exempt function its support from gross investment income and unrelacquired by the organization after June 30, 1975. Sono organization organized and operated exclusively one or more publicly supported organizations described box that describes the type of supporting organization box that describes the type of supporting organization and the than foundation managers and other than one section 509(a)(2). If the organization received a written determination check this box. Since August 17, 2006, has the organization acception following persons?	ization is not a private foundation because it is. (For lines 1 throu A church, convention of churches, or association of churches de A school described in section 170(b)(1)(A)(ii). (Attach Schedu A hospital or a cooperative hospital service organization described in section 170(b)(1)(a) (iv). (A conjunction with a hospital's name, city, and state An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit descend an organization that normally receives a substantial part of its 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% or receipts from activities related to its exempt functions—subject its support from gross investment income and unrelated busine acquired by the organization after June 30, 1975. See section 5. An organization organized and operated exclusively to test for part of the describes the type of supporting organization and component in the properties of the box that describes the type of supporting organization and component in the properties of the properties	ization is not a private foundation because it is (For lines 1 through 11, check A church, convention of churches, or association of churches described in set A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital described hospital's name, city, and state An organization operated for the benefit of a college or university owned or o section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from 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 receipts from activities related to its exempt functions—subject to certain exits support from gross investment income and unrelated business taxable in acquired by the organization after June 30, 1975 See section 509(a)(2). (C) An organization organized and operated exclusively to test for public safety An organization organized and operated exclusively for the benefit of, to perfone or more publicly supported organizations described in section 509(a)(1) (the box that describes the type of supporting organization and complete line a Type I b Type II c Type III - Functionally integrate By checking this box, I certify that the organization is not controlled directly other than foundation managers and other than one or more publicly supports section 509(a)(2) If the organization received a written determination from the IRS that it is a check this box Since August 17, 2006, has the organization accepted any gift or contribution following persons? (i) A person who directly or indirectly controls, either alone or together with	ization is not a private foundation because it is. (For lines 1 through 11, check only one both A church, convention of churches, or association of churches described in section 170(b) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in section spital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government 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 contrib receipts from activities related to its exempt functions—subject to certain exceptions, a its support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e through a Type II b Type II c Type III - Functionally integrated d Sychecking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type check this box Since August 17, 2006, has the organization	Reason for Public Charity Status (All organizations must complete this part.) See in ization 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 described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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)(hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a government 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 fidescribed 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, memireceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no mo its support from gross investment income and unrelated business taxable income (less section 511 acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(2). An organization organized and operated exclusively to test for public safety See section 509(a)(2). St the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Note of the proper proper propers of the proper proper propers of the proper proper propers of the organization received a written determination from the IRS that it is a Type I, Type II, or Type check this box Since Aug	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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). E 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 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 gene 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 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/18 support from gross investment income and unrelated business taxable income (less section 511 tax) from but acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out to one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50 (a) (b) in the section 500 (a) (c) in the section 500 (a) (d) i

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 8,807,982 10,136,943 10,430,565 9,680,079 9,894,834 48,950,403 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 8,807,982 10,136,943 10,430,565 9,680,079 9,894,834 48,950,403 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,533,691 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 47,416,712 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 9,680,079 10,430,565 Amounts from line 4 8,807,982 10,136,943 9,894,834 48,950,403 Gross income from interest, dividends, payments received on securities loans, rents, royalties 85,957 85,849 94,987 44,698 40,537 352,028 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 49,302,431 through 10) 12 Gross receipts from related activities, etc (see instructions) 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 96 175 % Public support percentage for 2011 Schedule A, Part II, line 14 15 95 225 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493167015224

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

	me of the organization		Emp	loyer identific	ation number	er		
ew	ısh Federation of Greater Dallas		75-0800654					
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	inds	or Account	·			
		(a) Donor advised funds		(b) Funds and	other accou	ınts		
	Total number at end of year							
	Aggregate contributions to (during year)							
	Aggregate grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or adv	ısed	☐ Yes	┌ No		
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?				┌ Yes	┌ No		
Ġ	t II Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part I	V, line 7.			
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic stru	cture			
	easement on the last day of the tax year		110 1011	T		V		
	Total number of conservation easements		2a	Heid at th	e End of the	rear		
	Total acreage restricted by conservation easements		2b					
	Number of conservation easements on a certified histo	oric structure included in (a)	2c					
	Number of conservation easements included in (c) accommissions structure listed in the National Register	` '	2d					
	Number of conservation easements modified, transferr	- ed, released, extinguished, or terminate=	d by th	ne organizatior	n during			
	the tax year -							
	Number of states where property subject to conservat	ion eacement is located .						
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		— Iling of	f violations, an	d Ves	┌ No		
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents o	during the year	-			
	A mount of expenses incurred in monitoring, inspecting • \$, and enforcing conservation easements	durin	g the year				
	Does each conservation easement reported on line 2(a and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	☐ Yes	┌ No		
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements.	e footnote to the organization's financial ents	stater	ments that des	cribes			
	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	ner Similar	Assets.			
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its rever ts held for public exhibition, education, o	or rese	earch in furthei				
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue standard for public exhibition, education, of	statem	nent and balan		lıc		
	(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, histor following amounts required to be reported under SFAS		r finan					
	Revenues included in Form 990, Part VIII, line 1			► \$				
	Assets included in Form 990, Part X							
	meraded in rolling your dick			· +				

