# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2022 calendar year, or tax year beginning A	JG 1, 2022 and	ending J	UL 31,	2023				
	heck if oplicable	C Name of organization			D Emp	loyer identif	ication number			
Х	Addres	ss DALLAS JEWISH COMMUNITY FOUNDATION	N							
	Name change	COMMINITED COMMIN			1 7	75-2836123				
	Initial return	Number and street (or P.O. box if mail is not de		Room/suite						
	Final	12222 MERTT DRIVE	ivorou to otroot dudross;	450	972-645-1028					
	⊐return/ termin ated		ZIP or foreign postal code	<b>G</b> Gross		48,077,192.				
	Ameno	, , , , , , , , , , , , , , , , , , , ,	Zii oi ioroigii pootaroode			this a group r				
	Applic tion	,	1 HYMAN		1	subordinates				
	pendir	SAME AS C ABOVE					ncluded? Yes No			
T	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	7 ` ´		a list. See instructions			
	Vebsit		(moore no.) no m (u)(1)	01 027	1	oup exemption				
			sociation Other	L Year			M State of legal domicile: TX			
		Summary								
	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O.	•					
Governance		,								
nar	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25%	6 of its net as	sets.			
Ş.	3	Number of voting members of the governing body	(Part VI, line 1a)			3	38			
		Number of independent voting members of the government					38			
وي وي		Total number of individuals employed in calendar y					12			
ı <b>t</b> ie		Total number of volunteers (estimate if necessary)					100			
Activities &		Total unrelated business revenue from Part VIII, co					14,641.			
		Net unrelated business taxable income from Form					13,641.			
					Prior	Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)			4(	0,889,859.	37,754,007.			
Revenue	9	Program service revenue (Part VIII, line 2g)				407,478.	405,077.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		į	5,353,096.	9,868,108.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				694,949.	50,000.			
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		47	7,345,382.	48,077,192.			
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		16	5,439,837.	19,778,530.			
	14	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.			
ģ	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		1	1,296,255.	1,452,214.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ne 11e)			0.	0.			
ę e	b	Total fundraising expenses (Part IX, column (D), line	e 25) <u>361,</u>	651.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	11f-24e)		1	1,278,884.	1,501,225.			
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)			9,014,976.				
	19	Revenue less expenses. Subtract line 18 from line	12			3,330,406.	25,345,223.			
Net Assets or				Ве	<u> </u>	Current Year	End of Year			
sets	20	Total assets (Part X, line 16)				7,955,243.	291,184,076.			
t As	21	Total liabilities (Part X, line 26)				1,553,789.				
	22	Net assets or fund balances. Subtract line 21 from	line 20		176	5,401,454.	205,237,968.			
	rt II	Signature Block								
		Ities of perjury, I declare that I have examined this return,					y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any kr	iowledge.				
		Signature of officer				Date				
Sign						Date				
Her	е	MEGAN HYMAN, PRESIDENT/CEO Type or print name and title								
			T I	Date	Charle [	PTIN				
De!		Print/Type preparer's name		oc (17, 10, 4)						
Paid		KEVIN ENSMINGER	μ	3011 5111 ploy50						
Prep		Firm's name RSM US LLP	7 1100		Firm's EIN 42-0714325					
Use	ипіу	Firm's address 4622 PENNSYLVANIA AVE, ST	7 TTOO			Dham - 01/	5_753_3000			
N 4	+b - 15	KANSAS CITY, MO 64112	vol Con instruction			Prione no. o 1	X Yes No			
IVIA\	THE IF	RS discuss this return with the preparer shown abo	ve coee instructions				X   Yes   No			

75-2836123

	Check if Schedule O contains a response or note to any line in this Part III		]
1	Briefly describe the organization's mission:		_
	TO BE YOUR PARTNER AND TRUSTED EXPERT IN CHARITABLE GIVING AND		_
	EFFECTIVE PHILANTHROPY BY EMPOWERING OUR COMMUNITY'S CHARITABLE		_
	VISION, SAFEGUARDING OUR COMMUNITY'S RESOURCES AND BUILDING ENDURING	3	_
	LEGACIES.		_
2	Did the organization undertake any significant program services during the year which were n		
	prior Form 990 or 990-EZ?	Yes X No	,
_	If "Yes," describe these new services on Schedule O.	Was X Na	
3	Did the organization cease conducting, or make significant changes in how it conducts, any p	program services? Yes A No	,
4	If "Yes," describe these changes on Schedule O.	ogram continue, as manufued by expanses	
4	Describe the organization's program service accomplishments for each of its three largest pro Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
		anocations to others, the total expenses, and	
 4а	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 20,899,007. including grants of \$ 19,7	778 530 \ (Davissia & 405 077	_
4a	DISTRIBUTIONS AND GRANTS TO OTHER NON-PROFIT AGENCIES AT THE APPROVAL		)
	OF THE OFFICERS OF THE BOARD OF TRUSTEES.		-
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4b	(Code:) (Expenses \$ including grants of \$	) (Payanya ¢	_
40	(Code:) (Expenses \$ including grants or \$		)
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4c	Voide Voide Control Co	) (Revenue \$	_
40	(Code:) (Expenses \$ including grants of \$		)
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4d	Other program services (Describe on Schedule O.)		_
−u		enue \$	
 4е	00.000.007	) 	-
70	Total program solvice expenses	Farm <b>990</b> (000)	_

# Form 990 (2022) DALLAS JEWISH COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

			162	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	
			222	

# Form 990 (2022) DALLAS JEWISH COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del></del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	х	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37	, ,	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	1

022) DALLAS JEWISH COMMUNITY FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Stataments.  12 12 15 16 If a least one is reported on line 22, clid the organization file all required federal employment tax returns?  22 2 3 3 X X 15 16 4 East one is reported on line 22, clid the organization form of the the year?  25 3 3 X X 15 If Was, "has it filed a Form 900-Tife this year? If "No." to line 35, provide an explanation on Schedule O 3 3 X X 15 If Was, "has it filed a Form 900-Tife this year? If "No." to line 35, provide an explanation on Schedule O 3 X X 15 If Was, "has it filed a Form 900-Tife this year? If "No." to line 35, provide an explanation on Schedule O 4 X 15 If Was, "has it filed a Form 900-Tife this year? If "No." to line 35, provide an explanation on Schedule O 4 X 15 If Was, "has it filed a Form 900-Tife this year? If "No." to line 30 x 15 If Was, "has it filed a Foreign country."  26 If "Yes," to line 30 x 15 July the organization that it was or is a party to a prohibed tax shelter transaction? 5 X 15 If Was, "In the organization has it was or is a party to a prohibed tax shelter transaction? 5 X 15 If Was, "In the organization has the wash or is a party to a prohibed tax shelter transaction? 5 X 15 If Was, "In the organization has the wash of a year than \$100,000, and did the organization solid any contributions that the war not tax deductible as charitable contributions? 5 X 15 If "Yes," if the organization has the wash of the organization has well as the prohibed tax shelter transaction or gifts were not tax deductible? 5 Yes the year of the organization has the wash of the wash of the organization has					Yes	No						
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 Iol the organization have unrelated business gross income of \$1,000 or more during the year?  41 A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)?  42	2a											
33 IX   34 If the organization have unrelated business gross income of \$1,000 or more during the year?  35 If theys, has it filled a Form 9901 for this year? If the 7 In the 35, provide an explanation on Schedule O												
b If "Yes," has it filed a Form 990-T for this year? If "No" to fine 30, provide an explanation on Schedule O  4 At any time during the calendary year, (did the organization have an interest in, or a signature or other authority over, a financial account? (active as a bank account, securities, or other financial account)?  5 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 If "Yes," other the financial Accounts (FBAR).  5 If "Yes," other is an obst, did the organization file Form 888-17  5 If "Yes," other the organization the organization file Form 888-17  5 If "Yes," other organization is noticed with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  5 If "Yes," other organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If "Yes," other organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If If "Yes," other organization selected appretent of the value of the goods or services provided?  7 If If Yes," other organization selected appretent or indirectly, to pay premiums on a personal benefit contract?  7 If	b				-							
4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts ("BAR).  b if 'Yes," either the name of the foreign country see instructions for filing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  6b If 'Yes' to line be any 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If 'Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a schariable contributions?  7c Organizations that may receive deductible contribution an express statement that such contributions or gifts were not tax deductible as charitable contributions.  8d If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goeds and services provided?  7c Organizations that may receive deductible contributions under section 170(b).  8d If 'Yes," include the number of Forms 8882? filed during the year  1 If 'Yes," include the number of Forms 8882? filed during the year  2 If If 'Yes," include the number of Forms 8882? filed during the year  2 If If the organization received a contribution of case, boats, airplanes, or other vehicles, did the organization file of the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations makes at distribution to a donor, donor advised fund maintained by the sponsoring organizations makes at distribution to a donor, donor advised fund maintained by th					-							
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if Yes, if set the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any studie party notify the organization file Form 88898-17?  6c If Yes' to line Sa or Sb, did the organization file Form 88898-17?  6d Does the organization and unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b if Yes, if did the organization in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X  b if Yes, if did the organization notify the donor of the value of the goods or services provided?  7b If Yes, if did the organization notify the donor of the value of the goods or services provided?  7c In the form 8282?  6d If Yes, indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c In the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1986-07  7b In the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1986-07  7c In the organization has excess business holdings at any time during the year?  9c Sonosoring organization has excess business holdings at any time during the year?  9c Sonosoring organization has excess business holdings at any time during the year?  9c Sonosoring organization has excess or shareholdies.  10b Great seception from members or sharehold				3b	Х							
b   "Yes," inter the name of the foreign country See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  50   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  50   If "Yes" to line 5 are 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  50   Soc	4a			_								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions was annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible as charitable contributions?  9 If Y'es, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 If Yes, "did the organization neceive a payment in exciss of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 If Yes, "did the organization notify the donor of the value of the goods or services provided?  10 If Yes, "did the organization notify the donor of the value of the goods or services provided?  11 If Yes, "did the organization notify the donor of the value of the goods or services provided?  12 If Yes, "did the organization notify the donor of the value of the goods or services provided?  13 If Yes, "did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  14 If Yes, "did the organization funds, directly or indirectly, to pay premiums on a personal benefit contract?  15 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  16 If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  17 If Yes, Sponsoring organization maintaining donor advised funds.  18 If the organiz				4a								
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If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17	16			46		y						
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	.,			17								
		If "Yes," complete Form 6069.		.,								

Form 990 (2022)

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JERRY BLAIR - 972-645-1028			
	12222 MERIT DRIVE 450 DALLAS TX 75251			

### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos			ono	Reportable	Reportable	Estimated
	hours per	box	(do not check more than or box, unless person is both			s both	n an	compensation	compensation	amount of
	week		officer and a dir			r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee ee	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JERRY BLAIR	38.00	_	-		_	1 0				
CFO	5.00			х				194,619.	0.	36,761.
(2) MONA ALLEN	40.00									
CHIEF IMPACT OFFICER	4.00					x		156,833.	0.	10,299.
(3) CYNTHIA HENDRICKS	40.00									
DIRECTOR OF FINANCE	5.00					х		146,438.	0.	10,681.
(4) MEGAN HYMAN	38.00									
PRESIDENT/CEO	5.00			Х				82,904.	0.	3,450.
(5) LOUIS ZWEIG	1.00									
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(6) MIKE WEINBERG	1.00									
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(7) SANDY KAUFMAN	2.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(8) JUDY BARTON	1.00									
TRUSTEE (THRU 1/2023)	0.00	Х						0.	0.	0.
(9) RUSTY COOPER	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) JOEY DANIEL	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) ANDY DROPKIN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(12) BILL FINKLESTEIN	1.00									
TRUSTEE (THRU 6/2023)	0.00	Х						0.	0.	0.
(13) CYD FRIEDMAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) ILONA FRIEDMAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(15) MARSHALL FUNK	1.00									
LIFE TRUSTEE	0.00	Х						0.	0.	0.
(16) DARRIN GOLDIN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(17) SARAH GOLMAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.

