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DLN: 93493196011074

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung OMB No 1545-0047

Open to Public

Department of the Treasury

benefit trust or private foundation)

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Current Year
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10,254,97
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10,254,97
10,254,97 2,445,54
10,254,97 2,445,54 1,515,92
10,254,97 2,445,54 1,515,92 14,216,44
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10,254,97 2,445,54 1,515,92 14,216,44 810,89 End of Year

Houston, TX 770275132

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

Use Only

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

261,649 including grants of \$

11.894.914

4d

(Expenses \$

29,156)

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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.	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 $\sqrt{2}$	10	Yes	
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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	Yes	
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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		l No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

13. Exter the number reported in Box 3 of Form 1096 Enter - 0 - Info tapplicable 1		Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
be Enter the number of Forms W-2G included in line 1a. Softer—0.4 not applicable is consistent to vendors and reportable camend (partiting) withings to pizze winters? 20 In the arganization comby with backup withholding rules for reportable payments to vendors and reportable camend (partiting) withings to pizze winters? 21 In the state of the calendar verse redding with or within the year covered by this virtum. 22 In the statements, filed for the calendar verse redding with or within the year covered by this virtum. 23 In the organization have enrelised business gross income of \$1,000 or more during the year? 33 In the organization have enrelised business gross income of \$1,000 or more during the year? 33 In the organization have enrelised business gross income of \$1,000 or more during the year? 34 In Year, has it this a Form 990-T for this year? If 'No', provide an explanation in Schedule O. 35 In Year, has it this a Form 990-T for this year? If 'No', provide an explanation or other authority accounts of the provided and the provided and the year? 36 In Year, has the area of the frequence of the provided and the provided and the year? 37 In Year, she the same of the frequence of the provided and the year of foreign bank and Financial Accounts accounts of thing requirements for Form TD F 90-22 1, Report of Foreign bank and Financial Accounts accounts for filing requirements for Form TD F 90-22 1, Report of Foreign bank and Financial Accounts and year of the total year? 38 In Year, and the organization has the sories between the subject to the sories of the total year? 39 In Year, and the organization has the sories between the subject to the sories of the year of the y	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 61		res	INC
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44 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 accounts) If "Yes," enter the name of the foreign country See mistructions for filing requirements for Porm TD F 90-22 1, Report of Foreign Bank and Financial Accounts See mistructions for filing requirements for Porm TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa D D D D dany texable party notify the organization file Form 8886-T? Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and pross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization that may receive deductible contributions under section 170(c). Did the organization state may receive deductible contribution surder 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? To Private and the organization mostly the denor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Point 222? Did the organization mostly funds, directly or indirectly, to pay premiums on a personal benefit contract? To I did the organization received a contribution of qualified intellectual property, did the organization file Point 8899 as required? Did the organization maintaining donor advised funds. Did the organization maintaining donor advised funds. If the organization make a distribution of cars, boats, surplanes, or other vehicles, did the organization file Point 989 in lieu of Form 1041?	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νc
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) b If Yes," in the 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 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts So Was the organization a party to a prohibited tax sheller transaction at any time during the tax shelter transaction? 50 If Yes," to line 5a or 5b, did the organization half it was or is a party to a prohibited tax shelter transaction? 51 If Yes," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ren or tax deductible contributions? 52 If Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 53 If Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 Organizations that may receive deductible contributions under section 170(c). 55 If Yes," and the organization on the form of the value of the goods or services provided? 56 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? 56 If Yes," and the organization on the form \$20 to the organization and partly for goods and the form \$20 to the organization flow that was required to file Form \$20 to the organization flow that was required to file Form \$20 to the organization flow that was required to file Form \$20 to the organization flow that was required to file Form \$20 to the organization flow and the foreign flow that the organization flow organizations. Did the organizati	b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		No
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 1° "es," to line 5 a or 5b, did the organization file form 886-T? 5c 5a 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? 10 1° "es," fidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 11 10 10 10 10 10 10 10					
c If "Yes," to line 5 a or 5b, did the organization file Form 886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductble as chantable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductble? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 14 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 15 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 16 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 18 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Bid the supporting organization make any taxable distributions under section 4966? 19 Sponsoring organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 20 Section 501(c)(7) organizations. Enter 21 Gross income from members or shareholders 21 Section 501(c)(7) organizations. Enter 22 Gross			5a		No
Sc 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? If "Yes," indicate the number of Forms 8282 filed during the year 7d o o Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To be differed organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To main the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file Form 8899 as Form 1098-C? Soponoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Soponoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organizations were any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advised or part vill, line 12 Section 501(c)(7) organizations. Enter Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders Highlines or the support of t	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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? 16 If "Ves," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 27 Organizations that may receive deductible contributions under section 170(c). 28 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? 28 Organizations that may receive deductible contributions under section 170(c). 29 If "Yes," did the organization notify the donor of the value of the goods or services provided? 20 Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? 20 If "Yes," indicate the number of Forms 8282 filed during the year 21 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 22 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 23 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 24 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-02? 25 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-02? 26 Seption 501(c) (1) Organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds. 27 Sponsoring organization make any taxable distributions under section 4966? 28 Section 501(c)(7) organizations. Enter 29 If the organization make any taxable distributions under section 4966	C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
organization solicit any contributions that were not tax deductible as charitable contributions? by IT''wes, "I' organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? by IT''wes, "I''d the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d IT''wes, "Indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966? Socion 501(c)(27) organizations. Enter In this traction fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from members or	~ -	Describes a second second second second second short second short second			NI -
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "wes," did the organization notify the donor of the value of the goods or services provided? b If wes, "indicate the number of Forms 8282 filed during the year 7d 0 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966? Socion 501(c)(7) organizations maintaining donor advised funds and section 4966? Socion 501(c)(7) organizations. Enter if this tintation 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 Gross income from other sources (Do not net amounts due or paid to other sources) Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from oth		organization solicit any contributions that were not tax deductible as charitable contributions?			N c
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and by If Yes, "did the organization notify the donor of the value of the goods or services provided? 7b Yes If Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes," indicate the number of Forms 8282 filed during the year 7d 0 0 7c 7d 7d 7d 7d 7d 7d 7d					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	Organizations that may receive deductible contributions under section 170(c).			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$222? d If Yes," indicate the number of Forms \$282 filed during the year	а		7a	Yes	
file Form 8.282?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
business holdings at any time during the year? Sponsoring organizations make any taxable distribution to a donor, donor advised funds. Did the organization make any taxable distributions to a donor, donor advised, or related person? Sponsoring organizations make any taxable distributions under section 4966? Birtiation fees and capital contributions. Enter Initiation fees and capital contributions. Enter Gross income from members or shareholders Gross income from members or shareholders Birthe organization in the angunitations. Enter Gross income from members or shareholders Is Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 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 Enter the amount of reserves he organization is required to maintain by the states in which the organization is censed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is icensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves h	C				NI.
be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e			-		No
contract? 7.	u	These, indicate the number of Forms 8282 filed during the year	4		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a value during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a 3 Section 501(c)(12) organizations. Enter 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Note. See the instructions for additional information the organization must report on Schedule O 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is 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 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reser	e		7e		No
required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 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 other sources (Do not net amounts due or paid to other sources against amounts due or received from them) La Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 in more than one state? Note. See the instructions for additional information the organization must report on Sched	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
Form 1098-C?		required?	_		No
business holdings at any time during the year?	h		7h		No
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess		1:	
a Did the organization make any taxable distributions under section 4966?			8		No
b Did the organization make a distribution to a donor, donor advisor, or related person?	_			1	
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1. Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					No
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1. Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			9b		No
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	LO				
facilities 1. Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			_		
a Gross income from members or shareholders		facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
against amounts due or received from them)			-		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	,			
year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
a 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 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	b	1401			
Note. See the instructions for additional information the organization must report on Schedule O 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	L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
Note. See the instructions for additional information the organization must report on Schedule O 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	а		13a		No
In which the organization is licensed to issue qualified health plans			<u> </u>		
c Enter the amount of reserves on hand	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
4a Did the organization receive any payments for indoor tanning services during the tax year? 14a N	c		1		
			142		No
			14a		14.0

