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DLN: 93493197004306

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

2014

Open to Public Inspection

A Fo	r the 2	2014 ca	l <u>endar year, or tax year beginn</u>	ning 09-01-2014 $$ , and ending 08-31	L-2015		
<b>B</b> Ch	eck if ap	pplicable	C Name of organization  Jewish Federation of Greater Hol	Iston		D Employ	yer identification number
┌ Add	ress ch	nange	Jewish redelation of dieater not	351011		74-11	09654
┌ Nai	me char	nge	Doing business as				
┌ Init	ıal retur	rn					
Fin				of mail is not delivered to street address) Ro	om/suite	E Telepho	ne number
		minated	5603 South Braeswood Blvd			(713)	729-7000
☐ Am	ended r	return		country, and ZIP or foreign postal code			
Г Арі	olication	n pending	Houston, TX 77096			<b>G</b> Gross re	eceipts \$ 16,260,205
			<b>F</b> Name and address of p	principal officer	H(:	Is this a group	raturn for
			Lee Wunsch		''(	subordinates?	Yes   No
			5603 South Braeswood Houston, TX 77096				
			Trouston, TX 77030		H(I	Are all subordir included?	nates
	x-exem	npt status	▼ 501(c)(3)	◀ (insert no )			a list (see instructions)
1 14/	obsito	N. Mr. 1404	w houstonjewish org	· · · · · · · · · · · · · · · · · · ·			
					H(e	Group exempti	ion number 🟲
			Corporation Trust Associa	ation Other 🟲	L	Year of formation 194	40 <b>M</b> State of legal domicile TX
Pa	rt I	Sun	nmary				
Governance		Jewish F commur with the	Federation takes a leadership and the collaborating with worth public	sion or most significant activities approach to overseeing programs an ny organizations, evaluating needs, r  discontinued its operations or dispo	aısıng fund	s, investing in initi	iatives, and communicating
			·				
8	3 1	Number	of voting members of the gove	erning body (Part VI, line 1a)			<b>3</b> 36
Ė				rs of the governing body (Part VI, lin			4 36
Activities &	5 1	Total nu	ımber of ındıvıduals employed	ın calendar year 2014 (Part V, line 2	2a)		<b>5</b> 45
•			·	ıf necessary)			6 300
				Part VIII, column (C), line 12 .			<b>7a</b> 0
	<b>b</b> N	Net unre	elated business taxable incom	e from Form 990-T, line 34	<u> </u>		7b
	1					Drion Voor	
					_	Prior Year	Current Year
<u>a</u>	8			, line 1h)	_	17,056,6	16,099,523
enne	9	Progr	am service revenue (Part VIII	, line 2g)		17,056,6 173,7	508     16,099,523       765     149,607
Revenue	9 10	Progr Inves	am service revenue (Part VIII tment income (Part VIII, colu	, line 2g)	<u> </u>	17,056,6 173,7	308     16,099,523       265     149,607       290     11,075
Revenue	9 10 11	Progr Inves Other	am service revenue (Part VIII tment income (Part VIII, colu revenue (Part VIII, column (A	, line 2g)		17,056,6 173,7	508     16,099,523       765     149,607
Revenue	9 10	Progr Inves Other Total	am service revenue (Part VIII tment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through	, line 2g)		17,056,6 173,7	16,099,523 265 149,607 290 11,075
Revenue	9 10 11	Progr Inves Other Total 12)	am service revenue (Part VIII tment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through	, line 2g)		17,056,6 173,7 9,7	16,099,523 765 149,607 790 11,075 0 163 16,260,205
Revenue	9 10 11 12	Progr Inves Other Total 12)	am service revenue (Part VIII tment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through 	, line 2g)		17,056,6 173,7 9,7 17,240,1	16,099,523 765 149,607 790 11,075 0 163 16,260,205
	9 10 11 12	Progr Inves Other Total 12) Grant Benef Salar	am service revenue (Part VIII tment income (Part VIII, colume revenue (Part VIII, column (Arevenue—add lines 8 through some some sound and to or for members (Parts, other compensation, employed)	nn (A), lines 3, 4, and 7d)		17,056,6 173,7 9,7 17,240,1 10,862,8	16,099,523 265 149,607 290 11,075 0 163 16,260,205 318 12,027,980
	9 10 11 12 13 14 15	Progr Inves Other Total 12) Grant Benef Salari 5-10	am service revenue (Part VIII tment income (Part VIII, colur revenue (Part VIII, column (Arevenue—add lines 8 through sand similar amounts paid (Parts paid to or for members (Parts, other compensation, employ)	mn (A), lines 3, 4, and 7d)		17,056,6 173,7 9,7 17,240,1	16,099,523 265 149,607 290 11,075 0 163 16,260,205 318 12,027,980 0 2,365,467
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Houston, TX 770275132

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

the vibrant community here at home, in Israel, and around the world

4d Other program services (Describe in Schedule O) (Expenses \$ 296,959 including grants of \$ ) (Revenue \$

Total program service expenses ► 13,320,869

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 V	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	Yes	
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			1
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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?	20	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	୮_
_		_	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 56  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b (			
	Zincer the named of the state o	<u>'</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<del>- 50</del>		
_	2	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
ь 7	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 <b>b</b>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t			
d	file Form 8282?	<b>7c</b>		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ $\cdot$	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	5 <b>7g</b>		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		N
02	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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	7		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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 res	nonse or no	te to anv	line in this Pa	rt V I	_	_	_	_	_	_	_	_	_	_	_	Ţ
Chick ii Schicadic C	contains a res	PO113C 01 110	cc co ann,	mile in cino i a			•	•		•					•	•	

50	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, 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	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			
	Did the organization have local chapters, branches, or animates.	10a		Νo
b	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?	10a 10b		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
11a	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	10b	Yes	No
11a b	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?	10b	Yes	No
11a b 12a	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	10b		No
11a b 12a b	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?	10b 11a 12a	Yes	No
11a b 12a b	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?	10b 11a 12a 12b	Yes	No
11a b 12a b	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	10b 11a 12a 12b 12c	Yes Yes Yes	No
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Mary Ward-Hecksel

5603 South Braeswood

Houston, TX 77096 (713) 729-7000

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ŧ		
C	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	Þ	852,441	136,235

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►5

			5	1
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	103	No

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Ricoh USA 820 Gears Rd Houston, TX 77067	Staff/copier leasing	114,678

