

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 [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

**Open to Public Inspection**

**A** For the **2013** calendar year, or tax year beginning **08/01, 2013**, and ending **07/31, 2014**

|   |   |  |   |   |
|---|---|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>JEWISH FEDERATION OF GREATER DALLAS                              |  |   | <b>D</b> Employer identification number<br>75-0800654 |
|   | Doing Business As   |  |   | <b>E</b> Telephone number<br>(214) 615-5200           |
|   | Number and street (or P.O. box if mail is not delivered to street address)<br>7800 NORTHAVEN ROAD |  | Room/suite  | <b>G</b> Gross receipts \$ 9,851,993.                 |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>DALLAS, TX 75230      |  |   |   |
| <b>F</b> Name and address of principal officer: SUSAN KRAMER<br>7800 NORTHAVEN ROAD DALLAS, TX 75230  |   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  | <b>J</b> Website: WWW.JEWISHDALLAS.ORG  |  |   | <b>H(c)</b> Group exemption number ▶                  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   | <b>L</b> Year of formation: 1911  |  | <b>M</b> State of legal domicile: TX  |   |

## Part I Summary

|   |  |                           |             |              |             |
|---|--|---------------------------|-------------|--------------|-------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: THE JEWISH FEDERATION OF GREATER DALLAS COORDINATES AND IMPLEMENTS FUNDRAISING, SOCIAL PLANNING, LEADERSHIP DEVELOPMENT AND COMMUNITY RELATIONS FOR THE JEWISH COMMUNITY. |                           |             |              |             |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |             |              |             |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 29.         |              |             |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 29.         |              |             |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b>                  | 53.         |              |             |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 200.        |              |             |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0           |              |             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | 0                         |             |              |             |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | 9,894,834.  | Current Year | 9,339,502.  |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |                           | 0           |              | 0           |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                           | 70,976.     |              | 103,153.    |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           | -39,627.    |              | -91,789.    |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                           | 9,926,183.  |              | 9,350,866.  |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           | 4,748,051.  |              | 4,805,569.  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                           | 0           |              | 0           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                           | 2,759,041.  |              | 2,498,267.  |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           | 0           |              | 0           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 983,996.  |                           |             |              |             |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                           | 2,191,901.  |              | 2,339,227.  |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                           | 9,698,993.  |              | 9,643,063.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          |  | 227,190.                  |             | -292,197.    |             |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | 12,735,312. | End of Year  | 12,737,200. |
|   | <b>21</b> Total liabilities (Part X, line 26)  |                           | 8,212,342.  |              | 8,751,756.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  |                           | 4,522,970.  |              | 3,985,444.  |

**COPY FOR PUBLIC INSPECTION**

## Part II Signature Block

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

|   |                            |                      |            |   |      |
|---|----------------------------|----------------------|------------|---|------|
| <b>Sign Here</b>  | Signature of officer       |                      | Date       |   |      |
|   | BRADLEY LAYE               |                      |            |   |      |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name | Preparer's signature | Date       | Check <input type="checkbox"/> if self-employed | PTIN |
|   | JAMIE EVERSOLE             | JAMIE EVERSOLE       | 03/13/2015 |   |      |
|   | Firm's name ▶ BDO USA, LLP | Firm's EIN ▶         |            | Phone no. 817-738-2400                          |      |
| Firm's address ▶ 6050 SOUTHWEST BLVD., SUITE 300 FORT WORTH, TX 76109 |                            |                      |            |   |      |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE JEWISH FEDERATION OF GREATER DALLAS COORDINATES AND IMPLEMENTS FUNDRAISING, SOCIAL PLANNING, LEADERSHIP DEVELOPMENT AND COMMUNITY RELATIONS FOR THE JEWISH COMMUNITY LOCALLY & ABROAD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 732,664. including grants of \$ ) (Revenue \$ )

COMMUNITY ENGAGEMENT: A MAIN COMPONENT OF THE MISSION OF THE FEDERATION IS TO BUILD COMMUNITY IN ADDITION TO RAISING AND ALLOCATING FUNDS. THROUGH ENGAGEMENT OF HUNDREDS OF VOLUNTEERS ACROSS VARIOUS DEPARTMENTS OF THE FEDERATION, THE FEDERATION INSPIRES AND CONNECTS COMMUNITY MEMBERS WHO MIGHT OTHERWISE NOT BE ACTIVELY INVOLVED IN THE ORGANIZED JEWISH COMMUNITY INCLUDING THE CAMPAIGN DEPARTMENT, ISRAEL AND OVERSEAS, PLANNING AND ALLOCATIONS, FINANCE, PARTNERSHIP 2GETHER, YOUNG ADULT DIVISION AND OTHERS.