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

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

Se	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 vear			
	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	Yes	
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		No
4		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
8				
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		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	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	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	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 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 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Mary Ward-Hecksel 5603 South Braeswood Houston, TX (713)729-7000

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	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-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MI3C)	MISC)	organization and 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	(B) A verage hours per week (list any hours	more t	tion (han d n is	ne l both	box, an c	heck unless officer stee)	į	(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W	- -	(F) Estima mount o compens from t	ited f other sation
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganızatı relate organıza	ed
1b	Sub-Total						•	►						
С	Total from continuation sheet	s to Part VII, S	ection A	١.		•		Þ						
d	Total (add lines 1b and 1c) .						•	•		670,716				122,356
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S						emplo	yee,	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ													110
	ındıvıdual			• •		•	• •	•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization from the organizati	ve highest comp											tax vear	
		(A)		4 (1011	101	ine C	arend	ai ye	ar chaing		(B)		(C)
Rıcoh	USA 820 Gears Rd Houston TX 77067	lame and business	auuress							Staff/copie	cription of services r leasing	+	Comper	114,325
												\dashv		
												+		
												\neg		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 1-1

Form 99								Page 9
Part V	/		of Revenue ule O contains a respon:	se to any question i	n this Part VIII			_
				se to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
<u> </u>	c	Fundraising ev	ents 1c	108,430				
ffs, FA	d	Related organiz	zations 1d	3,771,339				
:⊡ :	e	Government grant						
ns, Sin								
utic er	f	similar amounts no	ons, gifts, grants, and 1f ot included above	10,972,849				
년 전 등	g		ions included in lines	į		İ		j
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add line	s 1 a - 1 f		14,852,618			
	<u> </u>			Business Code	, ,			1
TIL 6	2a	Program ticket sal	es	900099	179,810	179,810		1
e ke	ь	Campaign events/		900099	31,031	31,031		
or GE	c		-	300033	31,031	31,031		
7 2	d							+
38	e							+
Program Serwce Revenue	f	All other progra	am service revenue					+
ر ¥	-							
	g		s 2a-2f		210,841			-
	3		come (including dividend ar amounts)		7,674			7,674
	4		stment of tax-exempt bond p	<u> </u>	0			
	5	Royalties .		🕨 [0			
			(ı) Real	(11) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	26,800					
		assets other than inventory						
	ь	Less cost or other basis and	26,000	23,560				
		sales expenses	·	·				
	C	Gain or (loss)	800	-23,560	-22,760			-22,760
	d 8a	Gross income f	from fundraising	· · · · · •	22,700			22,700
<u>ω</u>		events (not inc	_					
Other Revenue		*	s reported on line 1c)					
ě		See Part IV, lir						
<u>.</u>			а	49,063				
ž	Ь		penses b	70,096	24.022			34.005
0	C		(loss) from fundraising e	vents 🛌	-21,033			-21,033
	ya 		from gaming activities ne 19					
		•	а					
	b		penses b					
	c		loss) from gaming activ)	ities	0			
	10a	Gross sales of returns and allo						
		und uni	a a					
	b	Less cost of g	oods sold b					
	С		(loss) from sales of inve		0			1
		Mıscellaneou	s Revenue	Business Code				1
	11a							_
	Ь							1
	C .							ļ
	d	All other reven	L					1
	e	Total. Add line		🕨	0			
	12	Total revenue.	See Instructions	· · · •	15,027,340	210,841		-36,119