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

Voc No

Part V	/++1	Statement of	of Revenue ule O contains a respo	nse or note to any lir	ne in this Part VIII								
		CHECK II SCHOOL	ale o concums a respo	inse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
w 20	1a	Federated cam	paigns 1a										
anta	ь	Membership du	ıes <b>1b</b>										
, E	С	Fundraising ev	ents <b>1c</b>										
iffs,	d	Related organiz	zations 1d	3,889,215									
 E	e	e Government grants (contributions) 1e											
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	12,210,308									
buti ther		sımılar amounts no	ot included above										
즐글	g	Noncash contributi 1a-1f \$	ons included in lines										
Contand	h	Total. Add lines	s 1 a - 1 f	· · · •	16,099,523								
				Business Code									
Program Service Revenue	2a	Events/other		900099	52,262	52,262							
	Ь	Program ticket sale	es	900099	97,345	97,345							
	C .							ļ					
	d							-					
E E	e f	All other progra	am service revenue										
ت الم	'												
	g		s 2a – 2f	-	149,607								
	3	and other sımıl	ome (including dividen ar amounts)	▶ [	11,075			11,07					
	4		stment of tax-exempt bond	proceeds <b>F</b>	0								
	5	Royalties .	(1) Pool	(u) Dersonal	0								
	6a	Gross rents	(ı) Real	(II) Personal									
	ь	Less rental											
	С	expenses Rental income											
	d	or (loss) Net rental inco	me or (loss)		0								
			(ı) Securities	(II) Other									
	7a	Gross amount from sales of											
		assets other than inventory											
	ь	Less cost or other basis and											
	c	sales expenses Gaın or (loss)											
	d		SS)		0								
	8a		from fundraising										
Other Revenue		events (not inc	luding										
<b>क</b> >		of contributions See Part IV, Iir	s reported on line 1c)										
č		See Pail IV, III	a a										
‡ ⊟	ь	Less direct ex	penses b										
0			(loss) from fundraising	events 🛌	0								
	9a		from gaming activities ne 19										
			а										
	Ь		penses b		0								
		Gross sales of	(loss) from gaming acti	vities	0								
	104	returns and allo											
	١.		a										
	b		oods sold <b>b</b> (loss) from sales of inv	entory <b>b</b>	0								
		Miscellaneou		Business Code				1					
	11a												
	ь												
	С												
	d	All other reven											
	е	Total. Add lines			0			1					
	12	Total revenue.	See Instructions .		16,260,205	149,607		11,07					

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	lete column (A	١)
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	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	<u></u> .
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11.000.514	11.000.514		
_		11,868,514	11,868,514		
2	Grants and other assistance to domestic individuals See Part IV, line 22	152,966	152,966		
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals See Part IV, lines 15	6 500	6.500		
4	and 16	6,500	6,500		
4	·	0			
5	Compensation of current officers, directors, trustees, and key employees	688,308	106,758	269,118	312,432
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	o			
7	Other salaries and wages	1,333,452	482,660	407,856	442,936
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,051	25,059	49,929	21,063
9	Other employee benefits	109,139	19,474	55,875	33,790
10	Payroll taxes	138,517	35,713	59,789	43,015
11	Fees for services (non-employees)	130,317	33,713	33,703	+3,013
a	Management	0			
b	Legal	0			
c	Accounting	23,832		23,832	
d	Lobbying	0		23,032	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,222	21,307	40,420	29,495
12	Advertising and promotion	82,535	8,486	40,561	33,488
13	Office expenses	162,471	15,094	59,656	87,721
14	Information technology	44,104	9,854	17,579	16,671
15	Royalties	0	3,001	17,013	10,011
16	Occupancy	55,117	15,808	21,927	17,382
17	Travel	16,671	1,984	11,870	2,817
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	2,50.	22,070	2,021
19	Conferences, conventions, and meetings	53,842	6,384	34,902	12,556
20	Interest	0	-,-3.	3.1,2.22	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,407		22,407	
23	Insurance	36,289	8,357	15,994	11,938
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			,	•
a	Program expenses	512,861	512,861		
b	Campaign programs	326,621			326,621
С	Recruitment	31,571		31,571	
d	Demographic survey expenses	30,000		30,000	
е	All other expenses	61,181	23,090	20,142	17,949
25	Total functional expenses. Add lines 1 through 24e	15,944,171	13,320,869	1,213,428	1,409,874
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

Part	ŧΧ	Balance Sheet Check if Schedule O contains a response or note to any line in	this Pa	ırt X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,396	1	1,897
	2	Savings and temporary cash investments			2,018,766	2	3,754,539
	3	Pledges and grants receivable, net			11,496,383	3	11,069,853
	4	Accounts receivable, net			56,552	4	18,726
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete Paschedule L	of		5	0	
ste	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrib mploye	outing employers		6	0
Assets	7	Notes and loans receivable, net				7	0
<del>-</del> 4	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			102.089	9	65,730
	10a	Land, buildings, and equipment cost or other basis Complete		1,316,242	,		
		Part VI of Schedule D	10a			10	222 004
	b	Less accumulated depreciation	10b	1,093,441	201,636		222,801
	11	Investments—publicly traded securities			44,000	11	39,000
	12	Investments—other securities See Part IV, line 11			44,000	13	39,000
	13	Investments—program-related See Part IV, line 11				14	0
	14	Intangible assets			58,072		57,289
	15	Other assets See Part IV, line 11			· '	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,979,894	16	15,229,835
	17	Accounts payable and accrued expenses			296,903	17	494,855
	18	Grants payable			4,118,989	18	4,855,352
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
န	21	Escrow or custodial account liability Complete Part IV of Scho				21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ified	•			
喜		persons Complete Part II of Schedule L				22	
- 1	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 D	rt X of			25	
	26	Total liabilities. Add lines 17 through 25			4,415,892	26	5,350,207
S do		Organizations that follow SFAS 117 (ASC 958), check here ▶					
Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			8,208,929	27	8,306,262
<u>ප</u>	28	Temporarily restricted net assets			1,002,573	28	1,435,364
<u> </u>	29	Permanently restricted net assets	•	• •	352,500	29	138,002
Ĭ	29	Organizations that do not follow SFAS 117 (ASC 958), check h		 and	332,300	29	130,002
or Fi		complete lines 30 through 34.	ele F	ı anu			
ا چ	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other t	funds			32	
Š	33	Total net assets or fund balances	•		9,564,002	33	9,879,628
_	34	Total liabilities and net assets/fund balances			13,979,894	34	15,229,835
							Form <b>990</b> (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,2	260,205
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,9	944,171
3	Revenue less expenses Subtract line 2 from line 1	3		3	316,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,5	564,002
5	Net unrealized gains (losses) on investments	5		·	-408
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	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,8	379,628
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
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 sepa basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis			1	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of tl	he <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