4b (Code: ) (Expenses \$ 616,376. including grants of \$ ) (Revenue \$ )

CENTER FOR JEWISH EDUCATION: THE CENTER FOR JEWISH EDUCATION ("CJE") SERVES AS A RESOURCE, FACILITATOR, AND CONVEYOR WITH COMMUNITY; TO ENRICH EXISTING PROGRAMS, AND SERVE AS A CATALYST FOR NEW JEWISH EDUCATION INITIATIVES; AND TO PROMOTE JEWISH EDUCATION AS THE CRITICAL LINK TO ENSURING JEWISH CONTINUITY AND THE INCREASED ENGAGEMENT OF ALL MEMBERS OF THE GREATER DALLAS JEWISH COMMUNITY. CJE WORKS WITH OTHER FEDERATION DEPARTMENTS PARTICULARLY IN AREAS INVOLVING EDUCATIONAL PLANNING.

4c (Code: ) (Expenses \$ 329,639. including grants of \$ ) (Revenue \$ )

JEWISH COMMUNITY RELATIONS COUNCIL: THE JEWISH COMMUNITY RELATIONS COUNCIL(JCRC) IS THE CENTRAL UMBRELLA ORGANIZATION FOR PUBLIC AFFAIRS THAT BRINGS TOGETHER JEWISH ORGANIZATIONS AND RELIGIOUS INSTITUTIONS IN THE GREATER DALLAS AREA. THE JCRC SEEKS TO DEVELOP ORGANIZED JEWISH COMMUNITY CONSENSUS ON ISSUES AFFECTING THE SECURITY AND CONTINUITY OF THE JEWISH PEOPLE AS WELL AS CONCERNS AFFECTING THE LOCAL DALLAS JEWISH COMMUNITY AND THE COMMUNITY AT LARGE.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 6,077,711. including grants of \$ 4,805,569. ) (Revenue \$ )

4e Total program service expenses 7,756,390.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .   |     |    |
| 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 . . . . .  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, 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 . . . . .            |     | X  |
| 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 . . . . .   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | X   |    |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .   |     | X  |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .  | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 . . . . . |     | X  |
| 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 . . . . .   |     | X  |
| 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 . . . . .   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |

**Part IV Checklist of Required Schedules (continued)**

|      |   | Yes | No |
|------|---|-----|----|
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | X   |    |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | X  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>   | X   |    |
| 24 a | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>                            |     | X  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| c    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25 a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                      |     | X  |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .  |     | X  |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i> |     | X  |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a    | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| b    | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| c    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| 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>   |     | X  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  |     | X  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   |     | X  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   |     | X  |
| 34   | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   | X   |    |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>   |     |    |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>   |     | X  |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .  | X   |    |

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-6 (relationships and supervision), 7a-7b (governance decisions), 8 (documentation), and 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13-14 (whistleblower and document retention), 15a-15b (compensation review), and 16a-16b (joint venture investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ODESSA BEVERLY-JOHNSON 7800 NORTHHAVEN ROAD DALLAS, TX 75230 214-369-3313