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) (B) (C) 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 10,176,729 10,176,729 Grants and other assistance to individuals in the United States See Part IV, line 22 78,245 78,245 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 628,027 91,835 253,256 282,936 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 1,427,885 581,995 438,371 407,519 Pension plan accruals and contributions (include section 401(k) 86,704 36,321 21,969 and 403(b) employer contributions) 28.414 160,078 50,259 70,680 Other employee benefits 39,139 10 142,851 50,190 47,244 45,417 11 Fees for services (non-employees) O Management 5,184 5,184 Legal 25,177 25,177 0 Lobbying 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 85,999 18,151 35,082 32,766 Schedule O) Advertising and promotion . . 88,606 10,513 57,874 12 20,219 13 Office expenses . . . 112,187 22,871 57,031 32,285 37,958 4,486 14,651 14 Information technology . . 18,821 15 0 Royalties . 52,041 9,678 25,934 16,429 16 Occupancy **17** 26,518 11,761 12,301 2,456 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 50,196 7,936 17,108 25,152 20 Interest 0 Payments to affiliates 0 21 22 Depreciation, depletion, and amortization . 13,420 13,420 23 25,633 6,202 10,345 9,086 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) Other expenses 63,991 34,639 15,865 13,487 Campaign programs 225,915 10,044 215,871 C Program expenses 703,103 703,103 d All other expenses е Total functional expenses. Add lines 1 through 24e 25 14,216,447 11,894,914 1,131,536 1,189,997 Joint costs. Complete this line only if the organization 26 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

Fal	T X	Check if Schedule O contains a response to any question in this	s Part i	<			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,305	1	697
	2	Savings and temporary cash investments			2,598,860	2	1,967,360
	3	Pledges and grants receivable, net			6,593,408	3	8,480,259
	4	Accounts receivable, net			38,680	4	9,067
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	lırector art II o	s, trustees, key f		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 elorganizations (see instructions) Complete Part II of Schedule	contrib mploye	utıng employers		6	0
82	7	Notes and loans receivable, net				7	0
4	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			48,424	9	45,727
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		1,275,351	,	-	40,121
	ь	Less accumulated depreciation	10b	1,127,508	160,518	10c	147.843
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11			50,500	12	49,500
	13	Investments—program-related See Part IV, line 11			55,655	13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			5,023	15	40,898
	16	Total assets. Add lines 1 through 15 (must equal line 34).			9,496,718	16	10,741,351
	17	Accounts payable and accrued expenses			204,420		155,625
	18	Grants payable			3,039,510		3,510,693
	19	Deferred revenue			7,037	19	8,114
					7,037	20	0,114
	20	Tax-exempt bond liabilities					
S	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	,			
펻		persons Complete Part II of Schedule L				22	_
	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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		25	
	26	Total liabilities. Add lines 17 through 25			3,250,967	26	3,674,432
— Ф		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.			-,,		
일	27	Unrestricted net assets			4,905,248	27	6,145,578
Fund Balance	28	Temporarily restricted net assets			1,340,503	28	921,341
	29	Permanently restricted net assets			, ,	29	<u> </u>
Š	-	Organizations that do not follow SFAS 117 (ASC 958), check h					
		complete lines 30 through 34.	CIC F	, una			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
A S	32	Retained earnings, endowment, accumulated income, or other f				32	
Net /	33	Total net assets or fund balances			6,245,751	33	7,066,919
Z	34	Total liabilities and net assets/fund balances			9,496,718	34	10,741,351
	1	. I I I I I I I I I I I I I I I I I I I	•	• •	1 2,400,710	5 7	15,741,551

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>୮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,0	027,340
2	Total expenses (must equal Part IX, column (A), line 25)	2 1		14,2	216,447
3	Revenue less expenses Subtract line 2 from line 1	3		8	310,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		6,2	245,751
5	Net unrealized gains (losses) on investments	5			10,275
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))			7,0	066,919
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, consolidated basis, or both	riewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required	3b		

Software ID: 12000229 **Software Version:** 2012v2.0

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir ndent Contra	ectors	,Tru	uste	ees,	Key	, En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	onot one son i er an 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 related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Shira Yoshor Trustee	1 00 0 00	х						0	0	0
Dolores Wilkenfeld Trustee	1 00 0 00	х						0	0	0
Sandy Weiner Trustee	1 00 0 00	х						0	0	0
Naomi Warren Trustee	1 00 0 00	х						0	0	0
Benjamin Warren Trustee	1 00 1 00	х						0	0	0
Haya Varon Trustee	1 00 0 00	х						0	0	0
Ellen Trachtenberg Trustee	1 00 0 00	×						0	0	0
Rick Stein Trustee	1 00 0 00	×						0	0	0
Rabbi Pam Silk Trustee	1 00 0 00	x						0	0	0
Rob Shoss Trustee	1 00	х						0	0	0
Julie Rubenstein Trustee	1 00	х						0	0	0
Russ Robinson Trustee	1 00 0 00	x						0	0	0
Rabbi Joseph Radinsky Trustee	1 00 0 00	x						0	0	0
Jack Polatsek Trustee	1 00 0 00	×						0	0	0
Mındy Mıtzner Trustee	1 00 0 00	×						0	0	0
Nat Levy Trustee	1 00 2 00	х						0	0	0
Bobby Lapın Trustee	1 00 1 00	х						0	0	0
Arturo Karakowsky Trustee	1 00 0 00	х						0	0	0
Joe Kaplan Trustee	1 00 0 00	х						0	0	0
Elyse Spector Kalmans Trustee	1 00 0 00	х						0	0	0
David Hess Trustee	1 00 0 00	x						0	0	0
John Goott Trustee	1 00 0 00	х						0	0	0
Brian Goldstein Trustee	1 00	х						0	0	0
Sandra Finkelman Trustee	1 00	х						0	0	0
Marla Feldman Trustee	1 00	х						0	0	0

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

Compensated Employees, and Indepen					,	,				
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an d	(C n (do than pers office ctor/i	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 related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Vikkı Evans Trustee	1 00 1 00	х						0	0	0
Debra G Cohen Trustee	1 00 0 00	х						0	0	0
Mark Brookner Trustee	1 00 1 00	х						0	0	0
Denis Braham Trustee	1 00 0 00	х						0	0	0
Buzzy Bluestone Trustee	1 00 0 00	х						0	0	0
Linda Freedman Block Trustee	1 00 0 00	х						0	0	0
David Barish PhD Trustee	1 00 0 00	х						0	0	0
Jacob Leon Sec/Treasurer	1 00 0 00	х		х				0	0	0
Gerald Merfish Vice Chair	1 00 1 00	х		х				0	0	0
Don Brodsky Vice Chair	1 00 0 00	х		х				0	0	0
Steve Breslauer Vice Chair	1 00 1 00	х		х				0	0	0
Leonard Goldstein Past Chairman	1 00 0 00	х		х				0	0	0
Carol Goldberg Chairman	1 00 1 00	х		х				0	0	0
Suzanne Jacobson Sr VP Develop	39 00 0 00			х				136,876	0	19,571
Mary Ward-Hecksel Sr VP/CFO	24 00 16 00			х				136,099	0	18,817
Lee Wunsch President & CEO	31 00 8 00			х				271,587	0	64,964
Elaine Kellerman VP of Comm Pshp	39 00 0 00					х		126,154	0	19,004