**Software ID:** 14000265 **Software Version:** 2014v6.0

**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										
(A)  Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion ( han o n is b	ne b oth	ox, u an o	ınless fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
(1) Denis Braham	1 00	х		×				0	0	0
Chairman (1) Buzzy Bluestone	1 00									
		X		х				0	0	0
Vice Chair (2) Rob Shoss	1 00									
Vice Chair	1 00	Х		Х				0	0	0
(3) Sandy Weiner	1 00	, , , , , , , , , , , , , , , , , , ,		,						
Vice Chair	0 00	X		Х				0	0	0
(4) Rick Stein	1 00	×		×				0	0	0
Sec/Treasurer (F) Kown Alexander	1 00									
(5) Kevin Alexander		х						0	0	0
Trustee (6) David Barish	1 00									
Trustee	0 00	Х						0	0	0
(7) Don Brodsky	1 00	<u> </u>								
Trustee	0 00	X						0	0	0
(8) Mark Brookner	1 00	x						0	0	0
Trustee	0 00									
(9) Debra Dluhy	1 00	X						0	0	0
Trustee (10) Daniel Fein	0 00									
Trustee	1 00	Х						0	0	0
(11) Marla Feldman	1 00	<u> </u>								
Trustee	0 00	X						0	0	0
(12) Sandra Fınkelman	1 00	x						0	0	0
Trustee	1 00	ļ								
(13) Carol Goldberg	1 00	X						0	0	0
Trustee (14) Don Goldman	0 00									
Trustee	1 00	Х						0	0	0
(15) Brian Goldstein	1 00									
Trustee	0 00	X						0	0	0
(16) Daniel Goott	1 00	l x						0	0	0
Trustee (17) David Hess	0 00			_						
		х						0	0	0
Trustee (18) Elyse S Kalmans	0 00									
Trustee	0 00	Х						0	0	0
(19) Joe Kaplan	1 00	<u> </u>								
Trustee	0 00	X						0	0	0
(20) Arturo Karakowsky	1 00	l x						0	0	0
Trustee	0 00			_						
(21) Bobby Lapin		x						0	0	0
Trustee (22) Mike Levy	1 00			$\vdash$						
Trustee	2 00	X						0	0	0
(23) Mindy Mitzner	1 00							_	_	_
Trustee	0 00	X						0	0	0
(24) Elise Newman	1 00	x						0	0	0
Trustee	0 00									<u> </u>

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average		(C) (D) (E) Position (do not check Reportable Reportable							(F) Estimated amount		
	hours per week (list		person is both an officer and a director/trustee) oi				compensation from the	compensation from related	of other compensation			
	any hours						organization (W-	organizations (W-	from the			
	for related	2 =	Ι_	Q	조	鱼工	П	2/1099-MISC)	2/1099-MISC)	organization and		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations		
(26) Jack Polatsek	1 00											
Trustee	0 00	X						0	0	0		
(1) Esther Polland	1 00											
		x						0	0	0		
Trustee (2) Pakhi Jasanh Padinaku	0 00											
(2) Rabbi Joseph Radinsky	1 00	x						0	0	0		
Trustee	0 00											
(3) Russ Robinson	1 00	l x						0	0	0		
Trustee	0 00	,						3	ŷ	•		
(4) Rabbı Pam Sılk	1 00	V						0	0	0		
Trustee	0 00	×						0	0	0		
(5) Zach Silverman	1 00											
Trustee	0 00	X						0	0	0		
(6) Sam Stolbun	1 00											
Trustee	0 00	X						0	0	0		
(7) Haya Varon	1 00											
Two-share		X						0	0	0		
Trustee (8) Benjamin Warren	0 00											
		x						0	0	0		
Trustee	1 00											
(9) Naomi Warren	1 00	x						0	0	0		
Trustee	0 00											
(10) Dolores Wilkenfeld	1 00	l x						0	0	0		
Trustee	0 00											
(11) Lee Wunsch	40 00			x				313,763	0	69,221		
President & CEO	8 00			^				313,703	0	09,221		
(12) Mary Ward-Hecksel	25 00			.,				442.004		20.422		
Sr VP/CFO	15 00			X				142,894	0	20,123		
(13) Suzanne Jacobson	40 00											
Sr VP Develop	0 00			Х				147,803	0	13,163		
(14) Elaine Kellerman	40 00											
						Х		131,738	0	20,113		
VP of Comm Pshp (15) Barbara Bratter	0 00 40 00	<del>                                     </del>										
						x		116,243	0	13,615		
Dir Plan/Alloc	0 00	l										

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OMB No 1545-0047

# **Public Charity Status and Public Support**

(Form 990 or 990EZ)

**SCHEDULE A** 

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization					Employer identification	ation number					
Jewisi	i redera	ation of Greater Houston					74-1109654						
Pa	rt I	Reason for Publi	c Charity S	<b>itatus</b> (All organiza	tions must co	mplete this r		ons.					
		zation is not a private fo											
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	,	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Ė	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
	_	hospital's name, city,	and state										
5	ı	An organization opera			versity owned o	r operated by a	a governmental unit d	escribed in					
	_	section 170(b)(1)(A)											
6		A federal, state, or loc											
7	굣	An organization that n				om a governme	intal unit or from the g	jeneral public					
8	_	described in <b>section 1</b> A community trust des				+ TT \							
9	<u>'</u>	An organization that n					hutions mambarshin	fees and gross					
9	,												
		receipts from activitie											
		• • •				•	•	i busiliesses					
10	_	acquired by the organi An organization organ		•		•	•						
10	<u> </u>	-	•	•	•	•							
11	ļ	An organization organ one or more publicly s											
		the box in lines 11a th											
а	Γ	Type I. A supporting of											
		supported organization				ty of the direct	ors or trustees of the	supporting					
L	_	organization You mus				with its supps	rtad arganization(a)	ou bourne control or					
Ь	,	<b>Type II.</b> A supporting management of the su	=	•			• • • • • • • • • • • • • • • • • • • •	•					
		must complete Part IV			same persons c	inde conteror or r	manage the supported	organization(5) 104					
C	Γ	Type III functionally						grated with, its					
	_	supported organization											
d	ı						nection with its supported organization(s) that is in requirement and an attentiveness requirement						
		(see instructions) <b>Yo</b>					ement and an attentiv	eness requirement					
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally					
_		integrated, or Type II											
f		Enter the number of su											
g		Provide the following i	nformation abo	out the supported orga	inization(s)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ianization	(v) A mount of	(vi) A mount of					
		organization	(,	organization	listed in your	governing	monetary support	other support (see					
(described on lines document? (see instructions)								ınstructions)					
	1- 9 above or IRC												
				section (see instructions))									
				,,	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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 20,381,288 16,006,041 14,852,618 17,056,608 16,099,523 84,396,078 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 20,381,288 16,006,041 14,852,618 17,056,608 16,099,523 84,396,078 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 4,642,681 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 79,753,397 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 20,381,288 16,006,041 17,056,608 16,099,523 Amounts from line 4 14,852,618 84,396,078 Gross income from interest, dividends, payments received on 9,790 securities loans, rents, royalties 15,651 10,167 7,674 11,075 54,357 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 VI) 11 Total support Add lines 7 84,450,435 through 10 12 Gross receipts from related activities, etc (see instructions) 898,823 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 94 440 % Public support percentage for 2013 Schedule A, Part II, line 14 15 96 720 % 16a 33 1/3% support test-2014. 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 -2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. 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 VI 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) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)						
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2					
Section C. Type II Supporting Organizations							
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
S	ection D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3					
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.						
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b					
3							
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1				