**Part VII 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1)JEFFREY BECK<br>BOARD OF DIRECTORS           | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (2)NEIL BECKERMAN<br>BOARD OF DIRECTORS         | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (3)BRETT DIAMOND<br>BOARD OF DIRECTORS          | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (4)SANDY DONSKY<br>BOARD OF DIRECTORS           | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (5)LINDSAY FELDMAN<br>BOARD OF DIRECTORS        | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (6)ROBERT L. FELDMAN<br>BOARD OF DIRECTORS      | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (7)PAM HOCHSTER FINE<br>BOARD OF DIRECTORS      | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (8)WILLIAM B. FINKELSTEIN<br>BOARD OF DIRECTORS | 2.00<br>0  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (9)DAVID GENECOV<br>BOARD OF DIRECTORS          | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (10)LISA GENECOV<br>BOARD OF DIRECTOR           | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (11)BETH GOLD<br>BOARD OF DIRECTORS             | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (12)MARCY HELFAND<br>BOARD OF DIRECTORS         | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (13)MARK H. KREDITOR<br>VICE CHAIR              | 2.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (14)NATE LEVINE<br>BOARD OF DIRECTORS           | 2.00<br>0  | X  |                       |         |              |                              | 0      | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 15) BRIAN M LIDJI<br>VICE CHAIR                              | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 16) CINDY MOSKOWITZ<br>BOARD CHAIR                           | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 17) KEVIN PAILET<br>BOARD OF DIRECTORS                       | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 18) ERIC PINKER<br>VICE CHAIR                                | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 19) DANIEL J PRESCOTT<br>VICE CHAIR                          | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 20) JEFFERY RASANSKY<br>IMMEDIATE PAST CHAIR                 | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 21) A.J. ROSMARIN<br>BOARD OF DIRECTORS                      | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 22) CARY ROSSEL<br>BOARD OF DIRECTORS                        | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 23) FLORENCE SHAPIRO<br>BOARD OF DIRECTORS                   | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 24) BARBARA STEIN<br>BOARD OF DIRECTORS                      | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 25) EVAN D. STONE<br>BOARD OF DIRECTORS                      | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 0        | 0  | 0   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 612,197. | 0  | 74,102.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 612,197. | 0  | 74,102.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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>                                       |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 26) SANDRA VEEDER<br>-----<br>BOARD OF DIRECTORS                   | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 27) JACKIE WALDMAN<br>-----<br>BOARD OF DIRECTORS                  | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 28) KRISTA WEINSTEIN<br>-----<br>BOARD OF DIRECTORS                | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 29) RABBI HOWARD WOLK<br>-----<br>BOARD OF DIRECTORS               | 2.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| ( 30) MEYER DENN<br>-----<br>EXECUTIVE DIRECTOR-CJE                  | 40.00  |   |                       | X       |              |                              | 112,343. | 0  | 26,135.   |   |
| ( 31) MARIAM FEIST<br>-----<br>CHIEF DEVELOPMENT OFFICER             | 40.00  |   |                       | X       |              |                              | 152,277. | 0  | 7,880.  |   |
| ( 32) SUSAN KRAMER<br>-----<br>FORMER PRESIDENT & CEO                | 40.00  |   |                       | X       |              |                              | 162,223. | 0  | 15,807.   |   |
| ( 33) BRADLEY LAYE<br>-----<br>INTERIM PRESIDENT & CEO               | 40.00  |   |                       | X       |              |                              | 185,354. | 0  | 24,280.   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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> .....                                       |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |  |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|--|--|----------------------|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  | 33,410.              |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>  | 140,800.             |                      |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>  |                      |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .   | <b>1f</b>  | 9,165,292.           |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |                      |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  |  |                      | 9,339,502.           |  |   |  |  |
| <b>Program Service Revenue</b>   | <b>Business Code</b>   |  |                      |                      |  |   |  |  |
|  | <b>2a</b> _____  |  |                      |                      |  |   |  |  |
|  | <b>b</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>c</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>d</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>e</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .   |  |                      |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |  |  | 0                    |                      |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |  |                      | 37,814.              |  |   | 37,814.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . .  |  |                      | 0                    |  |   |  |  |
|  | <b>5</b> Royalties . . . . .   |  |                      | 0                    |  |   |  |  |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real   | 3,094.               |                      |  |   |  |  |
|  |  | (ii) Personal  |                      |                      |  |   |  |  |
|  |  | <b>b</b> Less: rental expenses . . . . .                           |                      |                      |  |   |  |  |
|  |  | <b>c</b> Rental income or (loss) . . . . .                         |                      | 3,094.               |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . .   |  |                      |                      | 3,094.   |   | 3,094.   |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .  | (i) Securities   | 367,147.             |                      |  |   |  |  |
|  |  | (ii) Other   |                      |                      |  |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 301,808.             |  |   |  |  |
|  |  | <b>c</b> Gain or (loss) . . . . .                                  |                      | 65,339.              |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .  |  |                      |                      | 65,339.  |   | 65,339.  |  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 140,800.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      | 104,436.             |  |   |  |  |
|  |  | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             | 199,319.             |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |  |  |                      |                      | -94,883.   |   | -94,883.   |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b>   |  |                      |                      |  |   |  |  |
|  | <b>b</b> Less: direct expenses . . . . .   | <b>b</b>   |                      |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . .   |  |                      |                      | 0  |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b>   |  |                      |                      |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold . . . . .  | <b>b</b>   |                      |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |  |                      |                      | 0  |   |  |  |
| <b>Miscellaneous Revenue</b>   |  |  | <b>Business Code</b> |                      |  |   |  |  |
| <b>11a</b> _____   |  |  |                      |                      |  |   |  |  |