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As Filed Data -

DLN: 93493196011074

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Jewish Federation of Greater Houston

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Da	rt I	Peac	on for Du	blic Charity Sta	tus (All or	nanization	s must com	nlete this	nart) See		ions		
				te foundation becaus				•		mouuct	10115.		
1	, gain			on of churches, or a			= -						
2	<u>'</u>		•	in section 170(b)(1				occion 170	(5)(-)(-)	•			
3	<u>'</u>			perative hospital se				on 170(h)(1)(A)(iii)				
4	,			n organization operat						\(1\(A\(i	iii) Ent	or the	
•	'			ty, and state	cea iii conjan	ccion with t	i nospital acs	cribed iii s	cction 170(b)	/(- /(- /(·	,. בוונ	ci tiic	
5	Г			erated for the benefi	t of a college	or univers	ity owned or	operated by	a governme	ntal unit	describ	ed ın	
		sect ior	170(b)(1)(A)(iv). (Complete P	art II)								
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ν).											
7	굣	An org	anızatıon th	at normally receives	a substantia	al part of its	support from	n a governn	nental unit or	from the	genera	l public	:
	_			n 170(b)(1)(A)(vi).		•							
8	<u> </u>		-	described in section			-	-					
9	ı			at normally receives									SS
		•		ities related to its ex	•	=							
				oss investment inco						1 tax) fro	m busır	iesses	
	_			janization after June									
10		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 the purposes of											
11	'	one or the box	more public that descr	ly supported organiz bes the type of supp b Type II c	ations descr orting organ	ibed in sect ization and	tion 509(a)(1 complete line) or sections	n 509(a)(2) ugh 11h	See sect i	ion 509	(a)(3).	Check
e	Γ	other t	_	ox, I certify that the on managers and ot	_			•	, ,		•	•	
f		If the c		received a written do	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III sup	porting	organı	zation,
g		followir	ng persons?	2006, has the organ	•								
				rectly or indirectly o	•		-	n persons d	escribed in (i	1)		Yes	No
				governing body of th			u,				11g(i)		
				er of a person descr							11g(ii)		<u> </u>
_				lled entity of a perso						Į	11g(iii)	<u> </u>
h 		Provide	e the followi	ng information about	the support	ed organiza	tion(s)						
) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) Is		7	-	nount of
	uppoi ganiz			organization (described on	organızatı col (i) lıs		the organ		organiza col (i) or				etary
O.	yamz	ation		lines 1- 9 above	your gove		suppo		in the	-		Sup	port
				or IRC section	docume								
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
Tota													

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) 🟲 Gifts, grants, contributions, and membership fees received (Do 20,941,347 19,116,677 20,381,288 16,006,041 14,852,618 91,297,971 not 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 0 to the organization without charge 20,941,347 19,116,677 20,381,288 16,006,041 14,852,618 91,297,971 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,834,833 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 88,463,138 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (e) 2012 (a) 2008 **(b)** 2009 (d) 2011 (f) Total beginning in) 🟲 20,941,347 20,381,288 16,006,041 Amounts from line 4 19,116,677 14,852,618 91,297,971 Gross income from interest, dividends, payments received on 19,095 securities loans, rents, royalties 11,265 15,651 10,167 7,674 63,852 and income from similar sources Net income from unrelated business activities, whether or O 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 91,361,823 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 96 830 % Public support percentage for 2011 Schedule A, Part II, line 14 15 97 600 % 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 **▶**▼ 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,						
<i>7</i> 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)			Liberal Counties and	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			12		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: 93493196011074

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Jewish Federation of Greater Houston 74-1109654 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

	filed Form 5768 (election under section 501(h)).	(a	a)	(b)
or e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		130
е	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		37,550
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	O ther activities?	Yes		32,339
j	Total Add lines 1c through 1i			70,019
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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

DLN: 93493196011074

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection

ame of the organization		Employer identification number
ewish Federation of Greater Houston		74-1109654
organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.	inds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?		
art II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	on or education) Preservation of an	historically important land area ertified historic structure
Complete lines 2a through 2d if the organization held easement on the last day of the tax year	d a qualified conservation contribution in th	he form of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified his	toric structure included in (a)	2c
Number of conservation easements included in (c) as historic structure listed in the National Register	cquired after 8/17/06, and not on a	2d
Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
the tax year ▶		
Number of states where property subject to conserva	ation easement is located 🕨	
Does the organization have a written policy regarding enforcement of the conservation easements it holds?		— Iling of violations, and
Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easem	nents during the year
A mount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation easements	during the year
Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education, c	or research in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	sets held for public exhibition, education, o	
(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, histofollowing amounts required to be reported under SFA		· -
Revenues included in Form 990, Part VIII, line 1		► \$
• Assets included in Form 990, Part X		▶ \$