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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#### DLN: 93493197004306

OMB No 1545-0047

**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.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization ush Federation of Greater Houston	Emp	Employer identification number			
Jew	isii rederation of Gleater Houston		74-	1109654		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		r Funds	or Accounts. Comple	ete if the	
	organization answered Tes to Form 550,	(a) Donor advised funds		(b) Funds and other acco	unts	
	Total number at end of year					
<u> </u>	Aggregate value of contributions to (during year)					
;	Aggregate value of grants from (during year)					
ļ	Aggregate value at end of year					
1	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org	_		rsed <b>Yes</b>	┌ No	
•	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?				┌ No	
a.	rt II Conservation Easements. Complete if	the organization answered "Ye	es" to Forn	n 990, Part IV, line 7.		
	Purpose(s) of conservation easements held by the orga  Preservation of land for public use (e g, recreation  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)  Preservation Preservation	of a certifie	ically important land area d historic structure	ı	
	easement on the last day of the tax year	qualified colliservation contributio	ii iii tile loll	ii oi a conservacion		
				Held at the End of th	e Year	
а	Total number of conservation easements		2a			
)	Total acreage restricted by conservation easements		2b			
:	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
ı	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferre	ed, released, extinguished, or term	inated by th	ne organization during		
	the tax year 🗠					
	Number of states where property subject to conservation	on easement is located 🕨				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		handling of	violations, and <b>Yes</b>	┌ No	
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation e	easements o	during the year		
	A mount of expenses incurred in monitoring, inspecting	and enforcing concervation easer	ments durin	a the year		
	►\$	, and emoreing conservation caser	nenes dum	g the year		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	) above satisfy the requirements o	of section 1	70(h)(4)(B)(ı) <b>Yes</b>	┌ No	
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	footnote to the organization's fina				
ŧΙí	Complete if the organization answered "Ye			her Similar Assets.		
3	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, educat	tion, or rese	arch in furtherance of pul		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its reverse held for public exhibition, educate	enue statem	ent and balance sheet	olic	
	(i) Revenue included in Form 990, Part VIII, line 1			<b>-</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS:			· ·		
3	Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$		
b	Assets included in Form 990, Part X					
_	ASSELS HICIUUEU III FUITII YYU, PAIT X			<b>▶</b> \$		

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	storic	al Treas	sures, or O	the	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck a	ny of the fo	ollowing that a	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan or ex	kchange progi	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they	further the	e organızatıor	ı's ex	empt purpose ın		
5	During the year, did the organization solicit								_	_
Do	assets to be sold to raise funds rather than							<u> </u>	Yes	│ No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answere	u Y	es to form 95	<del>7</del> 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing ta	ble	_				
								Amo	ount	
C	Beginning balance						<b>1</b> c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<b>1</b> f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21,	for es	crow or cu	stodial accou	nt lıa	bility? [	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anatıo	n has beer	n provided in I	art )	×III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior ye			_			ears back
1a	Beginning of year balance	132,731,802			45,360	95,920,14	+	89,072,982		31,674,559
b	Contributions	22,448,999		32,0	15,674	24,635,46	1	14,686,040		15,141,907
C	Net investment earnings, gains, and losses	-4,897,314		11,7	57,949	7,318,35	3	5,070,105		5,832,826
d	Grants or scholarships	22,078,829		16,5	54,831	20,560,58	3	12,102,927	:	13,576,310
e	Other expenditures for facilities and programs									
f	Administrative expenses	530,651		9:	32,350	868,024	1	806,055		
g	End of year balance	127,674,007		132,7	31,802	106,445,36	)	95,920,145	{	39,072,982
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g,	column (a)	)) held as				
а	Board designated or quasi-endowment ►	97 330 %								
b	Permanent endowment ► 2 370 %									
c	Temporarily restricted endowment ► 0 3 The percentages in lines 2a, 2b, and 2c sho	300 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that a	re held and	d administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	3a(i		No
b	(ii) related organizations							3a(ii 3b	Yes Yes	<u> </u> 
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·					•	<u>56</u>	1 1 63	<u> </u>
Par	t VI Land, Buildings, and Equipme					swered 'Yes	' to	Form 990, Par	t IV, lı	ne
	11a. See Form 990, Part X, line									
	Description of property				Cost or othe s (investmer			(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land				6,0	000				6,000
b	Buildings					93!	5,518	814,65	3	120,865
С	Leasehold improvements									
d	Equipment					313	3,271	217,33	5	95,936
	Other						L,453	61,45	3	
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	umn (B	), line 10(c	).)		🛌		222,801
								Schedule D	(Form 9	90) 2014

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII Investments—Program Related. Co	mplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form O	20 Part IV line 11d See Form 000 Part V line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the orga		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of the property of the	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
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Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	

Par		<b>levenue per Audited Financial Stat</b> wered 'Yes' to Form 990, Part IV, line 1		ts With Revenue p	oer Ro	<b>eturn</b> Complete if
1	•	er support per audited financial statements			1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of	facilities	2b		1	
c	Recoveries of prior year gran	.s	2c		1	
d	Other (Describe in Part XIII	)	2d		1	
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	)	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 an	d <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	
Par		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expenses	s per	Return. Complete
1		r audited financial statements			1	
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25				
а	Donated services and use of	acılıtıes	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII	)	2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII	)	4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, line	e 18 )		5	
Par	t XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and				ie any additional
	Return Reference	Explanation				
	V, Line 4 Intended uses of the wment fund	To support the mission of the Jewish Feder Communal life through innovative and visio Jewish communities locally, nationally, in I	nary le	adership that is respon		