|  | <b>b</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>c</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>d</b> All other revenue . . . . .   |  |                      |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |  |  |                      | 0                    |  |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .                              |  |  |                      | 9,350,866.           |  |   | 11,364.  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .  | 4,805,569.            | 4,805,569.                      |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 0                     |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 612,197.              | 353,071.                        | 119,935.                               | 139,191.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 1,529,046.            | 881,844.                        | 299,553.                               | 347,649.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0                     |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 189,388.              | 102,186.                        | 44,522.                                | 42,680.                     |
| 10 Payroll taxes . . . . .   | 167,636.              | 94,350.                         | 33,779.                                | 39,507.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 0                     |                                 |  |                             |
| c Accounting . . . . .   | 53,543.               | 32,063.                         | 6,114.                                 | 15,366.                     |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 385,412.              | 230,795.                        | 44,011.                                | 110,606.                    |
| 12 Advertising and promotion . . . . .   | 0                     |                                 |  |                             |
| 13 Office expenses . . . . .   | 144,665.              | 17,600.                         | 109,475.                               | 17,590.                     |
| 14 Information technology . . . . .  | 60,275.               | 23,572.                         | 17,927.                                | 18,776.                     |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 171,256.              | 102,193.                        | 36,743.                                | 32,320.                     |
| 17 Travel . . . . .  | 7,617.                | 4,909.                          | 1,781.                                 | 927.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 303,862.              | 180,671.                        | 15,917.                                | 107,274.                    |
| 20 Interest . . . . .  | 10,558.               |                                 | 10,558.                                |                             |
| 21 Payments to affiliates . . . . .  | 556,258.              | 555,597.                        | 438.                                   | 223.                        |
| 22 Depreciation, depletion, and amortization . . . . .   | 114,216.              | 69,987.                         | 16,417.                                | 27,812.                     |
| 23 Insurance . . . . .   | 14,639.               | 2,574.                          | 10,552.                                | 1,513.                      |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a PRINTING & RELATED -----   | 148,493.              | 58,667.                         | 11,448.                                | 78,378.                     |
| b MISSIONS -----   | 39,234.               | 39,234.                         |  |                             |
| c EQUIPMENT & MAINTENANCE -----  | 22,827.               | 4,849.                          | 17,307.                                | 671.                        |
| d GRANT PLANNING -----   | 281,828.              | 186,249.                        | 95,579.                                |                             |
| e All other expenses -----   | 24,544.               | 10,410.                         | 10,621.                                | 3,513.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>9,643,063.</b>     | <b>7,756,390.</b>               | <b>902,677.</b>                        | <b>983,996.</b>             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 163,934.                 | <b>1</b>    | 141,412.            |
|   | <b>2</b> Savings and temporary cash investments  | 3,744,548.               | <b>2</b>    | 3,810,561.          |
|   | <b>3</b> Pledges and grants receivable, net  | 4,585,070.               | <b>3</b>    | 4,470,291.          |
|   | <b>4</b> Accounts receivable, net  | 0                        | <b>4</b>    | 0                   |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>    | 0                   |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0                        | <b>6</b>    | 0                   |
|   | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>    | 0                   |
|   | <b>8</b> Inventories for sale or use   | 0                        | <b>8</b>    | 0                   |
|   | <b>9</b> Prepaid expenses and deferred charges   | 216,802.                 | <b>9</b>    | 227,689.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 2,156,135.    |             |                     |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 1,168,010.    | 1,056,990.  | <b>10c</b> 988,125. |
|   | <b>11</b> Investments - publicly traded securities   | 53,711.                  | <b>11</b>   | 59,121.             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 0                        | <b>12</b>   | 0                   |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0                        | <b>13</b>   | 0                   |
|   | <b>14</b> Intangible assets  | 0                        | <b>14</b>   | 0                   |
|   | <b>15</b> Other assets. See Part IV, line 11   | 2,914,257.               | <b>15</b>   | 3,040,001.          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 12,735,312.  | <b>16</b>                | 12,737,200. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 853,096.                 | <b>17</b>   | 1,108,084.          |
|   | <b>18</b> Grants payable   | 6,089,392.               | <b>18</b>   | 6,233,687.          |
|   | <b>19</b> Deferred revenue   | 0                        | <b>19</b>   | 0                   |
|   | <b>20</b> Tax-exempt bond liabilities  | 0                        | <b>20</b>   | 0                   |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>   | 0                   |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>   | 0                   |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0                        | <b>23</b>   | 0                   |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>   | 0                   |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 1,269,854.               | <b>25</b>   | 1,409,985.          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 8,212,342.               | <b>26</b>   | 8,751,756.          |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                     |
|   | <b>27</b> Unrestricted net assets  | 3,673,373.               | <b>27</b>   | 3,482,971.          |
|   | <b>28</b> Temporarily restricted net assets  | 849,597.                 | <b>28</b>   | 502,473.            |
|   | <b>29</b> Permanently restricted net assets  | 0                        | <b>29</b>   | 0                   |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>   |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>   |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>   |                     |
| <b>33</b> Total net assets or fund balances                         | 4,522,970.   | <b>33</b>                | 3,985,444.  |                     |
| <b>34</b> Total liabilities and net assets/fund balances            | 12,735,312.  | <b>34</b>                | 12,737,200. |                     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 9,350,866. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 9,643,063. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -292,197.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 4,522,970. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 48,562.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -293,891.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 3,985,444. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/form990).**