232007 12-13-22 Form **990** (2022)

Week   (list arry hours for related organizations below line)   From the organization (W-2/1099-MEC)   Hours from the organization and related organization (W-2/1099-MEC)   Hours from the organization (W-2/1099-MEC)   Hours from the organization (W-2/1099-MEC)   Hours from the organization and related organization (W-2/1099-MEC)   Hours from the organization and related organization (W-2/1099-MEC)   Hours from the organization (W-2/109-MEC)   Hours from the organiz	Form 990 (2022) DALLAS JEWIS	H COMMUNITY	FO	UND	ATI	ON				75-283612	3 Page <b>8</b>		
Name and title	Section A. Onicers, Directors, Trustees, Rey Employees, and Highest Compensated Employees (Continued)												
Control and title	(A)	(B)							(D)	(E)	(F)		
Nours for related organizations below line)   Nours for related organizations (W.2/1099-MISC/ 1099-NEC)   Nours for metaled organization (W.2/1099-MISC/ 1099-NEC)   Nou	Name and title	Average	(do					nne	Reportable	Reportable	Estimated		
Clist any hours for related organizations below line)   Substitute		1 '	box	, unle	ss pe	rson i	is both	n an	'	•	amount of		
TRUSTEE				Ler ar	lu a u	recid	Tritus	lee)					
TRUSTEE		1 '	lirecto							•	•		
TRUSTEE			e or c	stee			sated			·			
TRUSTEE		organizations	truste	al trus		yee	mper		, ·	1000 (120)	and related		
TRUSTEE			idual	tution	ъ	oldma	est co	ıer			organizations		
TRUSTEE		line)	Indi	Insti	Offic	Key 6	High	Form					
TRUSTEE	(18) MARC GROSSFELD	1.00											
TRUSTEE	TRUSTEE	0.00	Х						0.	0.	0.		
Carrel   C	(19) DOT HAYMANN	1.00											
TRUSTEE	TRUSTEE	0.00	Х						0.	0.	0.		
TRUSTEE (THRU 3/2023)   0.00   X   0.   0.	(20) TODD HEALY												
TRUSTEE (THRU 3/2023) 0.00 x 0	TRUSTEE		Х						0.	0.	0.		
TRUSTEE (THRU 1/2023)   0.00   X   0.   0.	(21) DEBORAH HERSH	1.00											
TRUSTEE (THRU 1/2023)       0.00 X       0.         (23) ANN KAHN       1.00 X       0.         TRUSTEE       0.00 X       0.         (24) PERRY KAUFMAN       1.00 X       0.         TRUSTEE       0.00 X       0.         (25) ALAN KLEIN       1.00 X       0.         LIFE TRUSTEE       2.00 X       0.         (26) MICHAEL KOTTWITZ       1.00 X       0.         TRUSTEE       0.00 X       0.         1b Subtotal       580,794.       0.         c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)       0.       61,15			Х				<u> </u>		0.	0.	0.		
TRUSTEE	(22) GARY HOFFMAN												
TRUSTEE         0.00 x	TRUSTEE (THRU 1/2023)	0.00	Х						0.	0.	0.		
(24) PERRY KAUFMAN       1.00       0	(23) ANN KAHN												
TRUSTEE         0.00 X	TRUSTEE	0.00	Х						0.	0.	0.		
(25) ALAN KLEIN       1.00       0.00         LIFE TRUSTEE       2.00       X       0.00         (26) MICHAEL KOTTWITZ       1.00       0.00         TRUSTEE       0.00       X         1b Subtotal       580,794.       0.00         c Total from continuation sheets to Part VII, Section A       0.00       0.00         d Total (add lines 1b and 1c)       580,794.       0.00       61,15	(24) PERRY KAUFMAN												
LIFE TRUSTEE       2.00 X       0.       0.         (26) MICHAEL KOTTWITZ       1.00 TRUSTEE       0.00 X       0.         1b Subtotal Continuation sheets to Part VII, Section A Continuation Sheets Sheet Shee			Х						0.	0.	0.		
(26) MICHAEL KOTTWITZ         1.00 model         0.00 model	, ,												
TRUSTEE         0.00 x         0.         0.           1b Subtotal         580,794.         0.         61,19           c Total from continuation sheets to Part VII, Section A         0.         0.           d Total (add lines 1b and 1c)         580,794.         0.         61,19			Х						0.	0.	0.		
1b Subtotal         580,794.         0.         61,19           c Total from continuation sheets to Part VII, Section A         0.         0.           d Total (add lines 1b and 1c)         580,794.         0.         61,19													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 580,794. 0. 61,19	TRUSTEE	0.00	Х							-	0.		
d Total (add lines 1b and 1c)	1b Subtotal										61,191.		
		c Total from continuation sheets to Part VII, Section A											
• TILL 1 (1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									,	-	61,191.		

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

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 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) Name and business address	(B) Description of services	(C) Compensation
THE AIRFIELD CONSULTING GROUP, INC.		
718 HINSDALE DRIVE, ARLINGTON, TX 76006	CONSULTING	119,158.

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

Part VII Section A. Officers, Directors, T		npic	yee			ligh	est		' '	(=)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	/-			ition		1	Reportable	Reportable	Estimated
	hours	(C	neck	all '	that	app I	iy)	compensation	compensation	amount of
	per week					90		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	or director				e em		(W-2/1099-MISC)	(,	organization
	related	tee or	ıstee			ensate				and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Je.	empl	hesto	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) DEBBIE MALAFSKY	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(28) RONALD MANKOFF	1.00									
TRUSTEE (THRU 6/2023)	0.00	х						0.	0.	0
(29) FRASER MARCUS	1.00									
TRUSTEE	0.00	х						0.	0.	0
(30) KEVIN MARGOLIS	1.00									
TRUSTEE	0.00	х						0.	0.	0
(31) RICHARD MASSMAN	1.00									
LIFE TRUSTEE	0.00	х						0.	0.	0
(32) PAUL MICHAELS	1.00								-•	_
TRUSTEE	0.00	х						0.	0.	0
(33) LISA NEWMAN	1.00								<u> </u>	
TRUSTEE	1.00	х						0.	0.	0
(34) CRAIG PRENGLER	1.00	Λ						· · · · · · · · · · · · · · · · · · ·	· · ·	•
TRUSTEE	0.00	x						0.	0.	0
(35) STUART PRESCOTT	1.00	^						0.	0.	0
TRUSTEE	0.00	X						0.	0.	,
	1.00	Λ						· ·	0.	0
(36) STANLEY RABIN	-	.,							0	_
LIFE TRUSTEE	0.00	Х						0.	0.	0
(37) KEN ROBINOWITZ	1.00									
TRUSTEE (THRU 3/2023)	0.00	Х						0.	0.	0
(38) BERT ROMBERG	1.00	1								
LIFE TRUSTEE	0.00	Х						0.	0.	0
(39) CARY ROSSEL	1.00									
LIFE TRUSTEE	1.00	Х						0.	0.	0
(40) DONALD SCHAFFER	1.00									
LIFE TRUSTEE	0.00	Х						0.	0.	0
(41) LARRY SCHOENBRUN	1.00									
LIFE TRUSTEE	1.00	Х						0.	0.	0
(42) MYRON SCHWITZER	1.00									
LIFE TRUSTEE	0.00	х	L	L		L		0.	0.	0
(43) IRA SILVERMAN	1.00									
LIFE TRUSTEE	0.00	х						0.	0.	0
(44) ANDREA STATMAN	1.00									
LIFE TRUSTEE	0.00	х						0.	0.	0
(45) EVAN STONE	1.00									
TRUSTEE	0.00	х						0.	0.	0
(46) CHARLES TEICHMAN	1.00									
TRUSTEE	0.00	х						0.	0.	0

Part VII Section A. Officers, Directors, Tru									/5-2836.	123
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	арр	ly)	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) PEGGY TOBOLOWSKY	1.00									
LIFE TRUSTEE	0.00	Х						0.	0.	0.
(48) GERARDO WEINSTEIN	1.00	l								
LIFE TRUSTEE	0.00	Х						0.	0.	0
Total to Part VII, Section A, line 1c										

75-2836123

Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O	contai	ns a resp	onse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts					1					
ဗ် ရို		Membership dues Fundraising events								
ffs,						2,032,323.				
ig ig		-	ibutio			2,002,020.				
ons,		Government grants (contr								
utio	т	All other contributions, gifts,	-			25 721 604				
듗뙲		similar amounts not included		—	1.	35,721,684.				
ont od (	_	Noncash contributions included in	lines 1a-	-1f <b>1g</b>	<b> </b> \$	6,925,235.	25 554 225			
<u>0</u> <u>6</u>	h	Total. Add lines 1a-1f					37,754,007.			
						Business Code				
e S	2 a		ME			561000	330,249.	· · · · · · · · · · · · · · · · · · ·		
e <u>Š</u>	b	EVENT INCOME				561000	74,828.	74,828.		
Su	С									
am eve	d									
Program Service Revenue	е									
Ā	f	All other program service	revenu	ue						
	g	Total. Add lines 2a-2f					405,077.			
	3	Investment income (includ								
							3,992,320.		14,641.	3,977,679.
	4	Income from investment of								
	5	Royalties		•	•					
	•	110 yan 100		(i) Re		(ii) Personal				
	6 2	Gross rents	6a	()		( )				
		Less: rental expenses	6b							
		Rental income or (loss)	[6c]							
		Net rental income or (loss)	)	(i) Secu	ritios	(ii) Other				
	/ a	Gross amount from sales of	I_	• • • • • • • • • • • • • • • • • • • •		(II) Other				
		assets other than inventory	7a	5,875	, / 00.					
	b	Less: cost or other basis			•					
one		and sales expenses	7b		0.					
Revenue		Gain or (loss)		5,875	,788.					
~		Net gain or (loss)			<u></u>		5,875,788.			5,875,788.
ther	8 a	Gross income from fundraisi	•	•						
ᅙ		including \$		of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			. <u>8a</u>					
	b	Less: direct expenses			. 8b					
	С	Net income or (loss) from	fundra	aising ev	ent <u>s</u>					
	9 a	Gross income from gamin	g activ	vities. Se	e					
		Part IV, line 19			. 9a					
	b	Less: direct expenses			. 9b					
	С	Net income or (loss) from	gamin	ng activit	ies					
		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold			- 1					
		Net income or (loss) from				•				
$\overline{}$					<i> y</i>	Business Code				
Sn	11 2	LIFE INS. PROCEEDS				561000	50,000.			50,000.
neo We	ii a b						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,
Miscellaneous Revenue	C									
Sce		All other revenue								
Ξ							50,000.			
		Total. Add lines 11a-11d  Total revenue. See instruction					48,077,192.	405,077.	14,641.	9,903,467.
	./	TOTAL LEVELUE THE HISHINGHO	1113				,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,011.	,,	

75-2836123

### 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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,575,598.	19,575,598.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	202,932.	202,932.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	452,594.	214,277.	146,388.	91,929.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	755,848.	426,197.	276,567.	53,084.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,872.	22,192.	14,655.	5,025.
9	Other employee benefits	113,743.	60,284.	39,810.	13,649.
10	Payroll taxes	88,157.	46,723.	30,855.	10,579.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	13,363.	13,363.		
	Accounting	100,754.		100,754.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	523,482.		523,482.	
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	353,150.	55,071.	173,262.	124,817. 6,346.
12	Advertising and promotion	12,692.	6,346.	26 101	
13	Office expenses	67,061.	25,171.	36,191.	5,699.
14	Information technology				
15	Royalties	05.005	45 100	20.460	10.024
16	Occupancy	85,895.	45,199.	30,462.	10,234.
17	Travel	366.		256.	110.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	110 620	72 010	10 501	25 220
19	Conferences, conventions, and meetings	119,629.	73,819. 125,372.	10,581.	35,229.
20	Interest	125,372.	123,372.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	57,407.		57,407.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	37,107.		37,1071	
а	UBIT	16,170.		16,170.	
b	OTHER EXPENSES	11,730.	1,941.	9,361.	428.
С	PRINTING AND PUBLICATIO	9,044.	4,522.		4,522.
d	DUES & SUBSCRIPTIONS	5,110.		5,110.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,731,969.	20,899,007.	1,471,311.	361,651.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	12-13-22	<u>,                                    </u>			Form <b>990</b> (2022)

Form **990** (2022)

## Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or n	ote to	any line in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,230,475.	1	894,657.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantia	al contributor, or 35%			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describ				6	
S	7	Notes and loans receivable, net		Г	2,028,370.	7	1,300,770.
Assets	8	Inventories for sale or use				8	
As	9				3,555,454.	9	4,554,877.
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D		a			
	Ь	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			250,077,695.	11	281,416,054.
	12	Investments - other securities. See Part IV, line			. ,	12	, ,
	13	Investments - program-related. See Part IV, line				13	
	14	· -				14	
	15	Intangible assets Other assets. See Part IV, line 11			63,249.	15	3,017,718.
	16	Total assets. Add lines 1 through 15 (must ed			257,955,243.	16	291,184,076.
	17	Accounts payable and accrued expenses		101,684.	17	1,074,505.	
	18			128,696.	18	, , ,	
	19	Deferred revenue		,	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			79,098,004.	21	82,706,986.
	22	Loans and other payables to any current or for			, , ,		, , ,
Liabilities		trustee, key employee, creator or founder, sub					
ij		controlled entity or family member of any of th				22	
E.	23	Secured mortgages and notes payable to unre			1,996,430.	23	1,203,732.
	24	Unsecured notes and loans payable to unrelat			, , -	24	, , ,
	25	Other liabilities (including federal income tax, p		T T			
		parties, and other liabilities not included on lin					
		(0			228,975.	25	960,885.
	26	Total liabilities. Add lines 17 through 25			81,553,789.	26	85,946,108.
		Organizations that follow FASB ASC 958, cl	heck h	ere X	, , -		, , ,
es		and complete lines 27, 28, 32, and 33.					
Š	27				170,883,332.	27	200,035,849.
Sala	28	Net assets with donor restrictions			5,518,122.	28	5,202,119.
Ā	20	Organizations that do not follow FASB ASC			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Net Assets or Fund Balances		and complete lines 29 through 33.	, 556, 0				
ō	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
1SS	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances		Г	176,401,454.	32	205,237,968.
Ž	33	Total liabilities and net assets/fund balances			257,955,243.	33	291,184,076.
		i otal napintioo and not absolb/fully balalices			, , <del> •</del>		· - / - · - / · · - •