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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DLN: 93493197004306

OMB No 1545-0047

SCHEDULE F (Form 990)

### **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.

" | **Z**U 12

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Jewish Federation of Greater Houston

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

				/4-1109654	
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered
1 For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	ntees' eligibili	ty for the grar	nts or assistance, and	the selection criteria	⊽ Yes
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed )	
(a) Region	<b>(b)</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	<b>(f)</b> Total expenditures for and investments in region
(1) Middle East/N Africa	0	0	Program services	Mission trip	495,41
( 2) Middle East/N Africa	0	0	Investments		39,000
(3) Middle East/N Africa	0	0	Grant		6,50
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					540,91
c Totals (add lines 3a and 3b)					540,91
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	ile F (Form 990) 2014

Pā						<b>ited States.</b> Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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)
(1) Stipend	Mıddle East/N Afrıca	1	6,500	Wire			
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
( 10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							

### 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	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	ি	No
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	্	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

#### Part V Supplemental Information

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).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	The Federation makes a site visit every other year to meet with the grantee and discuss potential programs to be funded

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Method of Accounting	The amount reported in Part I, Line 1 reflects the Federation's expenses in that region following the accrual method

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Investments and Expenditures	The amount reported in Part I, Line 2 for investments reflects the fair market value of the Federation's investments in that region

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

DLN: 93493197004306

OMB No 1545-0047

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

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

Open to Public

Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> .		Inspection
Name of the organization		Employe	er identification number
Jewish Federation of Greater Houston		74-110	)9654
Part I General Information	on on Grants and Assistance		
	records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assi ward the grants or assistance?		🔽 Yes
<ul> <li>Describe in Part IV the organization</li> </ul>	ation's procedures for monitoring the use of grant funds in the United States		

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC 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	
See Additional Data Table							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	87
3	Enter total number of other organizations listed in the line 1 table	0

Part III Grants and Other Assistance to Domestic Individuals. 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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Israel Trıp and Camp Scholarshıps	179	148,075			
(2) Teacher grants	15	4,891			

Part IV Supplemental Ir	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
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
	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, and aid people with special needs There is no additional monitoring once grants have been awarded

#### **Additional Data**

**Software ID:** 14000265

**Software Version:** 2014v6.0

**EIN:** 74-1109654

Name: Jewish Federation of Greater Houston

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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)	75,000	0			Educate Ethiopian Immigrants
Am Friends Magen David Adom352 Seventh Avenue Suite 400 New York, NY 10001	13-1790719	501(c)(3)	250,000	0			Ambulance for 1st Responders
Am Friends of Netanya College270 Madison Avenue 9th Floor New York, NY 10016	13-3937453	501(c)(3)	150,000	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Am Friends W Galilee Hospital101 Greenwood Ave Ste 610 Jenkintown, PA 19046	26-0572473	501(c)(3)	150,000	0			Jewish Hospital Syrian Refugees			
Am Frnds Internl Yg IsrMvmnt567 Cedar Hill Rd Far Rockaway, NY 11691	45-4013676	501(c)(3)	100,000	0			Prog for Deaf & Hearing Impaired			
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	314,425	0			Education & Social Programs			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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)	48,000	0			Social Innovation Accel Prog			
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	5,500	0			Ukraine Relief Fund			
Am Jewish Jnt Distribution Co711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	75,000	0			Aging w/ Dignity Program			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
A merican Friends of Meir Panim5316 New Utrecht Ave Brooklyn, NY 11219	20-1582478	501(c)(3)	53,500	0			Food Centers		
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 Victims		
American Friends Orr Shalom 3708 Enterprise Dr Janesville, WI 53546	13-3502817	501(c)(3)	50,000	0			Support At-Risk Children		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
American Jewish Committee 3355 W Alabama 1120 Houston,TX 77098	13-5563393	501(c)(3)	6,000	0			Project Interchange			
Beth Yeshurun Day School 4525 Beechnut Houston,TX 77096	74-1222268	501(c)(3)	85,575	0			O perating Funds			
Bikur Vizrat Cholim Inc1221 42nd St Brooklyn, NY 11219	20-1572620	501(c)(3)	100,000	0			Home for Special Needs Children			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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)	164,790	0			General Support		
Bnaı Brith Youth Org5601 South Braeswood Blvd Houston,TX 77096	31-1794932	501(c)(3)	25,000	0			O perating Funds		
Camp Young Judaea5410 Bellaire Blvd Bellaire,TX 77401	74-6063430	501(c)(3)	15,000	0			Counselor program		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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)	100,000	0			Ist Christns Rec For/Gen Supp			
Central Fund of Israel980 Ave of the Americas 3rd New York, NY 10018	13-2992985	501(c)(3)	200,000	0			Shurat Hadin-Supp Victims Terror			
Christian Friends of Israeli PO Box 50833 Colorado Spring, CO 80949	41-2020104	501(c)(3)	75,000	0			General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Cong Beth Shalom of Woodlands5125 Shadow Bend Pl The Woodlands,TX 77381	76-0030790	501(c)(3)	29,000	0			Community Religious School		
Congregation Beth Israel 5600 N Braeswood Blvd Houston,TX 77096	74-1143080	501(c)(3)	141,000	0			Support School/Flood Relief		
Emery Weiner School Fd9825 Stella Link Houston,TX 77025	42-1569069	501(c)(3)	239,400	0			O perating Funds		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	100,000	0			Senior Transport System			
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	107,800	0			Community Outreach			
Evelyn Rubenstein JCC Hous 5601 S Braeswood Blvd Houston,TX 77096	74-1198298	501(c)(3)	64,000	0			Flood Relief			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	800,059	0			Basıc Needs		
Friends of Nahal Haredi127 Route 59 Monsey, NY 10952	13-4069565	501(c)(3)	50,000	0			General Support		
Friends of the Isr Defense Forces1430 Broadway Rm 1301 New York, NY 10028	13-3156445	501(c)(3)	71,000	0			General Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Hand in HandP O Box 80102 Portland, OR 97280	93-1269590	501(c)(3)	25,250	0			General Support		
Hebrew Free Loan Assoc 4131 South Braeswood Blvd Houston,TX 77025	76-0069644	501(c)(3)	8,987	0			Interest Free Loans		
Holocaust Museum Houston Edu5401 Caroline Street Houston,TX 77004	76-0331398	501(c)(3)	6,420	0			General Support		