|  |   |
|--|---|
| <b>Name of the organization</b><br>JEWISH FEDERATION OF GREATER DALLAS | <b>Employer identification number</b><br>75-0800654 |
|--|---|

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

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

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

|               |     |    |
|---------------|-----|----|
|               | Yes | No |
| <b>11g(i)</b> |     |    |
  - (ii) A family member of a person described in (i) above? 

|                |     |    |
|----------------|-----|----|
|                | Yes | No |
| <b>11g(ii)</b> |     |    |
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|                 |     |    |
|-----------------|-----|----|
|                 | Yes | No |
| <b>11g(iii)</b> |     |    |
- h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009    | (b) 2010    | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total   |
|---|-------------|-------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 10,136,943. | 10,430,565. | 9,680,079. | 9,894,834. | 9,339,502. | 49,481,923. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |            |            |            | 0           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |            |            |            | 0           |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 10,136,943. | 10,430,565. | 9,680,079. | 9,894,834. | 9,339,502. | 49,481,923. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |             |             |            |            |            | 1,616,218.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |             |             |            |            |            | 47,865,705. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009    | (b) 2010    | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total                |
|--|-------------|-------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 10,136,943. | 10,430,565. | 9,680,079. | 9,894,834. | 9,339,502. | 49,481,923.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 85,849.     | 94,987.     | 44,698.    | 40,537.    | 40,908.    | 306,979.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |             |             |            |            |            | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |             |             |            |            |            | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |             |             |            |            |            | 49,788,902.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |             |             |            |            | <b>12</b>  | 614,188.                 |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |             |             |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 96.14 %                             |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 96.18 %                             |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. 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.

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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



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

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**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| <b>Name of the organization</b><br>JEWISH FEDERATION OF GREATER DALLAS | <b>Employer identification number</b><br>75-0800654 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **JEWISH FEDERATION OF GREATER DALLAS**

Employer identification number  
75-0800654

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | -----<br>-----<br>-----           | \$ 433,800.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | -----<br>-----<br>-----           | \$ 258,180.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | -----<br>-----<br>-----           | \$ 327,600.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | -----<br>-----<br>-----           | \$ 225,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | -----<br>-----<br>-----           | \$ 223,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **JEWISH FEDERATION OF GREATER DALLAS**

Employer identification number

75-0800654

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |

Name of organization JEWISH FEDERATION OF GREATER DALLAS

Employer identification number  
75-0800654

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

JEWISH FEDERATION OF GREATER DALLAS

75-0800654

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Form for Part II Conservation Easements. Includes checkboxes for: Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, 2a, 2b regarding reporting requirements and amounts.