Form **990** (2022)

Form	1990 (2022) DALLAS JEWISH COMMUNITY FOUNDATION	75-283612	23	Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		077,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		731,	
3	Revenue less expenses. Subtract line 2 from line 1	3	25,	345,	223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	176,	401,	454.
5	Net unrealized gains (losses) on investments	5	2,	243,	711.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1,	154,	631.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		92,	949.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	205,	237,	968.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0		Yes	No
2a		···	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	5 u			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	(2022)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

**Employer identification number** 

75-2836123 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27,701,536.	17,598,615.	37,416,875.	40,889,859.	37,754,007.	161,360,892.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	27,701,536.	17,598,615.	37,416,875.	40,889,859.	37,754,007.	161,360,892.
	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)						24,404,660.
6	**						136,956,232.
	Public support. Subtract line 5 from line 4. etion B. Total Support						130,330,232.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	27,701,536.	17,598,615.	37,416,875.	40,889,859.	37,754,007.	161,360,892.
	Gross income from interest,	27,702,000.	27,020,020	07,120,070	20,000,000.	0,,,01,00,,	202,000,002.
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,	4,697,510.	4,485,679.	24,224,655.	3,435,721.	3,977,679.	40,821,244.
^	and income from similar sources	4,057,310.	4,405,075.	24,224,033.	3,433,721.	3,311,013.	40,021,244.
9	Net income from unrelated business						
	activities, whether or not the					12 641	12 641
	business is regularly carried on					13,641.	13,641.
10	Other income. Do not include gain						
	or loss from the sale of capital			25 421	604 040	E0 000	770 200
	assets (Explain in Part VI.)			25,431.	694,949.	50,000.	770,380.
	<b>Total support.</b> Add lines 7 through 10		,				202,966,157.
	Gross receipts from related activities,	•	,			12	1,871,176.
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
800	organization, check this box and stop						
	tion C. Computation of Publi			. (5)			67.49
	Public support percentage for 2022 (li					14	67.48 %
	Public support percentage from 2021	•			·	15	66.11 %
16a	33 1/3% support test - 2022. If the c			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
_	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization quali						
17a	'a 10% -facts-and-circumstances test - 2022. 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		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		*			
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		100	1,10
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
ule	A (Forn	n 990)	2022

Page 5

DALLAS JEWISH COMMUNITY FOUNDATION

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	-	nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect		rvised, or controlled the supporting organization.  C. Type II Supporting Organizations			
				Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		istees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		,			
		anagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	ion l	upported organization(s). D. All Type III Supporting Organizations	'		
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	ion I	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
2		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> he organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b		supported organizations? If IIVo II describe in Part VI the vale placed by the experiencies in this report	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi:	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruction					
	All other Type III non-functionally integrated supporting organizations mu					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		
	instructions)	, 0		•		

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	.	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

2022

DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Name of organization

Employer identification number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 8,872,297. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 2,000,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$ 1,100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) (d) Total contributions Type of contribution
5		\$ 858,436. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 800,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

Name of organization

Employer identification number

DALLAS JEWISH COMMUNITY FOUNDATION

75-2836123

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 686 SH VTSAX 5 858,436. 07/31/23 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$ 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Internal Revenue Service

Department of the Treasury

### **Supplemental Financial Statements**

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number 75-2836123

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 490 265 Total number at end of year 24,568,747, Aggregate value of contributions to (during year) 11,638,502. 2 18,458,160. 2,851,741. 3 Aggregate value of grants from (during year) 143,307,225. Aggregate value at end of year 63,593,113. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
<b>b</b> Buildings					
c Leasehold improvements					
d Equipment					
e Other					
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DALLAS JEWISH COMM Part VII Investments - Other Securities.	IONITI FOUNDATION	7:	5-2836123	Page
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1) Financial derivatives		1		
2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) D	escription		(b) Book	value
(1)				

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	LIABILITY FOR SPLIT INT AGREEMENT	904,803.
(3)	LEASE LIABILITY	56,082.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part Y, col. (R) line 25.)	960,885.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Par	t XI Reconciliation of Revenue per Audited Financia	I Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, I		5	
Par	rt XII Reconciliation of Expenses per Audited Financi		Return.	
	Complete if the organization answered "Yes" on Form 990, Par		T T	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
С	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)		+ _	
	Add lines 4a and 4b		4c	
		line 18 )	5	
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	. IIII.E 10.)		
Par	rt XIII Supplemental Information.			
<b>Par</b> Provi	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Part V, line 4		
<b>Par</b> Provi	rt XIII Supplemental Information.	a and 4; Part IV, lines 1b and 2b; Part V, line 4		
<b>Par</b> Provi	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Part V, line 4		
Provi lines	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Part V, line 4		
Provi lines	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	a and 4; Part IV, lines 1b and 2b; Part V, line 4		
Par Part	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.		
Par Part	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.		
Provi lines  PART  THE	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER		
Provi lines  PART  THE	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  P. IV, LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER		
Provi lines  PART  THE	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  P. IV, LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER		
Provi lines  PART  THE	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  P. IV, LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER		
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PART THE AGEN	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  IV, LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON  ICLES FOR WHICH THE ORGANIZATION ACTS AS CUSTODIAN OV	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.		
PART THE AGEN	rt XIII   Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  IV, LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON  ICLES FOR WHICH THE ORGANIZATION ACTS AS CUSTODIAN OV	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.		
PART THE AGEN PART OUR	rt XIII   Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  IV. LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON  ICLES FOR WHICH THE ORGANIZATION ACTS AS CUSTODIAN OV  IV. LINE 4:  ENDOWMENTS BENEFIT OUR FOUNDATION FOR EXPENSES AND A	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.		
PART THE AGEN PART OUR	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  IV, LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON  ICLES FOR WHICH THE ORGANIZATION ACTS AS CUSTODIAN OV	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.		
PART THE AGEN PART OUR	rt XIII   Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  IV. LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON  ICLES FOR WHICH THE ORGANIZATION ACTS AS CUSTODIAN OV  IV. LINE 4:  ENDOWMENTS BENEFIT OUR FOUNDATION FOR EXPENSES AND A	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.		
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PART THE AGEN  PART OUR  ORGA	rt XIII   Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro  IV. LINE 2B:  ORGANIZATION MAINTAINS OTHER CUSTODIAL FUNDS HELD ON  ICLES FOR WHICH THE ORGANIZATION ACTS AS CUSTODIAN OV  IV. LINE 4:  ENDOWMENTS BENEFIT OUR FOUNDATION FOR EXPENSES AND A	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.		
PART THE AGEN  PART OUR  ORGA	To the control of the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 12, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the control of the complete this part to prove the complete	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.  LSO OTHER		
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PART THE AGEN  PART OUR  ORGA  PART	To the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the description of the part XII, lines 2d and 4b. Also complete this part to prove the part XIII, lines 2d and 4b. Also complete this part to prove the part XIII, lines 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIII, lines 1a 2d and 4b. Also complete this part to prove the part XIIII and Also complete this part to prove the part XIIII and Also complete this part to prove the part XIIII and Also complete the part XIII and Also complete the part XIII and Also complete the part XIII and Also complete the part XIIII and Also complete the part XIII and XIII and XIII	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.  LSO OTHER		
PART THE AGEN  PART OUR  ORGA  PART	To the control of the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 12, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the control of the complete this part to prove the complete	a and 4; Part IV, lines 1b and 2b; Part V, line 4 vide any additional information.  BEHALF OF OTHER  ER THE FUNDS HELD.  LSO OTHER		

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS 17,908,684.

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

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Schedule F (Form 990) 2022

17,908,684.

17,908,684.

and 3b)

3 a Subtotal **b** Total from continuation

> sheets to Part I ...... Totals (add lines 3a

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect			<b>&gt;</b>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

## Schedule F (Form 990) 2022 I Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

## SCHEDULE I (Form 990)

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

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

nswered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** 75-2836123 DALLAS JEWISH COMMUNITY FOUNDATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SOUTHERN POVERTY LAW CENTER P.O. BOX 548 63-0598743 501(C)(3) MONTGOMERY, AL 36101-0548 5,260, 0 CIVIL RIGHTS UNIVERSITY OF NORTH ALABAMA FOUNDATION - UNA BOX 5113 -FLORENCE, AL 35632 63-0814488 501(C)(3) 0. EDUCATIONAL 10,000 WORK FOR LIFE P.O. BOX 382592 27-2066050 501(C)(3) BIRMINGHAM, AL 35238 12,500 0 COMMUNITY DEVELOPMENT EOUAL JUSTICE INITIATIVE 122 COMMERCE ST. 63-1135091 501(C)(3) CIVIL RIGHTS MONTGOMERY AL 36104 50 500 0.

2	Enter total number of section 501(c)(3) ar	nd anvernment ord	ranizatione lieted in the	line 1 table		
_		id doverninent ord	ianizationis listeu in tine	illie i labie		

52-2094677 501(C)(3)

65-1229309 501(C)(3)

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

31 800

47 500.

0.

0.

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

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HUMAN SERVICE

YOUTH DEVELOPMENT

OMB No. 1545-0047

Inspection

NPH USA

ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST. SUITE 1

TUCSON AZ 85713

5110 N 40TH ST. #100 PHOENIX AZ 85018

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR MISSION							
MOBILIZATION - PO BOX 3556 -							
FAYETTEVILLE, AR 72702	71-0861654	501(C)(3)	25,000.	0.			HUMAN SERVICE
	71 0001001		20,000.	•			
RAZORBACK FOUNDATION, INC.							
1295 S. RAZORBACK RD., STE. A							
FAYETTEVILLE, AR 72701	71-0540644	501(C)(3)	91,001.	0.			EDUCATIONAL
			,				
ISRAEL EMERGENCY ALLIANCE							
1801 WEST OLYMPIC BLVD							
PASADENA, CA 91199-2215	01-0566033	501(C)(3)	5,500.	0.			EDUCATIONAL
CENTER FOR HUMAN RIGHTS AND							
CONSTITUTIONAL LAW - 256 S							
OCCIDENTAL BLVD - LOS ANGELES, CA							
90057	95-3700335	501(C)(3)	5,500.	0.			CIVIL RIGHTS
CONGREGATION B'NAI SHALOM							
74 ECKLEY LANE	51 0155007	501 (9) (2)	6 000				
WALNUT CREEK, CA 94596	51-0155227	501(C)(3)	6,000.	0.			RELIGION
JEWISH COMMUNITY CENTER CHABAD							
LAKE TAHOE - 926 TANGLEWOOD DR							
SOUTH LAKE TAHOE, CA 96150-2827	46-2682950	501(C)(3)	6,360.	0.			 RELIGION
,			, , , , , ,				
EDUCATIONAL MEDIA FOUNDATION							
5700 WEST OAKS BLVD							
ROCKLIN, CA 95765	94-2816342	501(C)(3)	6,600.	0.			RELIGION
SIMON WIESENTHAL CENTER							
1399 S. ROXBURY DRIVE, STE 100							
LOS ANGELES, CA 90035-4709	95-3964928	501(C)(3)	7,880.	0.			INTERNATIONAL
QTM AMERICA							
18700 HARVARD AVE							
IRVINE, CA 92612	87-3397818	501(C)(3)	10,000.	0.			PHILANTHROPY

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ug
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWS FOR JESUS							
60 HAIGHT ST							
SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	20,000.	0.			RELIGION
OCCIDENTAL COLLEGE							
1600 CAMPUS RD.							
LOS ANGELES, CA 90041	95-1667177	501(C)(3)	40,000.	0.			EDUCATIONAL
THE OCEAN CLEANUP NORTH PACIFIC							
FOUNDATION - DEPT LA 24875 -							
PASADENA, CA 91185-4875	81-5132355	501(C)(3)	70,000.	0.			ENVIRONMENTAL
•							
HADASSAH WEST COAST							
455 S. ROBERTSON BLVD.							
BEVERLY HILLS, CA 90211	84-3462453	501(C)(3)	177,000.	0.			HUMAN SERVICE
LIVING JOURNEYS							
PO BOX 2024	34-1974654	501/C)/3\	10 000	0.			DISEASE/DISORDER
CRESTED BUTTE, CO 81224	34-19/4034	501(C)(3)	10,000.	0.			DISEASE/DISORDER
ROCKY MOUNTAIN BIOLOGICAL							
LABORATORY AT GOTHIC - P. O. BOX							
519 - CRESTED BUTTE, CO 81224	84-6050523	501(C)(3)	10,000.	0.			ENVIRONMENTAL
NATIONAL JEWISH HEALTH							
1400 JACKSON STREET #S732				_			
DENVER, CO 80206-2761	74-2044647	501(C)(3)	24,111.	0.			MEDICAL RESEARCH
SAVE THE CHILDREN FEDERATION, INC.							
501 KINGS HIGHWAY EAST, SUITE 400							
FAIRFIELD, CT 06825	06-0726487	501(C)(3)	29,350.	0.			DISASTER RELIEF
			127,220.	•			
WIKIMEDIA FOUNDATION							
P.O. BOX 98204							
WASHINGTON, DC 20090	20-0049703	501(C)(3)	5,300.	0.			отнек