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	80,000	0			General Support				
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	151,900	0			Chaplaincy				
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	160,000	0			Jerome Robinson YAD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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)	164,600	0			HS Israel Youth Internship			
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	85,500	0			Educational Support			
Houston Jewish Community Fndn5603 South Braeswood Houston,TX 77096	76-0187329	501(c)(3)	957,615	0			Basıc Needs			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Interfaith Ministries for Gr 3217 Montrose Blvd Houston,TX 77006	74-1488102	501(c)(3)	6,000	0			General Support			
Israel Help Organization Inc 11271 Alumni Way Jacksonville,FL 32246	20-3979417	501(c)(3)	75,000	0			Education Support			
JCC Association of N Amer 520 Eighth Ave 4th Floor New York, NY 10018	13-5599486	501(c)(3)	15,000	0			General Support			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Childrens Regional Sv PO Box 7368 Metairie, LA 70010	72-0408936	501(c)(3)	5,500	0			General Support				
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	257,084	0			Senior Programming				
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	488,413	0			Basic Needs				

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	588,300	0			Flood Relief			
Jewish Family Service4131 S Braeswood Houston,TX 77025	74-1152607	501(c)(3)	6,350	0			Special Needs Program			
Jewish National Fund42 East 69th Street New York, NY 10021	13-1659627	501(c)(3)	400,000	0			Gen Supp/New Immigrants			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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 Outreach Institute 1270 Broadway Ste 609 New York, NY 10001	42-1317696	501(c)(3)	97,147	0			Big Tent Judaism			
Just One Life Inc587 5th Ave Ste 702 New York, NY 10017	13-3533863	501(c)(3)	100,000	0			Counseling for pregnant women			
Leo Baeck Ed Center Fndn 3555 Timmons Ste 1440 Houston,TX 77027	76-0205816	501(c)(3)	75,000	0			Ethiopian Early Childhood Prog			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	91,525	0			YEDA - inspired by KIPP			
Moishe House441 Saxony Road Barn 2 Encinitas,CA 92024	26-2599786	501(c)(3)	27,000	0			General Support			
Natl Coal Supp Eurasian Jewry2020 K St NWSuite 7800 Washington, DC 20006	13-2700517	501(c)(3)	13,000	0			General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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)	100,000	0			CJCUC			
PEF Israel Endowmnt Funds 317 Madison Ave New York, NY 10017	13-6104086	501(c)(3)	100,000	0			A vukat-Or General Support			
Robert M Beren Academy 11333 Cliffwood Dr Houston,TX 77035	74-1652136	501(c)(3)	119,175	0			General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Save a Childs Heart Fdn 10050 Chapel Road Suite 18 Potomac,MD 20854	52-1783323	501(c)(3)	125,550	0			Pediatric Intensive Care Svcs			
Sephardic Gan Toret Emet 9730 Hillcroft Houston,TX 77096	20-1354171	501(c)(3)	77,700	0			General Support			
Seven Acres Jewish Sr Care Sv6200 N Braeswood Blvd Houston,TX 77074	74-1143086	501(c)(3)	25,000	0			Geriatric Outreach Nurse			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	452,122	0			General Support			
Texas Hillel Foundation2105 San Antonio St Austin,TX 78705	52-1758802	501(c)(3)	60,000	0			General Support			
The Hillel at Texas A&M505 University Dr East College Station,TX 77840	74-1398514	501(c)(3)	26,000	0			General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	100,518	0			Israel Holocaust Museum Supp		
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	110,923	0			Israel Terror Relief		
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	14,535	0			France Terror Relief		

Form 990,Schedule I, Pai	<u>rt II, Grants ar</u>	<u>nd Other Assistanc</u>	e to Domestic Org	<u>anizations and Do</u>	mestic Governmer	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	162,000	0			Gen Supp Israelı Sıster Comm
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	20,597	0			Nepal Earthquake Relief
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	24,000	0			Bırthrıght Israel

Form 990,Schedule I, Pa	<u>rt II, Grants ar</u>	<u>id Other Assistance</u>	<u>e to Domestic Org</u>	anizations and Do	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	26,000	0			Israel Trauma Coalition
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	312,200	0			General Support
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	40,000	0			Ethiopian Natl Proj - Educ

Form 990,Schedule I, Par	<u>rt II, Grants ar</u>	<u>nd Other Assistanc</u>	e to Domestic Org	<u>anizations and Do</u>	<u>mestic Governme</u> r	nts.	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	40,000	0			ORT - Educational Support											
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	45,000	0			Hadassah Neurim Educ Supp											
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	49,448	0			Ukraine Relief Fund											

<u>Form 990,Schedule I, Pai</u>	<u>rt II, Grants ar</u>	<u>ıd Other Assistanc</u>	e to Domestic Org	<u>anizations and Dor</u>	<u>mestic Governmer</u>	its.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(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)	684,198	0			JDC Global Poverty
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	770,000	0			JAFI - General Support
The Jewish Federations of NA 25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	97,000	0			Barzalaı Hosp - Pediatric Monit

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
The Koby Mandell Fndn Inc 366 Pearsall Ave Ste 1 Cedarhurst, NY 11516	91-2169027	501(c)(3)	85,000	0			Camp Koby					
The Shlenker School5600 North Braeswood Blvd Houston,TX 77096	76-0686559	501(c)(3)	109,725	0			General Support					
Tikva Corp475 10th Ave 9th Floor New York, NY 10018	22-3779212	501(c)(3)	13,500	0			General Support					

Form 990,Schedule I, Pa	<u>rt II, Grants ar</u>	<u>id Other Assistance</u>	<u>e to Domestic Org</u>	anizations and Doi	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Torah Day School10900 Fondren Houston,TX 77096	23-7278350	501(c)(3)	47,250	0			General Support
United Orthodox Synagogue 9001 Greenwillow St Houston,TX 77096	45-0519502	501(c)(3)	200,000	0			Flood Relief
UOSG Montessorı School 4610 Bellaıre Blvd Bellaıre,TX 77401	45-0519502	501(c)(3)	45,000	0			Flood Relief

<u>Form 990,Schedule I, Pa</u>	rt II, Grants ar	<u>ıd Other Assistancı</u>	e to Domestic Org	anizations and Do	<u>mestic Governmer</u>	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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			Education & Welfare										
World ORT Inc1745 Broadway 17th Floor New York, NY 10019	06-1669917	501(c)(3)	75,000	0			Vocational Training										
Zecher Avrohom Inc1715 51st Street Brooklyn, NY 11204	26-3744888	501(c)(3)	75,000	0			Support for At-Risk Families										