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	stori	cal Tr	<u>easu</u>	<u>res, or O</u>	<u>the</u>	<u>r Similar As</u>	<u>ssets (c</u>	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	owing that a	re a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excl	nange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın ho	w the	y furthe	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of aı	rt, his	torical	treasu	res or other	rsım	ılar		
	assets to be sold to raise funds rather than t									☐ Yes	□ No
Par	Part IV, line 9, or reported an an						n answered	d "Y	es" to Form	990, ———	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	/ for o	ontribu	itions c	or other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
							-		Α	mount	
C	Beginning balance						-	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pi	rovided in P	art >	(III		Γ
Pa	rt V Endowment Funds. Complete										
	Danish and the land	(a)Current year	(b)Prior	year	b (c) Tv	vo years back	(d)	Three years back	(e)Four	years back
1a	Beginning of year balance									 	
b	Contributions									 	
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g	End of year balance							\vdash		1	
_	Provide the estimated percentage of the curr	continuous and halan	a a /lur	1 .		<u> </u>	ald an			<u>.L</u>	
2		ent year end baran	ce (III	ie ig	, coluii	III (a)) I	ieiu as				
a	Board designated or quasi-endowment										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and a	dministered	d for	the	Yes	. I NIO
	(i) unrelated organizations								, , 3a	(i) Yes	S No
	(ii) related organizations									(ii)	
b	If "Yes" to 3a(II), are the related organization									ВЬ	
4	Describe in Part XIII the intended uses of th	ie organization's en	down	nent f	unds						
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa		•		# NO :				
	Description of property) Cost or sis (inves		(b)Cost or o basis (othe		(c) Accumulate depreciation	a (a) E	Book value
1a	Land							_			
b	Buildings		•				1,452	,609			
c	Leasehold improvements										
d I	Equipment		-	_			511	,313			
	Other							,870	1,144,8	302	1,056,990
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	umn (B), line	10(c).)			🛌		1,056,990

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>}</u>	
(a) Description of security or category	(b)Book value		d of valuation
(ıncludıng name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990 Part X line 1	13	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(b) Book value		year market value
			,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, I	ne 15		
(a) Descr			(b) Book value
	peron		• •
(1) BEQUEST RECEIVABLES			15,150
(2) HELD BY SUPPORTING FOUNDATION			2,606,817
(3) INT IN ASSETS/SUPPRTNG FDN			292,290
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			2,914,257
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
AGENCY LIABILITIES			
	300,287		
	300,287 934,130		
NOTE PAYABLE / SUPPORTING FOUN			
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN	934,130		
NOTE PAYABLE / SUPPORTING FOUN DUE TO ASSOCIATED AGENCIES	934,130		
NOTE PAYABLE / SUPPORTING FOUN DUE TO ASSOCIATED AGENCIES Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	934,130		

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er F	Return
1	Total revenue, gains, and other support per audited financial statements	1	9,548,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-377,612
3	Subtract line 2e from line 1	3	9,926,183
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 XIII)		
c	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,926,183
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	9,698,993
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,698,993
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,698,993

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation				
Schedule D, Page 4, Part XI, Line 2d	Other amounts included in line 1 but not on Form 990	Provision for Losses on Uncollectible Contributions Receivable 305,624				
Part X Line 2		The Organization applied the provisions of the FASB ASC topic Accounting for Uncertainty in Income Taxes during the year Under this ASC topic, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained. The implementation of this ASC topic had no impact on the financial statements. The Organization does not believe there are any unrecognized tax benefits that should be recorded. For the years ended July 31, 2013 and 2012, there were no interest or penalties recorded or included in the statements of activities related to taxes. The Organization is not under examination for tax purposes by any jurisdiction. Tax years 2009 through present are subject to examination.				