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

Schedule D (Form 990) 2013

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization 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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) BEQUEST RECEIVABLES   | 8,623.         |
| (2) HELD BY SUPPORTING FOUNDATION   | 2,727,175.     |
| (3) INT IN ASSETS/SUPPRTNG FDN  | 304,203.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ | 3,040,001.     |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) AGENCY LIABILITIES  | 457,251.       |
| (3) NOTE PAYABLE / SUPPORTING FOUN  | 914,018.       |
| (4) DUE TO ASSOCIATED AGENCIES  | 38,716.        |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,409,985.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**Part XIII** Supplemental Information (continued)

OTHER AMOUNTS INCLUDED IN LINE 1 BUT NOT ON FORM 990

PROVISION FOR LOSSES ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE-293,891

FIN 48 (ASC 740)

THE ORGANIZATION APPLIED THE PROVISIONS OF THE FASB ASC TOPIC ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES DURING THE YEAR. UNDER THIS ASC TOPIC, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF THIS ASC TOPIC HAD NO IMPACT ON THE FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED. FOR THE YEARS ENDED JULY 31, 2014 AND 2013, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES RELATED TO TAXES. THE ORGANIZATION IS NOT UNDER EXAMINATION FOR TAX PURPOSES BY ANY JURISDICTION. TAX YEARS 2009 THROUGH PRESENT ARE SUBJECT TO EXAMINATION.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2    | (c) Other events | (d) Total events                |
|-----------------|--|---------------|-----------------|------------------|---------------------------------|
|                 |  | MEN ' S EVENT | WOMEN ' S EVENT | (total number)   | (add col. (a) through col. (c)) |
|                 |  | (event type)  | (event type)    |                  |                                 |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 140,036.      | 105,200.        |                  | 245,236.                        |
|                 | <b>2</b> Less: Contributions . . . . .   | 70,400.       | 70,400.         |                  | 140,800.                        |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 69,636.       | 34,800.         |                  | 104,436.                        |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |               |                 |                  |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  | 88.           | 51.             |                  | 139.                            |
|                 | <b>6</b> Rent/facility costs . . . . .   | 15,150.       | 14,746.         |                  | 29,896.                         |
|                 | <b>7</b> Food and beverages . . . . .  |               |                 |                  |                                 |
|                 | <b>8</b> Entertainment . . . . .   |               |                 |                  |                                 |
|                 | <b>9</b> Other direct expenses . . . . .   | 85,770.       | 83,514.         |                  | 169,284.                        |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |               |                 |                  | 199,319.                        |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |               |                 |                  | -94,883.                        |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
|                 |   |   |   |   |  |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |   |   |   |  |

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number

75-0800654

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AKIBA ACADEMY<br>12324 MERIT DRIVE DALLAS, TX 75251                          | 75-2113723 | §501(C)(3)                    | 219,807.                 |                                   |   |  | CHARITABLE GIVING                  |
| (2) B'NAI B'RITH YOUTH ORG- LOCAL<br>7900 NORTHAVEN ROAD DALLAS, TX 75230        | 75-2156817 | §501(C)(3)                    | 22,599.                  |                                   |   |  | CHARITABLE GIVING                  |
| (3) DALLAS HOLOCAUST MEMORIAL CENTER<br>211 NORTH RECORD STREET DALLAS, TX 75202 | 13-1624240 | §501(C)(3)                    | 53,629.                  |                                   |   |  | CHARITABLE GIVING                  |
| (4) COMMUNITY HOMES FOR ADULTS<br>634 PRESTON ROYAL CENTER, STE 214              | 16-1626550 | §501(C)(3)                    | 65,907.                  |                                   |   |  | CHARITABLE GIVING                  |
| (5) DALLAS JEWISH HISTORICAL SOCIETY<br>7900 NORTHAVEN ROAD DALLAS, TX 75230     | 75-2470261 | §501(C)(3)                    | 19,500.                  |                                   |   |  | CHARITABLE GIVING                  |
| (6) JEWISH COMMUNITY CENTER<br>7900 NORTHAVEN ROAD DALLAS, TX 75230              | 75-1461847 | §501(C)(3)                    | 792,673.                 |                                   |   |  | CHARITABLE GIVING                  |
| (7) JEWISH CHILDREN'S REGIONAL SERVICE<br>P. O. BOX 7368 METARIE, LA 70010       | 72-0408936 | §501(C)(3)                    | 33,000.                  |                                   |   |  | CHARITABLE GIVING                  |
| (8) JEWISH FAMILY SERVICES OF DALLAS<br>5402 ARAPAHO ROAD DALLAS, TX 75248       | 75-1992728 | §501(C)(3)                    | 852,059.                 |                                   |   |  | CHARITABLE GIVING                  |
| (9) MESORAH HS FOR GIRLS<br>12712 PARK CENTRAL DRIVE DALLAS, TX 75251            | 75-2819668 | §501(C)(3)                    | 39,029.                  |                                   |   |  | CHARITABLE GIVING                  |
| (10) THE ANN & NATE LEVINE ACADEMY<br>18011 HILLCREST ROAD DALLAS, TX 75252      | 75-2714693 | §501(C)(3)                    | 221,115.                 |                                   |   |  | CHARITABLE GIVING                  |
| (11) UNITED JEWISH COMMUNITIES<br>111 EIGHTH AVE. , STE. 11E                     | 13-1624240 | §501(C)(3)                    | 1,397,513.               |                                   |   |  | CHARITABLE GIVING                  |
| (12) TORAH DAY SCHOOL<br>6921 FRANKFORD ROAD DALLAS, TX 75252                    | 16-1626550 | §501(C)(3)                    | 216,317.                 |                                   |   |  | CHARITABLE GIVING                  |