Par	Organizations Maintaining Co	<u>llections of Art,</u>	HIST	<u>oricai i</u>	reasu	res, or O	<u>tner</u>	<u>' Similar As</u>	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	ck any of	the follo	wing that a	re a	sıgnıfıcant us	e of its	
а	Public exhibition		d	☐ Loar	orexch	ange progr	ams			
b	Scholarly research		e	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explai	n how	they furth	ner the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	of art,	, historica	l treasu	res or othe	rsım	ılar		
	assets to be sold to raise funds rather than t		-						☐ Yes	☐ No
Pa	Part IV, line 9, or reported an an					answere	d "Ye	es" to Form	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary f	or contrib	utions o	r other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	followi	ng table		_				
						-		Α	mount	
С	Beginning balance					-	1c			
d	Additions during the year					_	1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explar	nation has	been pr	ovided in P	art X	III		Г
Pa	rt V Endowment Funds. Complete								ı	
	Parameter and a second second	(a)Current year 95,920,145	(b) P	nor year 89,072,98		o years back 81,674,559	+	hree years back 77,490,544		years back 82,359,489
1a	Beginning of year balance	24,635,464		14,686,04		15,141,907	_	14,114,975		14,203,363
Ь	Contributions	24,633,464		14,000,04	<u> </u>	15,141,907		14,114,973		14,203,303
С	Net investment earnings, gains, and losses	7,318,358		5,070,10	5	5,832,826		3,270,220		-8,294,795
d	Grants or scholarships	20,560,583		12,102,92	7	13,576,310		13,201,180		10,777,513
e	Other expenditures for facilities									
f	and programs	868,024		806,05	5					
g	End of year balance	106,445,360		95,920,14		89,072,982		81,674,559		77,490,544
7	Provide the estimated percentage of the cur		a (lina				<u> </u>	,,	l	
_		97 370 %	e (iiiie	rg, colui	IIII (a)) II	ieiu as				
а	Board designated or quasi-endowment Permanent and owners Permanent and owners Permanent Permanen	37 37 0 70								
b	Termanent endowment P									
С	remporarily restricted endowment F	98 %								
_	The percentages in lines 2a, 2b, and 2c sho							.1		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ition tr	nat are ne	id and a	aministered	ırorı	ine	Ye	s No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations							3a	(ii) Yes	5
b	If "Yes" to 3a(II), are the related organizatio							3	b Yes	5
4	Describe in Part XIII the intended uses of th									
Pai	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Par			10.20	I	(-) A		D. d
	Description of property			(a) Cost basis (inv		(b) Cost or o basis (oth		(c) Accumulate depreciation	ea (a)	Book value
1a	Land				6,000					6,000
b	Buildings					935	,337	798,	211	137,126
c	Leasehold improvements									
d	Equipment					221	,334	221,	334	
е	Other					112	,680	107,	963	4,717
	I. Add lines 1a through 1e (Column (d) must e	aual Form 000 Part V	colun	nn (B) lin	2 10(c)					147,843

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-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, III			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

Part	Reconciliation of R	evenue per Audited Financial	State	ment	ts Witr	ı keven	ue pe	er ke	<u>:turn</u>	
1	Total revenue, gains, and other	er support per audited financial stateme	ents .					1		
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12								
а	Net unrealized gains on invest	tments	. [2a						
b	Donated services and use of f	acılıtıes	. [2b						
С	Recoveries of prior year grants	s	. [2c						
d	Other (Describe in Part XIII)		[2d						
e	Add lines 2a through 2d .						$\overline{}$	2e		
3	Subtract line $\mathbf{2e}$ from line 1 .						. [3		
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1								
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a						
b	Other (Describe in Part XIII)			4b						
C	Add lines 4a and 4b						. [4 c		
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I	, line 1	2).			. [5		
Part :	Reconciliation of E	xpenses per Audited Financia	l State	<u>emer</u>	nts Wit	h Expe	nses	per l	Return	
1	Total expenses and losses pe	r audited financial statements					L	1		
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25								
а	Donated services and use of fa	acılıtıes		2a						
b	Prior year adjustments			2b						
C	Other losses			2c						
d	Other (Describe in Part XIII)			2d						
e	Add lines $\mathbf{2a}$ through $\mathbf{2d}$. [2e		
3	Subtract line $\bf 2e$ from line $\bf 1$.						. [3		
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:								
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a						
b	Other (Describe in Part XIII)			4b						
c	Add lines 4a and 4b							4c		
5	Total expenses Add lines 3 ai	nd 4c. (This must equal Form 990, Part	I, line	18)				5		
Part	XIII Supplemental Inf	ormation								
	/, line 4, Part X, line 2, Part XI	scriptions required for Part II, lines 3, , lines 2d and 4b, and Part XII, lines 2								
	Identifier	Return Reference				Exp	lanatıo	n		
Part V ,	Line 4	endowment fund	Housto	n to pi	reserve	and enric	h Jewis	sh Cor	ration of Greater mmunal life throug responsive and	gh

responsible to Jewish communities locally, nationally, in Israel,

and around the world

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493196011074

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Jewis	ii rederation of Greater Houston				74-1109654	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the q	grants or assis	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fur	nds outside
3	Activites per Region (The follow	ung Part I, line 3	table can be du	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Middle East/N Africa	0	0	Investments		49,500
	Middle East/N Africa	0	0	Program services	Mission trip & video	604,519
	Sub-total Total from continuation sheets to Part I					654,019
	Totals (add lines 3a and 3b)				1 5000011/	654,019
For Pa	aperwork Reduction Act Notice, see	the Instructions	tor Form 990.	Cat	No 50082W Schedu	ile F (Form 990) 2012

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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

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

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Sup	plementa	al Info	rmation
--------	-----	----------	---------	---------

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493196011074

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

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

Open to Public Inspection

	ne of the organization sh Federation of Greater Hou	ustan				Employer ide	ntification number
jewi	SII Federation of Greater Hot	ISTOIL				74-1109654	1
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	ganızatı	on answered "Yes" t	o Form 990, Part I\	/, line 17.
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the f	ollowing activities Che	eck all that apply	
а	Mail solicitations			е	☐ Solicitation of non	-government grants	
b	Internet and email soli	cıtatıons		f	☐ Solicitation of gov	ernment grants	
c	Phone solicitations			g	☐ Special fundraisin	g events	
d	In-person solicitations	i .					
2a	Did the organization have a or key employees listed in						Γ _{Yes} Γ Ν
b	If "Yes," list the ten highes to be compensated at least	t paid individuals or t \$5,000 by the orga	entities (f anization	undraiser	rs) pursuant to agreeme	ents under which the fu	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(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			
	-						
				_			
Tota	ıl						
3	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exemp	t from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Con more than \$15,000 of funda events with gross receipts of	raising event contribut			
			(a) Event #1 MNO Poker Tourn	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	
暑	1	Gross receipts	157,49	3		157,493
Revenue	2	Less Contributions	108,43	0		108,430
~	3	Gross income (line 1 minus line 2)	49,06	3		49,063
	_		10,00			10,000
	4	Cash prizes	,			
မှ လ	5	Noncash prizes	2,51	1		2,511
Expenses	6	Rent/facility costs	31,07	3		31,073
	7	Food and beverages .				
Direct	8	Entertainment	23,90	0		23,900
Δ	9	Other direct expenses .	2,61	2		2,612
	10	Direct expense summary Add lii	nes 4 through 9 ın colum	n (d)		(70,096)
	11	Net income summary Combine I	ine 3, column (d), and lin	e 10	•	-21,033
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rey	1	Gross revenue				
	2	Cash prizes				
sesuedy	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
Ē	5	Other direct expenses				
	6	Volunteer labor	│ Yes No	│ Yes	│ 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	umn (d)		
9	Ent	ter the state(s) in which the organiz	ration operates gaming ac	tivities		
а		the organization licensed to operate		<u> </u>		Fyes Fno
b	If"	'No," explain				
10a		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?	
b	If"	'Yes," explain				