Part II Continuation of Grants and Other A	ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH INSTITUTE FOR NATIONAL							
SECURITY OF AMERICA - 1101 14TH							
STREET, NW, SUITE 1030 -							
WASHINGTON, DC 20005	52-1233683	501(C)(3)	5,800.	0.			INTERNATIONAL
B'NAI B'RITH YOUTH ORGANIZATION							
529 14TH ST. NW, STE. 705							
WASHINGTON, DC 20045	31-1794932	501(C)(3)	6,690.	0.			YOUTH DEVELOPMENT
SHARE OUR STRENGTH							
1030 15TH ST. NW, SUITE 1100 W							
WASHINGTON, DC 20005	52-1367538	501(C)(3)	7,025.	0.			FOOD, NUTRITION
DECHING EDUCATIONAL BIND INC							
RESULTS EDUCATIONAL FUND, INC.							
1101 15TH ST. NW, SUITE 1200	05 2747267	E01/G\/3\	10.000	0			EDWGAETONAL
WASHINGTON, DC 20005	95-3747267	501(C)(3)	10,000.	0.			EDUCATIONAL
AMERICAN FRIENDS OF MAGEN DAVID							
ADOM - P.O. BOX 96402 -							
WASHINGTON, DC 20090-6402	13-1790719	501(C)(3)	10,734.	0.			DISASTER RELIEF
	10 1/50/15		20,701.				
PLANNED PARENTHOOD FEDERATION OF							
AMERICA, INC P.O. BOX 97166 -							
WASHINGTON, DC 20090	13-1644147	501(C)(3)	10,995.	0.			HEALTH, GENERAL
WORLD CENTRAL KITCHEN							
200 MASSACHUSETTS AVE NW, 7TH FLOOR							
WASHINGTON, DC 20001	27-3521132	501(C)(3)	25,000.	0.			FOOD, NUTRITION
DUT DEMA KADDA GOGTEMY							
PHI BETA KAPPA SOCIETY							
P. O. BOX 97269	E2 022622	E01/a)/3)	40.000	2			EDUCATIONAL
WASHINGTON, DC 20077-7210	53-0226282	D01(C)(3)	40,220.	0.			EDUCATIONAL
JESUIT REFUGEE SERVICES USA							
1627 K STREET NW; SUITE 1100							
WASHINGTON, DC 20006	52-1355257	501(C)(3)	50,000.	0.			HUMAN SERVICE

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T ago
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT							
999 NORTH CAPITAL STREET NE, SUITE							
WASHINGTON, DC 20002	52-2168409	501(C)(3)	50,000.	0.			HUMAN SERVICE
,			1 7 7 7 7 7				
OCEANA INC							
1025 CONNECTICUT AVE NW SUITE 200							
WASHINGTON, DC 20036	51-0401308	501(C)(3)	60,000.	0.			ENVIRONMENTAL
FOUNDATION FOR DEFENSE OF							
DEMOCRACIES - PO BOX 33249 -							
WASHINGTON, DC 20033	13-4174402	501(C)(3)	66,600.	0.			CIVIL RIGHTS
AMERICAN TORAGE ERMONETON							
AMERICAN ISRAEL EDUCATION							
FOUNDATION, INC 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	E01/G\/3\	04 045	0.			INTERNATIONAL
- WASHINGTON, DC 20001	52-1023761	501(C)(3)	84,845.	0.			INTERNATIONAL
TIKKUN HAYAM - REPAIR THE SEA INC.							
3225 S. MACDILL AVE., STE. 129-189							
TAMPA, FL 33629	87-3029570	501(C)(3)	5,018.	0.			ENVIRONMENTAL
,			, -				
MARCH OF THE LIVING							
9901 DONNA KLEIN BLVD.							
BOCA RATON, FL 33428	59-1945109	501(C)(3)	5,625.	0.			ISRAEL TEEN TRIPS
SHUL OF BAL HARBOUR							
9540 COLLINS AVENUE							
SURFSIDE, FL 33154	59-2302315	501(C)(3)	6,430.	0.			RELIGION
INTERNATIONAL WALDENSTROM'S							
MACROGLOBULINEMIA FOUNDATION -							
6144 CLARK CENTER AVENUE -				_			
SARASOTA, FL 34238	54-1784426	501(C)(3)	7,500.	0.			DISEASE/DISORDER
DME EMDIOVMENT ODDODMINITATES							
DMF EMPLOYMENT OPPORTUNITIES 13131 SW 132 STREET, SUITE 101							
MIAMI, FL 33186	81-3350715	501(C)(3)	10,000.	0.			EMPLOYMENT
, 11 33100	01 000110	201(0)(0)	1 10,000.	U .			P111 20111111

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ag
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH ASSOCIATION FOR RESIDENTIAL							
CARE - 21160 95TH AVENUE SOUTH -							
BOCA RATON, FL 33428	65-1131701	501(C)(3)	10,000.	0.			HOUSING, SHELTER
TIM TEBOW FOUNDATION							
2220 COUNTY RD 210W; STE. 108, PMB							
JACKSONVILLE, FL 32259	27-4345913	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
UNIVERSITY OF MIAMI							
P.O. BOX 025388							
MIAMI, FL 33102-9811	59-0624458	501(C)(3)	15,000.	0.			   HEALTH, GENERAL
,							,
RAYMOND JAMES CHARITABLE ENDOWMENT							
FUND - PO BOX 23559 - ST.							
PETERSBURG, FL 33742	59-3652538	501(C)(3)	16,000.	0.			PHILANTHROPY
GREATER MIAMI HEBREW ACADEMY							
2400 PINE TREE DRIVE							
MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	18,000.	0.			EDUCATIONAL
INTURDATELY OF MIAMI							
UNIVERSITY OF MIAMI 5665 PONCE DE LEON BOULEVARD							
CORAL GABLES, FL 33146	59-0624458	501(C)(3)	18,000.	0.			EDUCATIONAL
CORAL GABLES, FL 33140	33-0024430	501(0)(3)	10,000.	0.			EDUCATIONAL
PRAGER UNIVERSITY FOUNDATION							
3389 SHERIDAN STREET, #293							
HOLLYWOOD, FL 33021	27-1763901	501(C)(3)	21,199.	0.			EDUCATIONAL
SANCTUARY GOLF CLUB FOUNDATION INC							
2801 WULFERT RD							
SANIBEL, FL 33957	84-2898123	501(C)(3)	25,000.	0.			PHILANTHROPY
FRIENDSHIP CIRCLE OF GREATER MIAMI							
P. O. BOX 402113				_			
MIAMI BEACH, FL 33140	27-1027169	501(C)(3)	48,400.	0.			YOUTH DEVELOPMENT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r age
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH NATION UNDERGRADUATE AT UNIVERSITY OF MIAMI - 1249 HARDEE RD - CORAL GABLES, FL 33146	83-2403422	501(C)(3)	250,000.	0.			YOUTH DEVELOPMENT
HABITAT FOR HUMANITY INTERNATIONAL, INC 121 HABITAT STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	6,750.	0.			DISASTER RELIEF
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE 101 ATHENS, GA 30601-2605	58-6033837	501(C)(3)	13,000.	0.			EDUCATIONAL
JEWISH NATIONAL FUND 60 REVERE DR., STE. 725 NORTHBROOK, IL 60062	13-1659627	501(C)(3)	5,118.	0.			ENVIRONMENTAL
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	36-3245072	501(C)(3)	6,020.	0.			EDUCATIONAL
FEEDING AMERICA 161 N. CLARK ST., SUITE 700 CHICAGO, IL 60601-3389	36-3673599	501(C)(3)	11,216.	0.			HUMAN SERVICE
SECURE COMMUNITY NETWORK PO BOX 10303 CHICAGO, IL 60610-0271	20-1437733	501(C)(3)	15,000.	0.			DISASTER RELIEF
SIGMA ALPHA MU FOUNDATION 8701 FOUNDERS ROAD INDIANAPOLIS, IN 46268	13-6093817	501(C)(3)	11,000.	0.			FRATERNAL ORDERS
CONGREGATION OF HOLY CROSS, US PROVINCE INC - PO BOX 765 - NOTRE DAME, IN 46556-0765	32-0344245	501(C)(3)	25,000.	0.			EDUCATIONAL

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME							
1100 GRACE HALL							
NOTRE DAME, IN 46556	35-0868188	501(C)(3)	25,000.	0.			EDUCATIONAL
WOUNDED WARRIORS PROJECT							
P. O. BOX 758541							
TOPEKA, KS 66675-8540	20-2370934	501(C)(3)	5,250.	0.			HUMAN SERVICE
WASHBURN SCHOOL OF LAW ASSOCIATION							
1700 SW COLLEGE AVENUE							
TOPEKA, KS 66621	48-6109797	501(C)(3)	5,380.	0.			EDUCATIONAL
TOTERN, RD 00021	40 0103737	301(0)(3)	3,300.	· ·			EDUCITIONNE
CONGREGATION BETH SHALOM							
14200 LAMAR AVENUE							
OVERLAND PARK, KS 66223	44-0545988	501(C)(3)	28,500.	0.			RELIGION
LOUISIANA TECH UNIVERSITY							
PO BOX 1190							
RUSTON, LA 71273	72-6021176	501(C)(3)	6,000.	0.			EDUCATIONAL
JEWISH CHILDREN'S REGIONAL SERVICE							
P.O. BOX 7368	72-0408936	E01/G)/2)	12.460	,			MOTIMIT DETTEL ODMENIA
METAIRIE, LA 70010-7368	72-0400936	501(C)(3)	12,460.	0.			YOUTH DEVELOPMENT
ST. AUGUSTINE HIGH SCHOOL							
2600 A P TUREAUD AVE							
NEW ORLEANS, LA 70119	72-0539545	501(C)(3)	20,850.	0.			EDUCATIONAL
,			, , ,				
DOCTORS WITHOUT BORDERS							
P. O. BOX 5030							
HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	13,350.	0.			HUMAN SERVICE
JESUIT VOLUNTEER CORPS							
801 SAINT PAUL STREET				_			
BALTIMORE, MD 21202	26-1819306	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r <del>ugc</del>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMITTEE FOR ACCURACY IN MIDDLE							
EAST REPORTING IN AMERICA - P. O.							
BOX 35040 - BOSTON, MA 02135-9940	52-1332702	501(C)(3)	5,489.	0.			EDUCATIONAL
HILLEL THE FOUNDATION FOR JEWISH							
CAMPUS LIFE - 220 PACKARD AVENUE -							
MEDFORD, MA 02155	04-6139157	501(C)(3)	10,000.	0.			EDUCATIONAL
TRUSTEES OF TUFTS COLLEGE							
P. O. BOX 3306 BOSTON, MA 02241-3306	04-2103634	501(C)(3)	10,000.	0.			EDUCATIONAL
BOSTON, MA 02241-3300	04-2103034	501(0)(3)	10,000.	0.			EDUCATIONAL
BOSTON UNIVERSITY HILLEL							
213 BAY STATE ROAD							
BOSTON, MA 02215	32-0293118	501(C)(3)	13,500.	0.			YOUTH DEVELOPMENT
HARVARD LAW SCHOOL							
PO BOX 412840							
BOSTON, MA 02241-2840	04-2103580	501(C)(3)	20,000.	0.			EDUCATIONAL
HILLSDALE COLLEGE							
33 EAST COLLEGE STREET							
HILLSDALE, MI 49242	38-1374230	501(C)(3)	5,250.	0.			EDUCATIONAL
,			,				
GOLDRING/WOLDENBERG INSTITUTE OF							
SOUTHERN JEWISH LIFE - P.O. BOX							
16528 - JACKSON, MS 39236	64-0762027	501(C)(3)	11,200.	0.			ARTS, CULTURE
CHILDREN INTERNATIONAL							
P.O. BOX 219055							
KANSAS CITY, MO 64121	44-6005794	501(C)(3)	10,000.	0.			HUMAN SERVICE
	11 1000,74		10,000.	· ·			
UNIVERSITY OF MISSOURI-ST LOUIS							
1 UNIVERSITY BLVD							
ST. LOUIS, MO 63121	43-6003859	501(C)(3)	25,000.	0.			EDUCATIONAL