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number

75-0800654

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) UNIVERSITY OF NORTH TEXAS<br>1155 UNION CIRCLE #311277             | 75-6002149 | §501(C)(3)                    | 73,898.                  |                                   |   |  | CHARITABLE GIVING                  |
| (2) THE LEGACY AT PRESTON HOLLOW<br>11409 NORTH CENTRAL EXPRESSWAY     | 75-0871733 | §501(C)(3)                    | 491,322.                 |                                   |   |  | CHARITABLE GIVING                  |
| (3) YAVNEH ACADEMY OF DALLAS<br>12324 MERIT DRIVE DALLAS, TX 75251     | 75-2470261 | §501(C)(3)                    | 120,504.                 |                                   |   |  | CHARITABLE GIVING                  |
| (4) DALLAS HILLEL<br>16475 DALLAS PARKWAY ADDISON, TX 75001            | 52-1844823 | §501(C)(3)                    | 33,898.                  |                                   |   |  | CHARITABLE GIVING                  |
| (5) UNIVERSITY OF TEXAS HILLEL<br>2105 SAN ANTONIO ST AUSTIN, TX 78705 | 52-1758802 | §501(C)(3)                    | 71,553.                  |                                   |   |  | CHARITABLE GIVING                  |
| (6) TEXAS A&M HILLEL<br>800 GEORGE BUSH DRIVE                          | 74-1398514 | §501(C)(3)                    | 34,055.                  |                                   |   |  | CHARITABLE GIVING                  |
| (7) MOISHE HOUSE<br>2121 COMMONWEALTH AVE CHARLOTTE, NC 28205          | 26-2599786 | §501(C)(3)                    | 18,050.                  |                                   |   |  | CHARITABLE GIVING                  |
| (8) -----  |            |                               |                          |                                   |   |  |                                    |
| (9) -----  |            |                               |                          |                                   |   |  |                                    |
| (10) -----   |            |                               |                          |                                   |   |  |                                    |
| (11) -----   |            |                               |                          |                                   |   |  |                                    |
| (12) -----   |            |                               |                          |                                   |   |  |                                    |

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

3 Enter total number of other organizations listed in the line 1 table -----▶

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

Schedule I (Form 990) (2013)

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

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

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number

75-0800654

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     |    |
| 4b |     |    |
| 4c |     |    |
| 5a |     |    |
| 5b |     |    |
| 6a |     |    |
| 6b |     |    |
| 7  |     |    |
| 8  |     |    |
| 9  |     |    |

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

Schedule J (Form 990) 2013

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

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

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

| (A) Name and Title                          |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 MARIAM FEIST<br>CHIEF DEVELOPMENT OFFICER | (i)  | 152,277.   | 0                                   | 0                                   | 1,700.   | 6,180.                  | 160,157.                        |   |
|   | (ii) | 0  | 0                                   | 0                                   |  |                         | 0                               |   |
| 2 SUSAN KRAMER<br>FORMER PRESIDENT & CEO    | (i)  | 138,533.   | 20,090.                             | 3,600.                              |  | 15,807.                 | 178,030.                        |   |
|   | (ii) | 0  | 0                                   | 0                                   |  |                         | 0                               |   |
| 3 BRADLEY LAYE<br>INTERIM PRESIDENT & CEO   | (i)  | 175,354.   | 10,000.                             | 0                                   | 17,500.  | 6,780.                  | 209,634.                        |   |
|   | (ii) | 0  | 0                                   | 0                                   |  |                         | 0                               |   |
| 4   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