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
	<u> </u>	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493196011074 OMB No 1545-0047

Inspection

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

Open to Public

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

Jewish Federation of Greater Houston						74-1109654	
Part I General Information 1 Does the organization maintain reference the selection criteria used to away	records to substant ard the grants or as	ate the amount of the sistance?					▽ Yes ┌ N
2 Describe in Part IV the organiza Part II Grants and Other As	ssistance to Go	vernments and O	rganizations in the	United States. Com			es" to
Form 990, Part IV, line				·			(1) 0
(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 Addıtıonal Data Table							
2 Enter total number of section 503 Enter total number of other organ						. _	79 0

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Teen Israel Trıp Scholarshıps	29	41,575			
(2) Teacher grants	27	5,345			
(3) Camp Scholarships	67	31,325			

Part IV Supplemental Information.

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

Software ID: 12000229

Software Version: 2012v2.0

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Zecher Avrohom Inc1715 51st Street Brooklyn,NY 11204	26-3744888	501(c)(3)	75,000	0			Center for At-Risk Families
World ORT Inc1745 Broadway 17th Floor New York, NY 10019	06-1669917	501(c)(3)	20,000	0			KesherNet

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Womens Intl Zionist Org 1150 Kane Concourse 5th Floor Bay Harbor Isla, FL 33154	13-3041381	501(c)(3)	50,000	0			Nır Haemek Youth Vıllage
Torah Day School10900 Fondren Houston,TX 77096	23-7278350	501(c)(3)	39,150	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tıkva Corp475 10th Ave 9th Floor New York, NY 10018	22-3779212	501(c)(3)	19,000	0			Children's Home- Unrestricted
The Shlenker School5600 North Braeswood Blvd Houston,TX 77096	76-0686559	501(c)(3)	96,750	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Shalem Foundation845 Third Ave 6th Floor New York, NY 10022	13-3941865	501(c)(3)	75,000	0			Shalem College
The Koby Mandell Fndn Inc 366 Pearsall Ave Ste 1 Cedarhurst, NY 11516	91-2169027	501(c)(3)	50,050	0			Camp Koby

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	8,073	0			Multiple Programs
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	562,131	0			JDC- Basıc Needs

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	50,000	0			Israel Core Blood Bank
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	300,000	0			Kıryat Absorption Center

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	26,660	0			Educational Support- ORT
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	222,705	0			Fair Share-O perating Exps

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	12,657	0			JAFI-Victims of Terror
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	1,203,322	0			JAFI-Multiple Programs

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	110,000	0			Yad Vashem
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	10,000	0			JAFI MASA Career Program

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Hillel at Texas A&M505 University Dr East College Station,TX 77840	74-1398514	501(c)(3)	36,000	0			General Support
Texas Hillel2105 San Antonio St Austin, TX 78705	52-1758802	501(c)(3)	69,000	0			General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seven Acres Jewish Sr Care Svcs6200 N Braeswood Blvd Houston,TX 77074	74-1143086	501(c)(3)	465,122	0			O perating Funds
Seven Acres Jewish Sr Care Svcs6200 N Braeswood Blvd Houston,TX 77074	74-1143086	501(c)(3)	22,200	0			Unrestricted

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sephardic Gan Toret Emet 9730 Hillcroft Houston,TX 77096	20-1354171	501(c)(3)	96,300	0			O perating Funds
Save a Childs Heart Foundation10050 Chapel Road Suite 18 Potomac, MD 20854	52-1783323	501(c)(3)	150,000	0			Pediatric Cardiac Hospital

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Robert M Beren Academy 11333 Cliffwood Dr Houston,TX 77035	74-1652136	501(c)(3)	96,300	C			O perating Funds
PEF Israel Endowmnt Funds 317 Madison Ave New York, NY 10017	13-6104086	501(c)(3)	100,000	C			Avukat-Or

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohr Torah Stone Insts of Isra49 W 45th St Suite 701 New York, NY 10036	13-3275531	501(c)(3)	200,000	0			CJCUC
New Israel Fund1101 14th St NW 6th Floor Washington, DC 20001	94-2607722	501(c)(3)	10,000	0			General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mickey Leland Kibbutzim Inter1400 Post Oak Blvd Suite 500 Houston,TX 77056	74-2119190	501(c)(3)	60,000	0			Kıbbutzım Internship
Leo Baeck Ed Center Fndn 3555 Timmons Ste 1440 Houston,TX 77027	76-0205816	501(c)(3)	55,100	0			KIPP Inspired Schools

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leo Baeck Ed Center Fndn 3555 Timmons Ste 1440 Houston,TX 77027	76-0205816	501(c)(3)	12,500	0			Ethiopian Matriculation&Other
Just One Life Inc587 5th Ave Ste 702 New York, NY 10017	13-3533863	501(c)(3)	75,000	0			General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JewishFed of Gr OklahomaCity710 W Wilshire Blvd Ste 103 Oklahoma City,OK 73116	73-0579276	501(c)(3)	17,713	O			Disaster Relief
Jewish Outreach Institute 1270 Broadway Ste 609 New York, NY 10001	42-1317696	501(c)(3)	200,000	0			Comm Scan/O utreach Coord

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federation of Gr Dalla 7800 North Haven Road Dallas,TX 75230	75-0800654	501(c)(3)	32,500	0			Hillel Consortium
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	98,000	0			Psychiatry & LCSW Staff