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF HEALTH SCIENCES AND PHARMACY IN ST. LOUIS - 1 PHARMACY PLACE - ST. LOUIS, MO 63110	43-0652675	501(C)(3)	33,184.	0.			HEALTH, GENERAL		
PARASOL TAHOE COMMUNITY FOUNDATION 948 INCLINE WAY INCLINE VILLAGE, NV 89451	88-0362053	501(C)(3)	327,877.	0.			ARTS, CULTURE		
UNIVERSITY HERITAGE SOCIETY 557 FENLON BLVD CLIFTON, NJ 07014	95-4892649	501(C)(3)	8,600.	0.			EDUCATIONAL		
CONGREGATION ALBERT 3800 LOUISIANA BLVD NE ALBUQUERQUE, NM 87110	85-0124933	501(C)(3)	7,800.	0.			RELIGION		
SANTA FE OPERA P. O. BOX 2408 SANTA FE, NM 87504-2408	85-0131810	501(C)(3)	9,500.	0.			ARTS, CULTURE		
CENTRAL SYNAGOGUE 123 E. 55TH ST. NEW YORK, NY 10022	13-1628161	501(C)(3)	5,040.	0.			RELIGION		
HIAS INC. 411 FIFTH AVENUE, SUITE 1006 NEW YORK, NY 10016	13-5633307	501(C)(3)	5,066.	0.			INTERNATIONAL		
HADASSAH, THE WOMENS ZIONIST ORGANIZATION OF AMERICA - P. O. BOX 1100 - NEW YORK, NY 10268-1100	13-1656651	501(C)(3)	5,575.	0.			HUMAN SERVICE		
FRIENDS OF UNITED HATZALAH 442 5TH AVENUE #1866 NEW YORK, NY 10018	11-3533002	501(C)(3)	6,460.	0.			HUMAN SERVICE		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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CORNELL UNIVERSITY 1300 YORK AVENUE, BOX #314 NEW YORK, NY 10065	15-0532082	501(C)(3)	6,667.	0.			MEDICAL RESEARCH	
YWCA OF BROOKLYN 30 THIRD AVE. BROOKLYN, NY 11217	11-1630919	501(C)(3)	7,500.	0.			HUMAN SERVICE	
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	13-1659627	501(C)(3)	7,646.	0.			ENVIRONMENTAL	
WELLNESS FOR ALL FOUNDATION INC 7-08 149TH STREET WHITESTONE, NY 11357	47-4697988	501(C)(3)	7,900.	0.			HEALTH, GENERAL	
JEWISH AGENCY FOR ISRAEL - NORTH  AMERICAN COUNCIL - 633 THIRD  AVENUE, 32ND FLOOR, SUITE C - NEW  YORK, NY 10017	23-0053483	501(C)(3)	9,651.	0.			INTERNATIONAL	
PRIZMAH: CENTER FOR JEWISH DAY SCHOOLS - 254 W. 54TH STREET, 11TH FLOOR - NEW YORK, NY 10019			9,700.	0.			EDUCATIONAL	
AMERICAN SOCIETY FOR TECHNION 55 E. 59TH STREET, 14TH FLOOR NEW YORK, NY 10022	13-0434195	501(C)(3)	9,844.	0.			EDUCATIONAL	
BROOKLYN HOLISTIC SYNAGOGUE 1511 UNION STREET BROOKLYN, NY 11213	45-3790271	501(C)(3)	12,000.	0.			RELIGION	
SAINT PATRICK'S CATHEDRAL 14 EAST 51ST STREET NEW YORK, NY 10022	13-1624175	501(C)(3)	12,000.	0.			RELIGION	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	, ag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY - 160 EAST 56TH STREET							
- NEW YORK, NY 10022	13-6192275	501(C)(3)	12,600.	0.			EDUCATIONAL
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR							
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	13,484.	0.			HUMAN SERVICE
UNION FOR REFORM JUDAISM 633 THIRD AVENUE, 7TH FLOOR NEW YORK, NY 10017	13-1663143	501(C)(3)	17,586.	0.			YOUTH DEVELOPMENT
CHABAD HOUSE BOWERY INC. 353 BOWERY, COMM 2 NEW YORK, NY 10003	26-2047932		18,000.	0.			RELIGION
BIRTHRIGHT ISRAEL FOUNDATION 711 3RD AVE, 10TH FLOOR							
NEW YORK, NY 10017	13-4092050	501(C)(3)	19,766.	0.			ISRAEL TEEN TRIPS
CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	501(C)(3)	21,018.	0.			HUMAN SERVICE
AMERICAN FRIENDS OF MIGDAL OHR 1560 BROADWAY, SUITE #510							
NEW YORK, NY 10036	13-3389558	501(C)(3)	25,000.	0.			EDUCATIONAL
HOPE APPEAL 240 E ONONDAGA STREET							
SYRACUSE, NY 13202-2608	45-3364607	501(C)(3)	25,000.	0.			PHILANTHROPY
HOBART AND WILLIAM SMITH COLLEGES							
GENEVA, NY 14456	16-0743040	501(C)(3)	25,710.	0.			EDUCATIONAL

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
U.S. FUND FOR UNICEF										
125 MAIDEN LANE										
NEW YORK, NY 10038	13-1760110	501(C)(3)	34,650.	0.			YOUTH DEVELOPMENT			
JEWISH ENRICHMENT CENTER										
38 W 13TH STREET										
NEW YORK, NY 10011	13-3959885	501(C)(3)	50,000.	0.			RELIGION			
FRIENDS OF THE ISRAEL DEFENSE FORCES - P.O. BOX 4224 - NEW YORK,										
NY 10163	13-3156445	501(C)(3)	58,978.	0.			INTERNATIONAL			
ANTI-DEFAMATION LEAGUE FOUNDATION 605 THIRD ST. NEW YORK, NY 10158	13-2887439	501(C)(3)	88,649.	0.			PUBLIC AFFAIRS			
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 220 E 42ND ST, SUITE 400 - NEW YORK, NY 10017	13-1656634	E01/C)/2)	108,566.	0.			HUMAN SERVICE			
400 - NEW TORK, NT 10017	13-1030034	501(0/(3/	100,500.	0.			HOMAN SERVICE			
FRIENDS OF ISRAEL DEFENSE FORCES 60 EAST 42ND STREET NEW YORK, NY 10165	13-3156445	501(C)(3)	303,451.	0.			HUMAN SERVICE			
TULSA JEWISH COMMUNITY COUNCIL JEWISH FEDERATION OF TULSA - 2021										
E. 71ST STREET - TULSA, OK 74136	73-0579243	501(C)(3)	11,000.	0.			COMMUNITY DEVELOPMENT			
AMERICAN CANCER SOCIETY P.O. BOX 22718										
OKLAHOMA CITY, OK 73123-1718	13-1788491	501(C)(3)	14,664.	0.			DISEASE/DISORDER			
GOLDEN RULE REENTRY 2305 ASHLAND ST #C-350	94_4050721	501/C)/3\	5 200	0.			HUMAN SERVICE			
ASHLAND, OR 97520	84-4869731	Po+(C/(3/	5,300.	٠.			HOMAN SERVICE			

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TRUSTEES OF THE UNIVERSITY OF										
PENNSYLVANIA - 3733 SPRUCE STREET,										
344 VANCE HALL - PHILADELPHIA, PA										
19104-6360	23-1352685	501(C)(3)	8,500.	0.			EDUCATIONAL			
ISRAEL GUIDE DOG CENTER FOR THE										
BLIND - 968 EASTON ROAD, SUITE H -										
WARRINGTON, PA 18976-9901	23-2519029	501(C)(3)	9,200.	0.			ANIMAL-RELATED			
matricion, in 10370 3301	23 2313023	301(0)(3)	3,200.	•						
CENTRAL CONFERENCE OF AMERICAN										
RABBIS - PO BOX 82768 -										
PHILADELPHIA, PA 19182-5768	13-1769747	501(C)(3)	9,334.	0.			COMMUNITY DEVELOPMENT			
RESEARCH EVAL PROMOTING ORG			,							
RESPONSIBILITY & TRANSPARENCY -										
1121 N. BETHLEHEM PIKE, SUITE 60 -										
SPRING HOUSE, PA 19477	26-2971061	501(C)(3)	15,250.	0.			CIVIL RIGHTS			
VANDERBILT UNIVERSITY										
2301 VANDERBILT PLACE										
NASHVILLE, TN 37235-7727	62-0476822	501(C)(3)	9,000.	0.			EDUCATIONAL			
THEATRE MEMPHIS										
630 PERKINS EXTD	62 0410722	E01/G\/3\	10 000	_			ADMG GUI MUDE			
MEMPHIS, TN 38117	62-0418732	D01(C)(3)	10,000.	0.			ARTS, CULTURE			
ST. JUDE CHILDREN'S RESEARCH										
HOSPITAL - 501 ST. JUDE PLACE -										
MEMPHIS, TN 38105	62-0646012	501(C)(3)	25,786.	0.			MEDICAL RESEARCH			
	02 0020022		20,700.	•						
GARY SINISE FOUNDATION										
PO BOX 40726										
NASHVILLE, TN 37204	80-0587086	501(C)(3)	50,500.	0.			HUMAN SERVICE			
BIG THOUGHT										
1409 BOTHAM JEAN BLVD STE 1015										
DALLAS, TX 75215-6863	75-2170035	501(C)(3)	5,108.	0.			ARTS, CULTURE			

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HEALTHY FUTURES OF TEXAS 2300 W. COMMERCE ST., STE 212 SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	5,200.	0.			EDUCATIONAL			
SEVEN ACRES JEWISH SENIOR CARE SERVICES - 6200 N. BRAESWOOD - HOUSTON, TX 77074-7599	74-1143086	501(C)(3)	5,200.	0.			HEALTH, GENERAL			
PARKINSON VOICE PROJECT 646 N. COIT ROAD, SUITE 2250 RICHARDSON, TX 75080	20-3940037	501(C)(3)	5,300.	0.			DISEASE/DISORDER			
SPECIAL CAMPS FOR SPECIAL KIDS 4925 GREENVILLE AVE, SUITE 400 DALLAS, TX 75206	75-2205242	501(C)(3)	5,320.	0.			YOUTH DEVELOPMENT			
SMU-DEDMAN SCHOOL OF LAW P.O. BOX 750402 DALLAS, TX 75275	75-0800689	501(C)(3)	5,399.	0.			EDUCATIONAL			
DALLAS ARCHITECTURE FORUM P O BOX 140769 DALLAS, TX 75214	75-2708411	501(C)(3)	5,500.	0.			EDUCATIONAL			
FOUNDATION FOR THE CALLIER CENTER FOR COMMUNICATION DISORDERS - 1966 INWOOD ROAD - DALLAS, TX 75235	75-6035865	501(C)(3)	5,500.	0.			DISEASE/DISORDER			
MARCH TO THE POLLS 5706 E. MOCKINGBIRD LANE, #115-267 DALLAS, TX 75206	86-3898144	501(C)(3)	5,500.	0.			CIVIL RIGHTS			
TEXAS TRIBUNE 919 CONGRESS AVENUE, 6TH FLOOR AUSTIN, TX 78701	26-4527097	501(C)(3)	5,500.	0.			EDUCATIONAL			

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GOODWILL INDUSTRIES OF CENTRAL TEXAS - 1015 NORWOOD PARK BLVD AUSTIN, TX 78753	74-1322808	501(C)(3)	5,700.	0.			HUMAN SERVICE			
UNION GOSPEL MISSION 3211 IRVING BOULEVARD DALLAS, TX 75247	75-6003612	501(C)(3)	5,700.	0.			HUMAN SERVICE			
ACLU FOUNDATION OF TEXAS PO BOX 8306 HOUSTON, TX 77288	76-0343171	501(C)(3)	6,000.	0.			CIVIL RIGHTS			
EVERYBODYS PLACE OF GALVESTON COUNTY - 87-3489151 - BACLIFF, TX 77518	87-3489151	501(C)(3)	6,000.	0.			PHILANTHROPY			
SAINT MICHAEL AND ALL ANGELS CHURCH - 8011 DOUGLAS - DALLAS, TX 75225	75-0800676	501(C)(3)	6,000.	0.			RELIGION			
ST. JOHN THE DIVINE 2450 RIVER OAKS BLVD. HOUSTON, TX 77019	74-1222250	501(C)(3)	6,000.	0.			RELIGION			
TEXAS IRISH FOUNDATION P.O. BOX 600410 DALLAS, TX 75360	45-4975325	501(C)(3)	6,100.	0.			PHILANTHROPY			
LITERACY ACHIEVES P.O. BOX 150390 DALLAS, TX 75315	75-2708992	501(C)(3)	6,150.	0.			EDUCATIONAL			
MIKE JACOBS HOLOCAUST EDUCATION FOUNDATION INC 9317 FAIRCREST DR DALLAS, TX 75238	45-5582282	501(C)(3)	6,157.	0.			EDUCATIONAL			

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DALLAS ARBORETUM & BOTANICAL SOCIETY - 8525 GARLAND ROAD - DALLAS, TX 75218	23-7375815	501(C)(3)	6,302.	0.			ENVIRONMENTAL			
BIKUR CHOLIM OF DALLAS 12051 DE OR DRIVE DALLAS, TX 75230	87-3970528	501(C)(3)	6,330.	0.			FOOD, NUTRITION			
ST. PHILIPS SCHOOL AND COMMUNITY CENTER - 1600 PENNSYLVANIA AVE DALLAS, TX 75215	75-1097360	501(C)(3)	6,500.	0.			EDUCATIONAL			
WRITER'S GARRET 215 S. TYLER ST. DALLAS, TX 75208	75-2581178	501(C)(3)	6,500.	0.			EDUCATIONAL			
TEXAS FREEDOM NETWORK EDUCATION FUND - P. O. BOX 1624 - AUSTIN, TX 78767	74-2788317	501(C)(3)	6,630.	0.			EDUCATIONAL			
JUNE SHELTON SCHOOL AND EVALUATION CENTER - 17301 PRESTON RD - DALLAS, TX 75252	75-1507280	501(C)(3)	7,000.	0.			EDUCATIONAL			
UNIVERSITY OF TEXAS LAW SCHOOL FOUNDATION - 727 E. DEAN KEETON STREET - AUSTIN, TX 78705	74-6056794	501(C)(3)	7,500.	0.			EDUCATIONAL			
CHRIST EPISCOPAL CHURCH 4550 LEGACY DRIVE PLANO, TX 75024		501(C)(3)	7,800.	0.			RELIGION			
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)(3)	7,850.	0.			HOUSING, SHELTER			