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**Part III Supplemental Information**

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

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number

75-0800654

PART VI, SECTION A, LINE 7A

NOMINATIONS FOR THE BOARD OF DIRECTORS IS OPEN TO THE COMMUNITY, STAFF,  
AND LEADERSHIP. THE NOMINATIONS ARE REVIEWED BY A NOMINATING COMMITTEE  
AND THEN RECOMMENDED TO THE MEMBERSHIP AT LARGE FOR A VOTE AT THE ANNUAL  
MEETING OF THE MEMEBERSHIP IN JUNE.

PART VI, SECTION A, LINE 7B

ALL MAJOR POLICIES AFFECTING PROCEDURES AND PERSONNEL MUST BE VOTED ON BY  
THE BOARD. IN ADDITION, THE ANNUAL OPERATING BUDGET AND THE REPORTS OF  
STANDING COMMITTEES SUCH AS FINANCE, AUDIT, AND PERSONNEL REQUIRE A BOARD  
VOTE.

PART VI, SECTION B, LINE 11B

THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR  
THEIR REVIEW PRIOR TO THE FILING OF THE RETURN.

PART VI, SECTION B, LINE 12C

PROFESSIONAL (KEY EMPLOYEES) AND LAY LEADERSHIP (BOARD OF DIRECTORS)  
ANNUALLY SIGN CONFLICTS OF INTEREST STATEMENTS. THESE STATEMENTS ARE  
MAINTAINED AND KEPT ON FILE AT THE FEDERATION OFFICE. THE POLICY IS  
MONITORED ON AN ONGOING BASIS BY BOTH THE KEY EMPLOYEES AS WELL AS THE  
BOARD OF DIRECTORS TO ENSURE THAT NO VIOLATIONS OF THE POLICY OCCUR.

PART VI, SECTION B, LINE 15B

A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE

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

**Schedule O (Form 990 or 990-EZ) (2013)**

|   |  |
|---|--|
| Name of the organization<br>JEWISH FEDERATION OF GREATER DALLAS | Employer identification number<br>75-0800654 |
|---|--|

SALARIES OF THE CEO AND OTHER KEY EMPLOYEES.

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, & FINANCIAL INFORMATION TO THE PUBLIC UPON WRITTEN REQUEST.

PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PROVISION FOR LOSSES ON UNCOLLECTIBLE CONTRIBUTIONS- (\$ 293,891.)

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u>                  | <u>GRANTS</u>     | <u>EXPENSES</u>   | <u>REVENUE</u> |
|-------------------------------------|-------------------|-------------------|----------------|
| MISSIONS & LEADERSHIP               |                   | 16,615.           |                |
| OTHER                               |                   | 6,061,096.        |                |
| ALLOCATIONS TO NTL & LOCAL AGENCIES | 4,805,569.        |                   |                |
| TOTALS                              | <u>4,805,569.</u> | <u>6,077,711.</u> |                |

**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. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number

75-0800654

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) NORTHAVEN CAMPUS FACILITIES CORPORATION 71-0889701<br>7800 NORTHAVEN ROAD DALLAS, TX 75230 | SUPPORTING              | TX   | 501(C)(3)                  | 11 TYPE II  | N/A                              |  | X  |
| (2) -----  |                         |  |                            |   |                                  |  |    |
| (3) -----  |                         |  |                            |   |                                  |  |    |
| (4) -----  |                         |  |                            |   |                                  |  |    |
| (5) -----  |                         |  |                            |   |                                  |  |    |
| (6) -----  |                         |  |                            |   |                                  |  |    |
| (7) -----  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2013

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity                            |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     |    |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

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

| (a)<br>Name of related organization         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) NORTHAVEN CAMPUS FACILITIES CORPORATION | N                             |                        | FMV  |
| (2)   |                               |                        |  |
| (3)   |                               |                        |  |
| (4)   |                               |                        |  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |



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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |   | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (2) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (3) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (4) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (5) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (6) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (7) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (8) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (9) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (10) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (11) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (12) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (13) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (14) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (15) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (16) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |

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**Part VII** **Supplemental Information**

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

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