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DLN: 93493167015224

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Jewish Federation of Greater Dallas

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

					75-0800654	
Part I Fundraising Act	ivities. Complete	e if the or	ganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
 Indicate whether the organ Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highest to be compensated at least 	citations written or oral agre Form 990, Part VII) t paid individuals or	ement with or entity i entities (fu	e f g any indi n connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officeration with professional f	-government grants ernment grants g events rs, directors, trustees undraising services?	F Yes F No ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contri contrib	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Total	organization is regis	tered or lic	▶ ensed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 Men's Event (event type)	(b) Event #2 Women's Event (event type)	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	170,16	151,471		321,632
Revenue	2	Less Contributions	87,409	87,409	,	174,818
ž	3	Gross income (line 1		7		17.176.16
		minus line 2)	82,752	64,062	2	146,814
	4	Cash prizes				
မွ	5	Noncash prizes		470		470
Expenses	6	Rent/facility costs	12,876	11,147	,	24,023
ᄶ	7	Food and beverages .				
Direct	8	Entertainment				
₫	9	Other direct expenses .	82,020	98,493	3	180,513
	10	Direct expense summary Add lir	nes 4 through 9 in column	n (d)		(205,006)
	11	Net income summary Combine I				-58,192
Par	t II			"Yes" to Form 990, Pa	art IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col
eve:	,	Cuana mayanya				(c))
	<u> </u>	Gross revenue				
Ses	2	Cash prizes				
kpenses	3	Non-cash prizes				
ញ ក្	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	│ Yes No	┌ Yes ┌ No	┌ Yes_	_
	7	Direct expense summary Add line	es 2 through 5 in column ((d)	🛌	
	8	Net gaming income summary Con	nbine lines 1 and 7 in col	ımn (d)	🛌	
9 a b	Ist	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming 'Yes," explain	licenses revoked, suspe	nded or terminated during		

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

DLN: 93493167015224 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States (Form 990)

Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 Inspection											
Name of the organization Jewish Federation of Greater Dallas						Employer identificati	on number					
						75-0800654						
Part I General Informati												
Does the organization maintain the selection criteria used to a	award the grants or as	sistance?					✓ Yes ┌ N					
2 Describe in Part IV the organi	<u> </u>					1.10						
				United States. Com ort II can be duplicated			es" to					
(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 gran or assistance					
See Additional Data Table	ı	I	I	I I		1	l					
2 Enter total number of section !						_						
3 Enter total number of other org	ganizations listed in ti	ne line 1 table										

(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
I	I	1		
				recipients cash grant non-cash assistance (book,

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

Software ID:

Software Version:

EIN: 75-0800654

Name: Jewish Federation of Greater Dallas

(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
Akıba Academy12324 Merit Drive Dallas,TX 75251	75-2113723	501(C)(3)	200,427				CHARITABLE GIVING
B'naı B'rıth Youth Org- Local 7900 Northaven Road Dallas,TX 75230	75-2156817	501(C)(3)	17,798				CHARITABLE GIVING

(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
Dallas Holocaust Memorial Center211 North Record Street Dallas,TX 75202	13-1624240	501(C)(3)	28,875				CHARITABLE GIVING
Community Homes for Adults 634 Preston Royal Center Ste 214 Dallas,TX 75230	16-1626550	501(C)(3)	59,702				CHARITABLE GIVING

(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
Dallas Jewish Historical Society7900 Northaven Road Dallas,TX 75230	75-2470261	501(C)(3)	9,101				CHARITABLE GIVING
Jewish Community Center 7900 Northaven Road Dallas,TX 75230	75-1461847	501(C)(3)	806,396				CHARITABLE GIVING

(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 Children's Regional ServiceP O Box 7368 Metarie,LA 70010	72-0408936	501(C)(3)	23,100				CHARITABLE GIVING
Jewish Family Services of Dallas5402 Arapaho Road Dallas,TX 75248	75-1992728	501(C)(3)	773,200				CHARITABLE GIVING

(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
Mesorah HS for Gırls12712 Park Central Drıve Dallas,TX 75251	75-2819668	501(C)(3)	38,590				CHARITABLE GIVING
The Ann & Nate Levine Academy18011 Hillcrest Road Dallas,TX 75252	75-2714693	501(C)(3)	226,230				CHARITABLE GIVING

(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
United Jewish Communities 111 Eighth Ave Ste 11E New York City, NY 10011	13-1624240	501(C)(3)	1,643,620				CHARITABLE GIVING
Torah Day School6921 Frankford Road Dallas,TX 75252	16-1626550	501(C)(3)	211,886				CHARITABLE GIVING

(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
University of North Texas 1155 Union Circle 311277 Denton,TX 762035017	75-6002149	501(C)(3)	22,331				CHARITABLE GIVING
THE LEGACY at PRESTON HOLLOW11409 North Central Expressway Dallas,TX 75243		501(C)(3)	448,525				CHARITABLE GIVING