DLN: 93493197004306

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

74-1109654

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	<u>~</u>	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
			noctor, rogarding the reams effected in the 14	<del>  _</del>	res	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	·			
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	ᅜ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		No

### 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)(1)-(111) 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	fW-2 and/or1099-MIS	·	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column(B) reported
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		compensation	Deficits	(B)(I)-(D)	as deferred in prior Form 990
1 Elaine Kellerman, VP of Comm Pshp	(i) (ii)	131,738			9,021	11,092	151,851	
2 Lee Wunsch, President & CEO	(i) (ii)	294,790		18,973	52,402	16,819	382,984	
3 Mary Ward-Hecksel, Sr VP/CFO	(i) (ii)	142,894			9,724	10,399	163,017	
<b>4</b> Suzanne Jacobson, Sr VP Develop	(i) (ii)	147,803			10,002	3,161	160,966	

Schedule J (Form 990) 2014

#### Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a Relevant information	The Federation pays \$504 for telephone/internet service used for business purposes at the home of Lee Wunsch, President & CEO These payments are
ın regards to selections on 1a	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 \$2,884 for Lee Wunsch's spouse to travel with him on business trip which was treated as taxable compensation to him

Schedule J (Form 990) 2014

DLN: 93493197004306

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the o	rganızatıon n of Greater Houstoi		1	mploy	er ident/	ificatio	on numbe	er					
ewisii i ederatioi	ii oi Gleatei Houstoi	l <b>i</b>							74-11	09654			
art I Exc	ess Benefit	Transacti	ons	<b>s</b> (section	501(c)(3).	section 501(c	)(4), and 501				s only)		
	plete if the orga											40b	
	ne of disqualified					disqualified	(c) Desc					<b>(d)</b> Cor	rected?
				person	and organız	ation					Γ	Yes	No
	amount of tax in	curred by o	rgar	nızatıon m	anagers or c	disqualified per	sons durıng t	he yea	r unde	rsection	ı		
4958 .										<b>F</b> \$			
3 Enterthe	amount of tax, if	fany on line	2 2	ahove re	imhursed hv	the organizati	on			<b>►</b> \$			
<b>L</b> inter tine	amount of tax, n	an,, on mic	,	45010,10	iiiibai bea by	the organizati		•	•	Γ Ψ			
a wh TT													
art II													
Loans to a	nd/or From	Intereste	ed F	Persons									
	ne organization a					+ 1/ line 38a c	r Form 990	Dart IV	lina	26 orif	the ora	anızatını	n
						c v, iiile 30a, c	11 1 01111 330,	raitiv	, iiiie	20, 01 11	the org	amzatio	11
eported an a	mount on Form 9	90, Part A,	iiiie	5,0,012	2.2								
- <b>)</b> N f	(Is) Deleties at	(-)		(4)	- 4-	(-)0	( <b>5</b> )D-1	(-)	T			<b>(:)</b>	
a) Name of	(b) Relationsh	'   ' '		( <b>d)</b> Loa		(e)Original	(f)Balance	(g)		(h)		(i)Wr	
ınterested	with organizati	1 :		1		principal	due	defa	ultz	Approved		agreement?	
person		loar	1	organiza	tion?	amount				by boar			
										commit	tee?		
				То	From			Yes	No	Yes	No	Yes	No
								_					
tal		<b>▶</b> \$						I		<u> </u>			
	ants or Assi	<u> </u>	ne	fiting T	nterested	Persons				I		1	
irt IIII Gr	ants or Assi	stance Be					ort IV Juno 1	7				Ι	
crt IIII Gr	mplete if the	stance Be organizatio	on a	nswered	"Yes" on	Form 990, Pa						I	
crt IIII Gr	mplete if the	stance Be	on a	nswered	"Yes" on				ıstanc	ee (e	<b>)</b> Purpo	se of as:	sistanc
ort IIII Gr Co	mplete if the onterested (b	stance Be organizatio	on a hip b	nswered between	"Yes" on	Form 990, Pa			ıstand	ee (e	<b>)</b> Purpo	se of as:	sistanc
Co (a) Name of	mplete if the onterested (b	stance Be organizations o) Relations terested per	on a hip b son	nswered between and the	"Yes" on	Form 990, Pa			ıstand	ce (e	<b>)</b> Purpo	se of as:	sıstanc
Compersor	omplete if the on the on interested (b)	stance Be organizations o) Relations terested per organiz	on a hip b son	nswered between and the	"Yes" on	Form 990, Pa	( <b>d)</b> Type		ıstand				sistanc
Co (a) Name of (	omplete if the contract on (b)	stance Be organizations o) Relations terested per	on a hip b son	nswered between and the	"Yes" on	Form 990, Pa t of assistance 70			ıstanc	ОН	) Purpo C camp C camp	grant	sistanc

Part IV Business Transactions In Complete if the organization			ne 28a. 28b. or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	zation's
				Yes	No

Part V	Supplemental Inform	pplemental Information								
	Provide additional information for responses to questions on Schedule L (see instructions)									
Return Reference Explanation										