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	7,346	0			Refugee Resettlement
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	240,000	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	190,000	O			Financial Assistance
Jewish Childrens Regional Sv PO Box 7368 Metari, LA 70010	72-0408936	501(c)(3)	11,000	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JCC Association of N Amer 520 Eighth Ave 4th Floor New York, NY 10018	13-5599486	501(c)(3)	15,000	C			Operating Funds
Interfaith Ministries for Gr 3217 Montrose Blvd Houston,TX 77006	74-1488102	501(c)(3)	6,000	C			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	500,000	0			JFS Financial Assist Endwmnt
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	48,215	0			PJ Library

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	400,000	0			Yom Limmud-Day of Education
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	253,565	0			Chaplaincy

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	205,000	0			Young Adult Programming
Houston Jewish Community Fndn5601 S Braeswood Blvd Houston,TX 77096	76-0187329	501(c)(3)	29,773	0			Segal College & Special Project

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Hillel Inc1700 Bissonnet Houston,TX 77005	76-0684042	501(c)(3)	117,000	0			General Support
Holocaust Museum Houston Edu5401 Caroline Street Houston,TX 77004	76-0331398	501(c)(3)	20,000	0			Unrestricted

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hillel Fndn for Jewish Campus800 Eighth Street NW Washington, DC 20001	52-1844823	501(c)(3)	10,000	0			General Support
Hebrew Free Loan Assoc 4131 South Braeswood Blvd Houston,TX 77025	76-0069644	501(c)(3)	11,250	0)		Small Business Loans

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of the Isr Defense Forces1430 Broadway Rm 1301 New York, NY 10028	13-3156445	501(c)(3)	50,250	0			General Support
Friends of the Isr Defense Fo 1430 Broadway Rm 1301 New York, NY 10018	13-3156445	501(c)(3)	550,000	0			Nefesh B'Nefesh - Alıyah

(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
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	702,411	0			O perating Funds
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	61,000	0			Shalıach

(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
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	59,000	0			Senior Companion Program
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	36,050	0			Meals on Wheels

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	35,000	0			Senior Lounge
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	18,000	0			Israel @ 65 Celebration

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emery Weiner Cntr for Jewish 9825 Stella Link Houston,TX 77025	74-1990541	501(c)(3)	193,950	O)		O perating Funds
Christian Friends of Israeli PO Box 50833 Colorado Spring, CO 80949	41-2020104	501(c)(3)	50,000	0)		Heart of Benjamin

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Fund of Israel980 Ave of the Americas 3rd New York, NY 10018	13-2992985	501(c)(3)	75,000	0			Matnat Shichrur
Central Fund of Israel980 Ave of the Americas 3rd New York, NY 10018	13-2992985	501(c)(3)	20,000	0			Shutaf Leadership Devlpmnt

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Fund of Israel980 Ave of the Americas 3rd New York, NY 10018	13-2992985	501(c)(3)	125,000	0			Shurat Hadın-Israel Law Ctr
Bnai Brith Youth Organization 5601 South Braeswood Blvd Houston,TX 77096	31-1794932	501(c)(3)	40,000	0			O perating Funds

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Birthright Israel Foundation 33 East 33rd St 7th Floor New York, NY 10016	13-4092050	501(c)(3)	232,386	0			Young Adult Travel to Israel
Bikur Vizrat Cholim Inc1221 42nd St Brooklyn, NY 11219	20-1572620	501(c)(3)	100,000	0			Home for Special Needs Children

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Yeshurun Day School 4525 Beechnut Houston,TX 77096	74-1222268	501(c)(3)	91,800	0			O perating Funds
American Friends of NATAL Inc1120 Ave of the Americas 4th New York, NY 10036	20-1914370	501(c)(3)	10,000	0			Support for Trauma Vıctıms

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Friends of Meir Panim5316 New Utrecht Ave Brooklyn, NY 11219	20-1582478	501(c)(3)	77,000	0			Nutrition Center
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	6,700	0			Multiple Programs

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	55,100	0			Support for at-risk children
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	182,250	0			Equal Emplymnt Arab- Israelis

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	100,000	0			Aging w/ Dignity Program
Am Friends of New Comm in Isr169 10 73rd Avenue Flushing, NY 11366	31-1740763	501(c)(3)	50,000	0			Hadadı- Annual Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Am Friends of Netanya College270 Madison Avenue 9th Floor New York, NY 10016	13-3937453	501(c)(3)	20,000	0			General Support
Am Assoc for Bikur Cholim Hos156 5th Avenue New York, NY 10010	23-7129485	501(c)(3)	200,000	0			Heart Catheter Equipment

(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
All 4 Israel Inc53 Dewhurst St Staten Island, NY 10314	05-0553417	501(c)(3)	50,000	C			General Support

DLN: 93493196011074

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

2

7

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization Jewish Federation of Greater Houston

Employer identification number 74-1109654 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

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	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	GC compensation (iii) Other reportable compensation	(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)Suzanne Jacobson Sr VP Develop	(i) (ii)	136,876			9,261	10,310	156,447		
(2)Mary Ward-Hecksel Sr VP/CFO	(i) (ii)	136,099			9,120	9,697	154,916		
(3)Lee Wunsch President & CEO	(i) (ii)	260,199		11,388	42,054	22,910	336,551	11,388	

Schedule J (Form 990) 2012

Part IIII 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
, ,	in regards to selections on 1a	The Federation pays \$41 per month for telephone/internet service used for business purposes at the home of Lee Wunsch, President & CEO These payments are not treated as taxable compensation because they are deemed to be expenses relating to his services provided to the Federation During the year, the Federation paid \$1,510 for travel expenses of Lee Wunsch's spouse which was treated as taxable compensation and is part of his compensation package

Schedule J (Form 990) 2012

DLN: 93493196011074

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
Jewish Federation of Greater Houston