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CAMP FOR ALL FOUNDATION										
3701 KIRBY DRIVE, SUITE 570										
HOUSTON, TX 77098	76-0404267	501 (C) (3)	8,000.	0.			SPORTS/LEISURE			
moderon, in 7,7030	70 0101207	501(0)(0)	0,000.	•			DI GRID, EDIDORE			
CHILDREN'S ASSESSMENT CENTER										
2500 BOLSOVER STREET										
HOUSTON, TX 77005	76-0458780	501(C)(3)	8,000.	0.			   HUMAN SERVICE			
			, -							
HOUSTON PUBLIC MEDIA FOUNDATION										
4343 ELGIN STREET										
HOUSTON, TX 77204-0008	74-1670740	501(C)(3)	8,000.	0.			PUBLIC AFFAIRS			
REVIVAL IN OUR TIME										
2257-C LOMBARDY LN										
DALLAS, TX 75220	35-2383719	501(C)(3)	8,019.	0.			RELIGION			
DALLAS BAR ASSOCIATION COMMUNITY										
SERVICE FUND - 2101 ROSS AVENUE -										
DALLAS, TX 75201	75-2410525	501(C)(3)	8,350.	0.			CIVIL RIGHTS			
SALVATION ARMY										
5302 HARRY HINES BLVD.										
DALLAS, TX 75235-1006	58-0660607	501(C)(3)	8,900.	0.			HUMAN SERVICE			
DALLAS COUNTY MENTAL HEALTH &										
MENTAL RETARDATION CENTER - 1345										
RIVER BEND DRIVE, SUITE 200 -										
DALLAS, TX 75247-6943	75-1285603	501(C)(3)	9,000.	0.			MENTAL HEALTH			
SOUTHERN METHODIST UNIVERSITY										
P.O. BOX 750402										
DALLAS, TX 75275-0402	75-0800689	501(C)(3)	9,300.	0.			EDUCATIONAL			
VAAD HAKASHRUS OF DALLAS, INC.										
7800 NORTHAVEN ROAD		504 (5) (2)		_			L			
DALLAS, TX 75230-3226	75-1945702	P01(C)(3)	9,436.	0.			FOOD, NUTRITION			

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HIGH ADVENTURE TREKS FOR DADS &										
DAUGHTERS - 750 INTERNATIONAL										
PKWY, STE 115 - RICHARDSON, TX										
75081	75-2967146	501(C)(3)	9,500.	0.			YOUTH DEVELOPMENT			
JEWISH LEARNING CENTER OF DALLAS 7130 CAMPBELL ROAD, SUITE 204										
DALLAS, TX 75248	47-3942521	501(C)(3)	9,500.	0.			RELIGION			
AMERICAN HEART ASSOCIATION/DALLAS METROPOLITAN REGION - 105 DECKER COURT, SUITE 200 - IRVING, TX										
75062	13-5613797	501(C)(3)	9,564.	0.			DISEASE/DISORDER			
EQUEST P.O. BOX 171779 DALLAS, TX 75217	75-1823701	501(C)(3)	9,750.	0.			HEALTH, GENERAL			
ARISE AFRICA 1628 FAIRMOUNT AVE.										
FORT WORTH, TX 76104	27-2014915	501(C)(3)	10,000.	0.			INTERNATIONAL			
BIG BEND CONSERVANCY P.O. BOX 200 BIG BEND NATIONAL PARK, TX 79834	75-2670331	501(C)(3)	10,000.	0.			ENVIRONMENTAL			
CHILDREN AT HEART FOUNDATION 1301 N. MAYS ST.										
ROUND ROCK, TX 78664	74-3007363	501(C)(3)	10,000.	0.			HUMAN SERVICE			
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 W. OLMOS DRIVE - SAN ANTONIO, TX 78212	74-2828178	501(C)(3)	10,000.	0.			MENTAL HEALTH			
CHRISTIAN JOB CORPS OF KENDALL COUNTY - PO BOX 363 - BOERNE, TX 78006	20-2110583	501(C)(3)	10,000.	0.			EMPLOYMENT			

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FORGOTTEN FRIENDS - MIXED BREED RESCUE - PO BOX 1395 - LEANDER, TX 78641	20-1082193	501(C)(3)	10,000.	0.			ANIMAL-RELATED		
FRIENDS OF THE BOERNE PUBLIC LIBRARY - 451 N MAIN ST - BOERNE, TX 78006	74-2290046	501(C)(3)	10,000.	0.			PHILANTHROPY		
HOUSE RABBIT RESOURCE NETWORK PO BOX 2381 PFLUGERVILLE, TX 78691	74-2708384	501(C)(3)	10,000.	0.			ANIMAL-RELATED		
LIGHT THE TOWER COLLECTIVE 410 COUNTRY CT BARTONVILLE, TX 76226	88-3320065	501(C)(3)	10,000.	0.			EDUCATIONAL		
NEW FRIENDS NEW LIFE P. O. BOX 192378 DALLAS, TX 75219	75-2820473	501(C)(3)	10,000.	0.			HUMAN SERVICE		
RYAN ANTHONY FOUNDATION 1515 N. TOWN EAST BLVD, SUITE 138- MESQUITE, TX 75150	4 47-1662054	501(C)(3)	10,000.	0.			PHILANTHROPY		
SERVE DENTON 306 N LOOP 288, SUITE 100 DENTON, TX 76209	75-2946412	501(C)(3)	10,000.	0.			HUMAN SERVICE		
SMU-PERKINS SCHOOL OF THEOLOGY P. O. BOX 750133 DALLAS, TX 75275-0133	75-0800689	501(C)(3)	10,000.	0.			EDUCATIONAL		
ST. MARGARET MARY CATHOLIC CHURCH 1101 W. NEW HOPE DR. CEDAR PARK, TX 78613	74-2160728	501(C)(3)	10,000.	0.			RELIGION		

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SUNSET CANYON BAPTIST CHURCH										
4000 E. HWY 290										
DRIPPING SPRINGS, TX 78620	74-2603591	501/0\/3\	10,000.	0.			RELIGION			
DRIFFING SPRINGS, 12 70020	74-2003331	501(C)(3)	10,000.	0.			RELIGION			
TEXAS HILLEL ENDOWMENT FOUNDATION										
2105 SAN ANTONIO STREET										
AUSTIN, TX 78705-5521	52-1758802	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT			
AUSTIN, 1X 70703-3321	32-1730002	501(0)(3)	10,000.	0.			TOOTH DEVELOPMENT			
THE TOM LEA INSTITUTE										
P.O. BOX 103										
EL PASO, TX 79941	27-0223160	501(C)(3)	10,000.	0.			ARTS, CULTURE			
TRINITY UNIVERSITY	27 0223100	501(0)(3)	10,000.	0.			ARIS, COLIORE			
ONE TRINITY PLACE; DEVELOPMENT										
OFFICE, #49 - SAN ANTONIO, TX										
78212-7200	74-1109633	E01/G\/2\	10.000	0.			EDUCATIONAL			
76212-7200	74-1109033	501(C)(3)	10,000.	٠.			EDUCATIONAL			
UNIVERSITY OF TEXAS - DELL MEDICAL										
SCHOOL - P.O. BOX 7458 - AUSTIN,										
′	74 6000202	E01/G\/3\	10.000	0.			EDUCATIONAL			
TX 78713	74-6000203	DUI(C)(3)	10,000.	0.			EDUCATIONAL			
WEE RESCUE INC										
PO BOX 66872										
AUSTIN, TX 78766	82-0572448	501(C)(3)	10,000.	0.			ANIMAL-RELATED			
NOBILN, IN 70700	02 0372440	301(0)(3)	10,000.	· ·						
WILDLIFE RESCUE AND REHABILITATION										
INC - PO BOX 369 - KENDALIA, TX										
78027	74-2012897	501(C)(3)	10,000.	0.			ANIMAL-RELATED			
70027	,1 2012037	301(0)(3)	10,000.	••						
HOUSING FORWARD										
2900 LIVE OAK ST.										
DALLAS, TX 75204	75-2461679	501(C)(3)	10,200.	0.			HOUSING, SHELTER			
REFUGEE & IMMIGRANT CENTER FOR	73 24010/3	501(0)(3)	10,200.	· ·			IOODING, SHEBIER			
EDUCATION & LEGAL SERVICES - 1305										
N. FLORES ST SAN ANTONIO, TX	74 2426020	E01/G)/3\	10 500	_			HIIMAN CERVICE			
78212	74-2436920	bo1(c)(2)	10,500.	0.			HUMAN SERVICE			

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF AUSTIN							
4700 MANOR ROAD							
AUSTIN, TX 78723	58-0660607	501(C)(3)	10,500.	0.			COMMUNITY DEVELOPMENT
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN STREET -							
HOUSTON, TX 77002	74-1488102	501(C)(3)	11,000.	0.			HUMAN SERVICE
JUVENILE DIABETES RESEARCH FOUNDATION - 8140 WALNUT HILL LANE, SUITE 810 - DALLAS, TX 75231	23-1907729	501(C)(3)	11,101.	0.			MEDICAL RESEARCH
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD. AUSTIN, TX 78746	74-2618503	501(C)(3)	11,250.	0.			EDUCATIONAL
THE HILLEL AT TEXAS A&M 800 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-1398514	501 (C) (3)	11,350.	0.			YOUTH DEVELOPMENT
COLLEGE SIMILOR, IN 77040	74 1330314	301(0)(3)	11,330.	••			TOOTH DEVELORMENT
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN STREET - DALLAS, TX 75219	75-0818178	501(C)(3)	11,416.	0.			HEALTH, GENERAL
TEXAS CAMPAIGN FOR THE ENVIRONMENT FUND - P.O. BOX 42278 - AUSTIN, TX							
78704	74-2808805	501(C)(3)	11,500.	0.			ENVIRONMENTAL
DALLAS SYMPHONY ORCHESTRA 2301 FLORA STREET				_			
DALLAS, TX 75201	75-0705442	DU1(C)(3)	11,600.	0.			ARTS, CULTURE
DATA OF PLANO 3251 INDEPENDENCE WAY	75 2246220	E01/G)/2)	11 710	0.			DELICION
PLANO, TX 75075	75-2246229	bor(c)(2)	11,710.	0.			RELIGION

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEALTHCARE FOR THE HOMELESS										
HOUSTON - 1934 CAROLINE STREET -										
HOUSTON, TX 77002	76-0647934	501(C)(3)	12,000.	0.			HEALTH, GENERAL			
SAINT PATRICK CATHEDRAL										
1206 THROCKMORTON ST.										
FORT WORTH, TX 76102	23-7052369	501(C)(3)	12,000.	0.			RELIGION			
WOODALL RODGERS PARK FOUNDATION										
1909 WOODALL RODGERS FWY, SUITE 403	<b>1</b>									
DALLAS, TX 75201	87-07 <b>4</b> 1150	501(C)(3)	12,000.	0.			ENVIRONMENTAL			
,			, -							
FAMILY PLACE										
P.O. BOX 7999										
DALLAS, TX 75209-9998	75-1590896	501(C)(3)	13,289.	0.			HUMAN SERVICE			
UNIVERSITY OF TEXAS AT DALLAS										
MS. JO 31, 800 W. CAMPBELL ROAD RICHARDSON, TX 75080-3021	74-1305566	501(C)(3)	13,438.	0.			EDUCATIONAL			
RICHARDSON, IX 75000 5021	74 1303300	301(0)(3)	15,450.	· ·			EDUCATIONAL			
NORTH TEXAS PUBLIC BROADCASTING										
INC 3000 HARRY HINES - DALLAS,										
TX 75201	75-2084961	501(C)(3)	14,546.	0.			ARTS, CULTURE			
EDITINGUED GERGEE OF DALLAG										
FRIENDSHIP CIRCLE OF DALLAS P.O. BOX 670905										
DALLLAS, TX 75367	81-1670111	501(C)(3)	14,714.	0.			YOUTH DEVELOPMENT			
Sillianis, in 19901	01 1070111	301(0)(3)	11,711	•			TOOTH BEVEROITEN			
EMANCIPET										
7010 EASY WIND DRIVE #260										
AUSTIN, TX 78752	74-2913624	501(C)(3)	15,000.	0.			ANIMAL-RELATED			
HELDING A HEDO ODG										
HELPING A HERO ORG PO BOX 19310										
HOUSTON, TX 77224	20-5433598	501(C)(3)	15,000.	0.			HUMAN SERVICE			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
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HIGHLAND PARK UNITED METHODIST CHURCH - 3300 MOCKINGBIRD LANE - DALLAS, TX 75205	75-0808794	501(C)(3)	15,000.	0.			RELIGION		
KICK DRUGS OUT OF AMERICA FOUNDATION - 10222 WESTHEIMER RD - HOUSTON, TX 77042	52-1706526	501(C)(3)	15,000.	0.			ARTS, CULTURE		
OUR DAILY BREAD 300 W OAK ST. STE 100 DENTON, TX 76201	61-1698166	501(C)(3)	15,000.	0.			FOOD, NUTRITION		
PEGASUS THEATRE INC. P.O. BOX 600594 DALLAS, TX 75360-0594	75-2130927	501(C)(3)	15,000.	0.			ARTS, CULTURE		
SECOND SERVINGS OF HOUSTON 8825 KNIGHT RD HOUSTON, TX 77054	47-1173622	501(C)(3)	15,000.	0.			FOOD, NUTRITION		
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR., SUITE 500 HOUSTON, TX 77081	74-1152599	501(C)(3)	15,000.	0.			HOUSING, SHELTER		
WACO FAMILY PRACTICE FOUNDATION 1600 PROVIDENCE DRIVE WACO, TX 76707	74-2446071	501(C)(3)	15,000.	0.			HEALTH, GENERAL		
GIRLS, INC. OF METROPOLITAN DALLAS 2040 EMPIRE CENTRAL DRIVE DALLAS, TX 75235	75-1305705	501(C)(3)	15,100.	0.			YOUTH DEVELOPMENT		
CHILDREN'S MEDICAL CENTER OF DALLAS - 2777 STEMMONS FRWY, STE. 1700 - DALLAS, TX 75207	75-0800628	501(C)(3)	15,200.	0.			HEALTH, GENERAL		