Schedule L (Form 990 or 990-EZ) 2014

## DLN: 93493197004306

OMB No 1545-0047

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

ewish Federation of Greater Houston	74-1109654
90 Schedule O, Supplemental Information	
Return Reference	Explanation
Form 990, Part III, Line 3 Ceased Conducting or Significant Changes To Services	
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Community Mission to Israel Trip - The goal of the mission trip is to focus on travel to Israel for educational and informational purposes and to build Je wish identity and connections with the Houston Jewish community and the state of Israel
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Elyse Kalmans and Naomi Warren have a family relationship Elyse Kalmans and Benjamin Warre n have a family relationship Benjamin Warren and Naomi Warren have a family relationship E lyse Kalmans and Arturo Karakowsky have a business relationship Russ Robinson and Joe Kapl an have a business relationship Mark Brookner and Joe Kaplan have a business relationship Arturo Karakowsky and Benjamin Warren have a business relationship Arturo Karakowsky and N aomi Warren have a business relationship Arturo Karakowsky and Denis Braham have a business s relationship Bobby Lapin and Yakov Polatsek have a business relationship Mike Levy and L ee Wunsch have a business relationship Mike Levy and Mary Ward-Hecksel have a business relationship
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	The bylaws were amended to make the following significant changes 1 Increase the number of trustees from 18 to 25,2 Clarify that Past Board Chairs (other than the most recent pas t Board Chair) are non-voting trustees,3 Decrease the minimum number of meetings from 9 t o 6, and4 Add the Chair's Cabinet, which is comprised of the Jewish Federation officers a nd up to 4 additional lay leaders. The cabinet will meet on an as needed basis and will make recommendations on time sensitive matters or where it is impractical or inappropriate t o convene the Board. Decisions will be made known to the Board unless they are sensitive or confidential in nature.
Form 990, Part VI, Line 11b Form 990 Review Process	The Form is reviewed by the Controller and CFO and made available to Board members on the Federation's wiebsite, prior to filing
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A Conflict of Interest Statement is distributed to Board members every year and several fo llow ups are made. If there are conflicts of interest, they are addressed with the Preside int and CEO and the Chair of the Board. If appropriate, after discussion, the conflict is b rought before the Board.
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	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 President & CEO after a review of comparable data of non-profit sister agencies of similar size
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Personnel Sub-Committee of the Board consisting of the Chairman of Board, Chairman of the Budget and Finance Committee and the Chairman of the Personnel Committee is responsible for determining the compensation of the organization's officers and key employees after a review of comparable data of non-profit sister agencies of similar size
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request

DLN: 93493197004306

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization Jewish Federation of Greater Houston

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

Name, address, and EIN (if applicable) of disregarded entity

Primary activity

| Co | Legal domicile (state or foreign country) | Total income or foreign country) | End-of-year assets | Direct controlling entity | Direct controlling ent

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(g) Section 512( (13) controll
					entity?
					Yes No
See Additional Data Table					

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	(j)	) [	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropi	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocati	ions?	amount in box	mana	ging	ownership
		(state or	entity	unrelated,	1	assets			20 of	partn	er?	
		foreign	,	excluded from	1	1			Schedule K-1			
		country)	'	tax under	1	1			(Form 1065)			
		''	'	sections 512-	1	l .						
		! I	'	514)	1	l .	L					
				,			Yes	No		Yes	No	
									1			

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	512 .3) lled
								Yes	No
5603 South Braeswood Blvd Houston, TX 77096	Remdr Trust	тх	HJCF	Trust					No
76-6103916 (2) Extremis Corporation 5603 South Braeswood Blvd Houston, TX 77096	Dormant	ТХ	НЈСГ	C corp					No
76-0492189									

(5) The Rauch Foundation

(6) The Samuels Foundation

Part V Transactions With Related Organizations Complete if the o	rganization answered "	Yes" on Form 990, F	art IV, I	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			
f 1 During the tax year, did the organization engage in any of the following transactions	with one or more related o	organizations listed in P	arts II-I	V?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
<b>b</b> Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
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)					<b>1</b> g		No			
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)					1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)										
<b>k</b> 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)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
• Sharing of paid employees with related organization(s)					10	Yes				
P Reimbursement paid to related organization(s) for expenses					<b>1</b> p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses					<b>1</b> q	Yes				
r Other transfer of cash or property to related organization(s)					1r		No			
<b>s</b> Other transfer of cash or property from related organization(s)					1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete this lir	ne, including covered re	lationshi	ps and transaction threshold	ls					
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved		<b>(d)</b> Method of determining amount	nvolve	d				
1) Houston Jewish Community Fdn	b	1,519,615	Cash							
2) Houston Jewish Community Fdn	С	2,691,815	Cash							
<b>3)</b> Mary L & William J Osher Fd	С	850,000	Cash							
(4) Alan F & Diane R Levin Fd         c         11,000         Cash										

С

42,500

293,900

Cash

Cash

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>,                                    </u>	$\Box$	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5** 

47-3031329

**Software ID:** 14000265

**Software Version:** 2014v6.0

**EIN:** 74-1109654

Name: Jewish Federation of Greater Houston

Form 990, Schedule R, Part II - Identification of Re (a) Name, address, and EIN of related organization	elated Tax-Exempt Or (b) Primary activity	rganizations (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Section (b)(1 contro	<b>g)</b> on 512 (13) rolled
				(3))			,
(1) Houston Jewish Community Fdn	Support the Jewish Federation of Gr Hou	тх	501(c)(3)	509(a)(1)	Jewish Federation of Greater Houston	<b>Yes</b> Yes	No 
5603 South Braeswood Blvd Houston, TX 77096 76-0187329							
(1) Mary L & William J O sher Fd	Support the Jewish Federation of Gr Hou	TX	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	<u> </u>
5603 South Braeswood Blvd Houston, TX 77096 20-5094518							
(2) The Becker Family Foundation	Support the Jewish Federation of Gr. Hou	ТХ	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
5603 South Braeswood Blvd Houston, TX 77096 76-0560995	Teachard C. S						
(3) Alan F & Diane R Levin Fd	Support Jewish Fed & Hou Jew Comm Fd	ТХ	501(c)(3)	509(a)(3)I	Jewish Fed & Hou Jew Comm Fd	Yes	
5603 South Braeswood Blvd Houston, TX 77096 76-0613294							
(4) The Rauch Foundation	Support the Jewish Federation of Gr Hou	TX	501(c)(3)	509(a)(3) I	Jewish Federation of Greater Houston	Yes	
5603 South Braeswood Blvd Houston, TX 77096 76-0300344			<u> </u>				
(5) The Samuels Foundation	Support the Jewish Federation of Gr Hou	TX	501(c)(3)	509(a)(3)I	Jewish Federation of Greater Houston	Yes	
5603 South Braeswood Blvd Houston, TX 77096 76-0207517							
(6) Donald & Martha Kaplan Freedman Fd	Support the Houston Jewish Community Fd	TX	501(c)(3)	509(a)(3) I	Houston Jewish Community	Yes	
5603 S Braeswood Blvd Houston, TX 77096 45-5449056					Foundation		
(7) Levit-Setzer Supporting Organization	Support the Houston Jewish Community Fd	ТХ	501(c)(3)	509(a)(3) I	Houston Jewish Community	Yes	
5603 S Braeswood Blvd Houston, TX 77096	·				Foundation	ı	

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

(a)  Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> A mount I nvolved	(d)  Method of determining amount involved
Houston Jewish Community Fdn	b	1,519,615	Cash
Houston Jewish Community Fdn	С	2,691,815	Cash
Mary L & William J O sher Fd	С	850,000	Cash
Alan F & Diane R Levin Fd	С	11,000	Cash
The Rauch Foundation	С	42,500	Cash
The Samuels Foundation	С	293,900	Cash