(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
Yavneh Academy of Dallas 12324 Merit Drive Dallas,TX 75251	75-2470261	501(C)(3)	115,770				CHARITABLE GIVING
Corporate - Board Action - Undesignated			50,000				CHARITABLE GIVING

(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 COMMUNITY ASSOCIATION OF AUSTIN 7300 HART LN AUSTIN,TX 78731	74-1469465	501(C)(3)	72,500				

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DLN: 93493167015224

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Jew	vish Federation of Greater Dallas	1 ' '			
		75-0800654			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard				
	First-class or charter travel Housing allowance or residence for				
	Travel for companions Payments for business use of personal companions Travel for	•			
	Tax idemnification and gross-up payments Fayinents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business use of personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club dues or initial contents for business and personal club due contents for business and personal club d				
	Discretionary spending account Personal services (e.g., maid, cha				
	poscietionary spending account preisonal services (e.g., maid, cha	uneur, cher)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by	· L	10		
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	-	2		
_					
3	Indicate which, if any, of the following the filing organization used to establish the compensatio organization's CEO/Executive Director Check all that apply Do not check any boxes for meth				
	used by a related organization to establish compensation of the CEO/Executive Director, but e				
	▼ Compensation committee ▼ Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compens	sation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		
c	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ı ın Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue compensation contingent on the revenues of	any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue compensation contingent on the net earnings of	e any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any n payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If in Part III		8		
9	If "Ves" to line 8, did the organization also follow the rebuttable presumption procedure describ	ned in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of (i) Base compensation	(ii) Bonus & (iii) Other		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990	
(1)SUSAN KRAMER President & CEO	(i) (ii)	205,038	· ·	'		20,571	251,309		
(2)BRADLEY LAYE	(i) (ii)	158,374 0			2,813	7,813	169,000		

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization Jewish Federation of Greater Dallas

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493167015224

Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Employer identification number

Open to Public Inspection

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.

75-0800654 Identifier Return Reference **Explanation** Part VI. Section A. Line 7A Part VI, Section A, ALL MAJOR POLICIES AFFECTING PROCEDURES AND PERSONNEL MUST BE VOTED Line 7B ON BY THE BOARD IN AD DITION, THE ANNUAL OPERATING BUDGET AND THE REPORTS OF STANDING COMMITTEES SUCH AS FINANCE . AUDIT. AND PERSONNEL REQUIRE A BOARD VOTE Part VI. Section B. THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR Line 11B THEIR REVIEW PRIOR TO THE FILING OF THE RETURN. Part VI. Section B. PROFESSIONAL (KEY EMPLOYEES) AND LAY LEADERSHIP (BOARD OF DIRECTORS) Line 12C ANNUALLY SIGN CONFLIC TS OF INTEREST STATEMENTS THESE STATEMENTS ARE MAINTAINED AND KEPT ON FILE AT THE FEDERAT ION OFFICE. THE POLICY IS MONITORED ON AN ONGOING BASIS BY BOTH THE KEY EMPLOYEES AS WELL AS THE BOARD OF DIRECTORS TO ENSURE THAT NO VIOLATIONS OF THE POLICY OCCUR PART VI. SECTION B. A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS. LINE 15B THE SALARIES OF THE CEO AND OTHER KEY EMPLOYEES Part VI, Section C, The organization provides its governing documents, conflict of interest policy, & Line 19 financial information to the public upon written request Part XI, Line 5 Other changes in net assets Provision for Losses on Uncollectible Contributions- (\$ 305,624) or fund balances

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DLN: 93493167015224

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization Jewish Federation of Greater Dallas

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

(a)	(b)	(c)	(d)	(e)	(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income Ei	nd-of-year assets	Direct controlling entity			
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	anizations (Complete If ig the tax year.)	f the organization ar	nswered "Yes" t	o Form 990, Pa	art IV, line 34 be	cause it ha	d on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity s (if section 501(status Direct cor c)(3)) enti	ntrolling Se	(g ection .3) cor enti	512(b ntrolle
(1) NORTHAVEN CAMPUS FACILITIES CORPORATION	SUPPORTING	TX	501(c)(3)	11 Туре II	NA NA	Y	es	No No
7800 NORTHAVEN ROAD								
DALLAS, TX 75230 71-0889701								

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

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

Yes

1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	b Gift, grant, or capital contribution to related organization(s)								
c	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		No		
е	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f				
g	g Sale of assets to related organization(s)								
h	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10		No		
р	Reimbursement paid to related organization(s) for expenses				1 p		No		
q	Reimbursement paid by related organization(s) for expenses				1q		No		
r	O ther transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete		vered relationships	and transaction thresholds					
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved			
1) N	orthaven Campus Facilities Corporation	М		FMV					
		I							

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 75-0800654

Name: Jewish Federation of Greater Dallas

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Part VII Supplemental Information

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