74-1109654

		74-1109654					
Identifier	Return Reference		Explanation				
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request					
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Personnel Sub-Committee of the Board consisting of the Chairman of Board, Chairman of the Budget and Finance Committee and the Chairman of the Personnel Committee is responsible for determining the compensation of the organization's officer and key employees. Officer's compensation is determined after a review of comparable of non-profit sister age noise of similar size.					
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management						
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	nent is distributed to Board members are conflicts of interest, they are e f the Board If appropriate, after					
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process		e Controller and CFO and made available ederation's website, prior to filing				
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Rabbinic Trustees and to eliminate inapplicable ver revised to label the three types of Special Trustees and Chair, and Rabbinic Trustees revised to add Rabbinic Trustees a life member Artic revised to remove the requirement that the Vice Chair Community Leadership Couin order to offer more flexibly, Section A, Part 5 was revised to include election process in the same section as the other of to exclude the Past Board Chair and the Special Trustees and/or Elected Officers Additionally, a one-time term limitations was provided for the Elected Officers year so that they might	e Article III, Section A, Part 6, was le IV, Section E and Article VI were of Special Projects co-chair the noil whity in filling this officer position Article by term limits for committee chairs Article be the Rabbinic Trustee nomination and elected trustees Article XI was revised stee representing the Houston Jewish n e year term limitations applying to				
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	relationship Elyse Kalmans and Arturo Karakowsky ha Warren, Naomi Warren and o Karakowsky have a busin Braham have a business reonship Nat Levy and Sandr relationship Nat Levy and Dhave a business relationship Nat Leand Haya Varon have a busin s relationship Nat Levy and relationship Nat Levy and Haya Varon have a busin s relationship Nat Levy and relationship Dolores Wilkenf	ness relationship Nat Levy and Denis elati a Finkelman have a business pavid Hess up Nat Levy and Jacob Leon have a evy siness relationship Nat Levy and Mary nes Lee Wunsch have a business feld and ness relationship Lee Wunsch and				
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	(CRC) programs focus on e	c and international issues directly				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

DLN: 93493196011074

2012

Open to Public Inspection

Schedule R (Form 990) 2012

Jewish Federation of Greater Houston				74-1109654			
Part I Identification of Disregarded Entities (C	Complete if the organizatio	n answered "Yes" t	o Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt O	rganizations (Complete ı	f the organization a	answered "Yes" t	o Form 990, Part IV	V, line 34 because it	had or	ne
or more related tax-exempt organizations du (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	ntro
						Yes	ity?
(1) Donald & Martha Kaplan Freedman Fd 5603 S Braeswood Blvd	Support the Houston Jewish Community Fd	TX	501(c)(3)	509(a)(3) I	Houston Jewish Community Foundation	Yes	
Houston, TX 77096 45-5449056							
(2) The Samuels Foundation 5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	ТХ	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0207517							
(3) The Rauch Foundation 5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	ТХ	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0300344							L
(4) Alan F & Diane R Levin Fd 5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	TX	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096 76-0613294							
(5) The Becker Family Foundation 5603 South Braeswood Blvd	Support the Jewish Federation of Gr Hou	ТХ	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
Houston, TX 77096							
76-0560995 (6) Mary L & William J Osher Fd	Support the Jewish Federation of Gr Hou	TX	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	H
5603 South Braeswood Blvd Houston, TX 77096							
20-5094518 (7) Houston Jewish Community Fdn	Support the Jewish	TX	501(c)(3)	509(a)(1)	Jewish Federation of	Yes	1
5603 South Braeswood Blvd	Federation of Gr Hou			305(4)(1)	Greater Houston	1.03	
Houston, TX 77096							

Cat No 50135Y

Part III Identification of Related Organi because it had one or more related	i zations Taxable organizations trea	as a Partn oted as a part	ership :nership	(Comp during	olete g the	ıf the orq tax yea	ganız r.)	ation ar	swered "Y	es" to	Form	990, Part	IV, lı	ne 3	4	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direc contro entit	ct Iling	(e) Predomin income (rela unrelate excluded f tax undo sections 5 514)	ated, d, rom er	(f) Share of total incom		(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k Percen owner	ntage
						31.,				Yes	No		Yes	No		
Part IV Identification of Related Organi line 34 because it had one or more										swere	d "Ye	s" to Form	990,	Part	t IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domici (state or fo country	le oreign		Direct	(d) controlling entity	Type (C corp	(e) of entity p, S corp, trust)	(f) Share of total income	0	(g) e of end f-year assets	d- Percent owners	age		(i) Section 5 (b)(13 controlle entity?	B) ed
(1) Extremis Corporation	Dormant				HJCF		C corp			<u> </u>				Ļ		No
5603 S Braeswood Blvd Houston, TX 77096 76-0492189	Domant	тх			inci		c corp									NO
(2) M & J Robinson CRAT 5603 S Braeswood Blvd Houston, TX 77096 76-6103916	Remdr Trust	тх			HJCF	-	Trust									No
														_		
										1				+		
														_		

hedule R (Form 990) 2012		Pa	ge 3
Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gıft, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
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
Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
• Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
	1s		No
s Other transfer of cash or property from related organization(s)	13		140

2	If the answer to any of the above is "Yes	," see the instructions for information on wh	o must complete this line, incl	uding covered relationships and transaction thresholds
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(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) The Samuels Foundation	С	80,036	cash
(2) Alan F & Diane R Levin Fd	С	10,000	cash
(3) The Becker Family Foundation	С	25,000	cash
(4) Mary L & William J Osher Fd	С	2,174,500	cash
(5) Houston Jewish Community Fdn	С	1,481,803	cash
(6) Houston Jewish Community Fdn	b	1,436,553	cash

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				`	,		-	
(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) Disproprtionate 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	

Software ID: 12000229

Software Version: 2012v2.0

EIN: 74-1109654

Name: Jewish Federation of Greater Houston

Schedule R (Form 990) 2012

Identifier

Page **5**

Part VII Supplemental Information

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

Return Reference

> Form 990, Schedule R, Part V - Transactions With Related Organizations										
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved							
The Samuels Foundation	С	80,036	cash							
Alan F & Diane R Levin Fd	С	10,000	cash							
The Becker Family Foundation	С	25,000	cash							
Mary L & William J Osher Fd	c	2,174,500	cash							
Houston Jewish Community Fdn	С	1,481,803	cash							
Houston Jewish Community Fdn	b	1,436,553	cash							

Explanation