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SOUTHWESTERN MEDICAL FOUNDATION								
3889 MAPLE AVE., #100								
DALLAS, TX 75219	75-0945939	501(C)(3)	15,500.	0.			MEDICAL RESEARCH	
22,	70 0310303		20,000.	•				
DALLAS MUSEUM OF ART								
1717 NORTH HARWOOD								
DALLAS, TX 75201-2398	75-0808774	501(C)(3)	16,135.	0.			ARTS, CULTURE	
DALLAS SYMPHONY ASSOCIATION								
2301 FLORA STREET, STE 300								
DALLAS, TX 75201	75-0705442	501(C)(3)	16,911.	0.			ARTS, CULTURE	
DALLAS OPERA								
2403 FLORA STREET, SUITE 500								
DALLAS, TX 75201	75-6004746	501(C)(3)	17,511.	0.			ARTS, CULTURE	
may a very a company								
TEXAS HILLEL FOUNDATION								
2105 SAN ANTONIO STREET							L	
AUSTIN, TX 78705-5521	52-1758802	501(C)(3)	17,918.	0.			YOUTH DEVELOPMENT	
FRIENDS OF THE KATY TRAIL, INC.								
3102 MAPLE AVENUE, STE 230								
<b>'</b>	75-2708139	501/01/31	18,050.	0.			ENVIRONMENTAL	
DALLAS, TX 75201 ADVISORY BOARD BOOKER T.	73-2700133	301(0)(3)	10,030.	0.			ENVIRONMENTAL	
WASHINGTON HIGH SCHOOL FOR								
PERFORMING AND VISUAL ARTS - P. O.								
BOX 192648 - DALLAS, TX 75219	74-3068174	501(C)(3)	18,101.	0.			EDUCATIONAL	
BOX 192040 - DALLIAS, 1X 73219	74-3000174	501(0)(3)	10,101.	0.			EDUCATIONAL	
PARISH EPISCOPAL SCHOOL								
4101 SIGMA ROAD								
DALLAS, TX 75244	75-1390485	501(C)(3)	18,500.	0.			EDUCATIONAL	
	.3 1330103		10,500.					
HADASSAH, THE ZIONIST WOMEN'S								
ORGANIZATION OF AMERICA - P. O.								
BOX 795774 - DALLAS, TX 75379	13-1656651	501(C)(3)	18,760.	0.			HUMAN SERVICE	

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NORTHWOOD CHURCH 7750 SPRING CYPRESS ROAD SPRING, TX 77379	76-0520137	501(C)(3)	19,000.	0.			RELIGION		
BIBLICAL ARTS CENTER MIRACLE AT PENTECOST FOUNDATION - 7500 PARK LANE - DALLAS, TX 75225	75-1222954	501(C)(3)	19,100.	0.			arts, culture		
DALLAS SUMMER MUSICALS, INC. 909 1ST AVENUE DALLAS, TX 75210	75-1104793	501(C)(3)	19,164.	0.			ARTS, CULTURE		
CAPITAL AREA COUNCIL #564 BSA 12500 NORTH IH 35 AUSTIN, TX 78753	74-1143057	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT		
CONSPIRARE, INC. 1812 CENTRE CREEK DR., SUITE 110 AUSTIN, TX 78754	74-2611315	501(C)(3)	20,000.	0.			ARTS, CULTURE		
FIRST UNITED METHODIST CHURCH, INC 420 N MAIN PLEASANTON, TX 78064	74-1541269	501(C)(3)	20,000.	0.			RELIGION		
GALVESTON BAY FOUNDATION 1725 HIGHWAY 146 KEMAH, TX 77565	76-0279876	501(C)(3)	20,000.	0.			ENVIRONMENTAL		
GOOD SAMARITAN CENTER OF SAN ANTONIO - 1600 SALTILLO ST - SAN ANTONIO, TX 78207	74-1117340	501(C)(3)	20,000.	0.			HUMAN SERVICE		
MIDLAND CAT WRANGLERS 1505 W OHIO MIDLAND, TX 79701	85-3724450	501(C)(3)	20,000.	0.			animal-related		

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH LAKE BIBLE CHURCH										
3610 LOHMANS FORD RD										
LAGO VISTA, TX 78645	20-5734526	501(C)(3)	20,000.	0.			RELIGION			
NORTHLAKE HOPE CENTER										
20513 DAWN DR	87-4569500	501/0\/3\	20,000.	0.			HUMAN SERVICE			
LAGO VISTA, TX 78645	87-4569500	501(C)(3)	20,000.	٠.			HUMAN SERVICE			
PAWS SHELTER OF CENTRAL TEXAS										
P.O. BOX 695										
DRIPPING SPRINGS, TX 78620	74-2421563	501(C)(3)	20,000.	0.			ANIMAL-RELATED			
PLANNED PARENTHOOD GULF COAST,										
INC 4600 GULF FREEWAY -										
HOUSTON, TX 77023	74-1100163	501(C)(3)	20,000.	0.			HEALTH, GENERAL			
TEXAS BOOK FESTIVAL										
1023 SPRINGDALE ROAD; BUILDING 14,	74 2776425	E01/G)/3)	20.000	_			EDUCA EL ONA I			
AUSTIN, TX 78721	74-2776425	501(C)(3)	20,000.	0.			EDUCATIONAL			
TEXAS SOUTHERN UNIVERSITY FOUNDATION - 3100 CLEBURNE ST										
HANNAH HALL 201 - HOUSTON, TX										
77004	74-1620415	501(C)(3)	20,000.	0.			EDUCATIONAL			
TEXAS TECH UNIVERSITY FOUNDATION										
P. O. BOX 45025										
LUBBOCK, TX 79409-5025	75-6043842	501(C)(3)	20,000.	0.			EDUCATIONAL			
TEXAS WOMEN'S FOUNDATION										
8150 N. CENTRAL EXPY, SUITE 110										
DALLAS, TX 75206	75-2048261	501(C)(3)	20,000.	0.			PHILANTHROPY			
MAIL INTERPOLITY OF THURS IN AVII-										
THE UNIVERSITY OF TEXAS AT AUSTIN										
110 INNER CAMPUS DR. STOP K5300	74_6000202	501/C)/3\	20 000	0.			EDUCATIONAL			
AUSTIN, TX 78712	74-6000203	hat(c)(3)	20,000.	<u> </u>			EDOCKLIONAL			

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
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VISION AFRICA MINISTRIES INC PO BOX 600008 DALLAS, TX 75360	75-2819939	501(C)(3)	20,000.	0.			HUMAN SERVICE			
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #311250 DENTON, TX 76203-5017	23-7232618	501(C)(3)	20,460.	0.			EDUCATIONAL			
TORCH DALLAS DBA CONGREGATION ATERES ISRAEL - 6107 PRESTONCREST LANE - DALLAS, TX 75230	20-8911377	501(C)(3)	20,614.	0.			HUMAN SERVICE			
UNIVERSITY OF TEXAS FOUNDATION, INC 9011 MOUNTAIN RIDGE, SUITE 150 - AUSTIN, TX 78759	74-1587488	501(C)(3)	22,100.	0.			DISEASE/DISORDER			
CUZ I MATTER ANIMAL RESCUE P.O. BOX 3751 PFLUGERVILLE, TX 78691	81-1315180	501(C)(3)	22,500.	0.			ANIMAL-RELATED			
CHABAD OF UPTOWN DALLAS 2505 WORTHINGTON DALLAS, TX 75204	20-8995841	501(C)(3)	22,930.	0.			COMMUNITY DEVELOPMENT			
MEDINA COMMUNITY LIBRARY P.O. BOX 300 MEDINA, TX 78055	74-2973232	501(C)(3)	23,000.	0.			EDUCATIONAL			
AMERICAN NATIONAL RED CROSS 2055 KENDALL DRIVE DALLAS, TX 75235	53-0196605	501(C)(3)	24,000.	0.			DISASTER RELIEF			
ASD HOPE, INC. 1009 PRUITT RD. THE WOODLANDS, TX 77380	47-5417326	501(C)(3)	25,000.	0.			EDUCATIONAL			

Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	, с 2000220
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BOYS & GIRLS CLUBS OF GREATER HOUSTON - 815 CROSBY ST							
HOUSTON, TX 77019	76-0270942	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
CAPITAL FOR KIDS 2807 ALLEN STREET, #816 DALLAS, TX 75204	20-4403950	501(C)(3)	25,000.	0.			PHILANTHROPY
FIRST BAPTIST CHURCH OF KELLER PO BOX 616 KELLER, TX 76244-0616	75-1424947	501(C)(3)	25,000.	0.			RELIGION
·	73 1424947	301(0)(3)	23,000.	0.			KEDIGION
GEORGE W. BUSH FOUNDATION 2943 SMU BLVD DALLAS, TX 75205-2563	20-4119317	501(C)(3)	25,000.	0.			EDUCATIONAL
IDEA PUBLIC SCHOOLS							
2115 W. PIKE BLVD WESLACO, TX 78596	74-2948339	501(C)(3)	25,000.	0.			EDUCATIONAL
PEOPLE'S COMMUNITY CLINIC			,				
1101 CAMINO LA COSTA AUSTIN, TX 78752	23-7087608	501(C)(3)	25,000.	0.			HEALTH, GENERAL
SIGMA CHI FOUNDATION PO BOX 201225							
AUSTIN, TX 78720-1225	36-2208386	501(C)(3)	25,000.	0.			EDUCATIONAL
THE POSSE FOUNDATION 1001 MCKINNEY STREET, SUITE 950							
HOUSTON, TX 77002	13-3840394	501(C)(3)	25,000.	0.			EDUCATIONAL
UT SOUTHWESTERN MEDICAL CENTER							
DALLAS, TX 75391-0888	75-6002868	501(C)(3)	25,000.	0.			MEDICAL RESEARCH

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ELEPHANT HAVENS WILDLIFE									
FOUNDATION INC 4104 CALCULUS									
DRIVE - DALLAS, TX 75244	82-3352560	501(C)(3)	25,018.	0.			ANIMAL-RELATED		
KID NET FOUNDATION									
P.O. BOX 140085									
DALLAS, TX 75214	75-2389331	501(C)(3)	25,850.	0.			HOUSING, SHELTER		
TORAH DAY SCHOOL OF DALLAS									
6921 FRANKFORD ROAD									
DALLAS, TX 75252	16-1626550	501(C)(3)	26,108.	0.			EDUCATIONAL		
COMMUNICAL TENTON CONCREGO									
SOUTHWEST JEWISH CONGRESS									
PO BOX 700116	27-0257690	E01/G\/3\	26 200	0.			EDUCATIONAL		
DALLAS, TX 75370	27-0237090	501(0)(3)	26,280.	0.			EDUCATIONAL		
CONGREGATION BETH TORAH									
720 W. LOOKOUT DRIVE									
RICHARDSON, TX 75080	23-7436203	501(C)(3)	26,394.	0.			RELIGION		
HILLEL: THE FOUNDATION FOR JEWISH			,						
CAMPUS LIFE - 1920 N. COIT ROAD,									
SUITE 200314 - RICHARDSON, TX									
75080	80-0501175	501(C)(3)	27,600.	0.			YOUTH DEVELOPMENT		
DALLAS SYMPHONY ASSOCIATION									
2301 FLORA									
DALLAS, TX 75201	75-0705442	501(C)(3)	29,500.	0.			ARTS, CULTURE		
TRM									
JET 17819 DAVENDODE DOAD CHIEF 110									
17819 DAVENPORT ROAD, SUITE 110 DALLAS, TX 75252	45-4346020	501 (C) (3)	29,788.	0.			EDUCATIONAL		
	13 1340020	501(0)(3)	23,700.	0.			HDOCKI TOWNI		
ARCHDIOCESE OF GALVESTON-HOUSTON									
1700 SAN JACINTO									
HOUSTON, TX 77002	74-6018777	501(C)(3)	30,000.	0.			 RELIGION		

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CHRIST EPISCOPAL CHURCH									
510 BELKNAP PLACE SAN ANTONIO, TX 78209	74-1180188	501(C)(3)	30,000.	0.			RELIGION		
HORNS WITH HEART INC									
4407 BEE CAVES RD; SUITE 212 AUSTIN, TX 78746	87-3873183	501(C)(3)	30,000.	0.			HUMAN SERVICE		
UNITED WAY OF TARRANT COUNTY 201 N RUPERT ST; #107									
FORT WORTH, TX 76107	75-0858360	501(C)(3)	30,000.	0.			HUMAN SERVICE		
NATIONAL CHRISTIAN FOUNDATION INC 208 HEWITT DR; SUITE 103-115 WACO, TX 76712	30-0209280	501(C)(3)	30,456.	0.			PHILANTHROPY		
CONGREGATION TIFERET ISRAEL 10909 HILLCREST ROAD	75 0071724	E01/G)/2)	21 605				DEL IGION		
DALLAS, TX 75230	75-0871724	501(C)(3)	31,605.	0.			RELIGION		
VISITING NURSE ASSOCIATION OF TEXAS - 1420 W. MOCKINGBIRD LANE, STE.700 - DALLAS, TX 75247	75-0800692	501(C)(3)	33,432.	0.			HUMAN SERVICE		
MIKVAH ASSOCIATION OF DALLAS 11700 PRESTON RD, STE 660-251 DALLAS, TX 75230	75-2360227	501(C)(3)	34,164.	0.			RELIGION		
	,3 2300221	501(0)(3)	34,104.				NEED TO TON		
DALLAS HEBREW FREE LOAN ASSOCIATION - P.O. BOX 671235 - DALLAS, TX 75367-1235	51-0148138	501(C)(3)	36,139.	0.			HUMAN SERVICE		
ERUV OF DALLAS 5611 MELSHIRE DR.									
DALLAS, TX 75230	75-2337213	501(C)(3)	36,580.	0.			RELIGION		

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HILL COUNTRY CHRISTIAN SCHOOL OF AUSTIN - 12124 RANCH ROAD 620 N - AUSTIN, TX 78750	74-2789934	501(C)(3)	37,000.	0.			EDUCATIONAL			
JEWISH NATIONAL FUND 8117 PRESTON ROAD, SUITE 300 DALLAS, TX 75225	13-1659627	501(C)(3)	39,750.	0.			ENVIRONMENTAL			
FIRST PRESBYTERIAN CHURCH 800 W. TEXAS AVENUE MIDLAND, TX 79701	75-0983832	501(C)(3)	40,000.	0.			RELIGION			
LAS AMERICAS IMMIGRANT ADVOCACY CENTER - 1500 E YANDELL DR - EL PASO, TX 79902	74-2472774	501(C)(3)	40,000.	0.			HUMAN SERVICE			
TEXAS TORAH INSTITUTE 6506 FRANKFORD ROAD DALLAS, TX 75252	02-0699665	501(C)(3)	41,250.	0.			EDUCATIONAL			
GREENHILL SCHOOL 4141 SPRING VALLEY ROAD ADDISON, TX 75001-3683	75-1022742	501(C)(3)	41,650.	0.			EDUCATIONAL			
CHABAD OF PLANO / COLLIN COUNTY 3904 WEST PARK BLVD. PLANO, TX 75075	75-2606764	501(C)(3)	42,267.	0.			RELIGION			
CONGREGATION TORAS CHAIM 7103 MUMFORD CT DALLAS, TX 75252	45-3677131	501(C)(3)	42,400.	0.			RELIGION			
NATIONAL COUNCIL OF JEWISH WOMEN 16910 DALLAS PARKWAY; SUITE 104 DALLAS, TX 75248	75-0800635	501(C)(3)	43,310.	0.			HUMAN SERVICE			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST. MARK'S SCHOOL OF TEXAS	== 000=150								
DALLAS, TX 75230	75-0827460	501(C)(3)	44,150.	0.			EDUCATIONAL		
HIGHLAND PARK PRESBYTERIAN CHURCH 3821 UNIVERSITY BLVD	== 0000000	E24 (E) (2)	45.000						
DALLAS, TX 75205	75-2986093	501(C)(3)	45,000.	0.			RELIGION		
CONGREGATION ATARES ISRAEL 6107 PRESTONCREST LANE DALLAS, TX 75230	86-1871089	501(C)(3)	45,600.	0.			RELIGION		
			12,732.						
AMERICAN HEART ASSOCIATION  10060 BUFFALO SPEEDWAY  HOUSTON, TX 77054	13-5613797	501(C)(3)	50,000.	0.			DISEASE/DISORDER		
·			33,732.						
CATHOLIC CHARITIES 2900 LOUISIANA STREET									
HOUSTON, TX 77006	74-1109733	501(C)(3)	50,000.	0.			RELIGION		
CENTER FOR REFUGEE SERVICES 8703 WURZBACH RD									
SAN ANTONIO, TX 78240	27-2787747	501(C)(3)	50,000.	0.			HUMAN SERVICE		
HILL COUNTRY YOUTH RANCH P. O. BOX 67									
INGRAM, TX 78025	74-1907867	501(C)(3)	50,000.	0.			YOUTH DEVELOPMENT		
HOUSTON SYMPHONY SOCIETY 615 LOUISIANA STREET, SUITE 102									
HOUSTON, TX 77002	74-1157373	501(C)(3)	50,000.	0.			ARTS, CULTURE		
TEXAS CULTURAL TRUST COUNCIL 901 S MOPAC EXPY STE 410									
AUSTIN, TX 78746	74-2778878	501(C)(3)	50,000.	0.			ARTS, CULTURE		

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINKERY (AUSTIN CHILDREN'S MUSEUM) - 1830 SIMOND AVE AUSTIN, TX 78723	74-2288789	501(C)(3)	50,000.	0.			ARTS, CULTURE
VAL VERDE BORDER HUMANITARIAN COALITION - PO BOX 420754 - DEL RIO, TX 78842	83-4555400	501(C)(3)	50,000.	0.			HUMAN SERVICE
LEGACY SENIOR COMMUNITIES FOUNDATION - 6101 OHIO DRIVE, SUITE 100 - PLANO, TX 75024	75-2411609	501(C)(3)	52,081.	0.			HOUSING, SHELTER
JESUIT COLLEGE PREPARATORY SCHOOL OF DALLAS, INC 12345 INWOOD ROAD - DALLAS, TX 75244	75-6054602	501(C)(3)	52,500.	0.			EDUCATIONAL
ROCKPORT ART ASSOCIATION INC 638 EAST MARKET ST. ROCKPORT, TX 78382	74-1652612	501(C)(3)	53,000.	0.			ARTS, CULTURE
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840-2811	74-2245072	501(C)(3)	55,000.	0.			EDUCATIONAL
HOUSTON FOOD BANK 535 PORTWALL ST. HOUSTON, TX 77029	74-2181456	501(C)(3)	57,500.	0.			FOOD, NUTRITION
ANN AND NATE LEVINE ACADEMY 18011 HILLCREST ROAD DALLAS, TX 75252-5863	75-2714693	501(C)(3)	59,889.	0.			EDUCATIONAL
AMERICAN JEWISH COMMITTEE 12720 HILLCREST ROAD, #210 DALLAS, TX 75230	13-5563393	501(C)(3)	62,033.	0.			PUBLIC AFFAIRS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY HOMES FOR ADULTS, INC. 11615 FOREST CENTRAL DRIVE, SUITE : DALLAS, TX 75243	1 75-1894451	501(C)(3)	65,654.	0.			HOUSING, SHELTER		
PLANNED PARENTHOOD OF GREATER TEXAS - 7424 GREENVILLE AVENUE, SUITE 101 - DALLAS, TX 75231	52-1243220	501(C)(3)	65,850.	0.			HEALTH, GENERAL		
CONGREGATION ANSHAI TORAH 5501 WEST PARKER ROAD PLANO, TX 75093	75-1704418	501(C)(3)	67,513.	0.			RELIGION		
BAYLOR SCOTT AND WHITE DALLAS FOUNDATION - 301 N. WASHINGTON AVENUE - DALLAS, TX 75246-9925	75-1606705	501(C)(3)	67,599.	0.			HEALTH, GENERAL		
CONGREGATION NISHMAT AM 2113 W. SPRING CREEK PKWY PLANO, TX 75023	20-2915395	501(C)(3)	72,559.	0.			RELIGION		
DALLAS JEWISH HISTORICAL SOCIETY 7900 NORTHAVEN ROAD DALLAS, TX 75230	75-2156817	501(C)(3)	79,322.	0.			arts, culture		
CONGREGATION SHAARE TEFILLA 6131 CHURCHILL WAY DALLAS, TX 75230	75-2082492	501(C)(3)	89,354.	0.			RELIGION		
VOGEL ALCOVE CHILDCARE CENTER FOR THE HOMELESS - PO BOX 150948 - DALLAS, TX 75315	75-2133827	501(C)(3)	89,354.	0.			EDUCATIONAL		
LEGACY AT MIDTOWN PARK, INC. 6101 OHIO DRIVE, SUITE 100 PLANO, TX 75024	47-2890521	501(C)(3)	98,051.	0.			ELDERLY SERVICES		

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	Τ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANU-EL FOUNDATION							
8500 HILLCREST							
DALLAS, TX 75225	75-2872570	501(C)(3)	100,000.	0.			RELIGION
ABARA INC							
1228 WYOMING AVE							
EL PASO, TX 79902	84-3036435	501(C)(3)	100,000.	0.			HUMAN SERVICE
DALLAS BAPTIST UNIVERSITY 3000 MOUNTAIN CREEK PKWY							
DALLAS, TX 75211	75-6001300	501(C)(3)	100,000.	0.			EDUCATIONAL
FRIENDS OF THE JEFF DAVIS COUNTY LIBRARY - P.O. BOX 425 - FORT DAVIS, TX 79734	26-2817908	501(C)(3)	100,000.	0.			EDUCATIONAL
GRACE CONVENANT CHURCH 9508 JOLLEYVILLE RD STE 200 AUSTIN, TX 78759	74-2487422	501(C)(3)	100,000.	0.			RELIGION
ASSIIN, IN 10133	74 2407422	301(0)(3)	100,000.	••			KILLIGION
TEXAS A&M SAN ANTONIO FOUNDATION ONE UNIVERSITY WAY SAN ANTONIO, TX 78224	26-0895198	501(C)(3)	100,000.	0.			EDUCATIONAL
THE LEGACY SENIOR COMMUNITIES, INC 8240 MANDERVILLE - DALLAS,			,				
TX 75231	03-0435268	501(C)(3)	102,393.	0.			ELDERLY SERVICES
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE							
PLANO, TX 75075	75-1785357	501(C)(3)	102,527.	0.			FOOD, NUTRITION
DALLAS AREA TORAH ASSOCIATION 5840 FOREST LANE							
DALLAS, TX 75230-2634	75-2246229	501(C)(3)	103,368.	0.			RELIGION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CIBOLO CENTER FOR CONSERVATION 140 CITY PARK RD BOERNE, TX 78006	74-2564700	501(C)(3)	116,000.	0.			ENVIRONMENTAL	
TEMPLE SHALOM 6930 ALPHA ROAD DALLAS, TX 75240	75-1231572	501(C)(3)	118,943.	0.			RELIGION	
DALLAS TORAH INSTITUTE 5840 FOREST LANE DALLAS, TX 75230	75-2246229	501(C)(3)	120,000.	0.			RELIGION	
REDEEMER EVANGELICAL COVENANT CHURCH - 1518 E. FRANKFORD ROAD - CARROLLTON, TX 75007	75-2156533	501(C)(3)	125,000.	0.			RELIGION	
UNITED WAY OF METROPOLITAN DALLAS P.O. BOX 650823 DALLAS, TX 75265	75-6005352	501(C)(3)	126,765.	0.			HUMAN SERVICE	
MOST BLESSED SACRAMENT 2100 N. DAVIS DR. ARLINGTON, TX 76012	75-1656888	501(C)(3)	140,000.	0.			RELIGION	
SCIENCE MILL P.O. BOX 38 JOHNSON CITY, TX 78636	46-0600789	501(C)(3)	140,000.	0.			EDUCATIONAL	
MESORAH HIGH SCHOOL FOR GIRLS 12712 PARK CENTRAL DRIVE DALLAS, TX 75251	75-2819668	501(C)(3)	147,700.	0.			EDUCATIONAL	
TEXAS CHILDREN'S HOSPITAL P. O. BOX 300630 HOUSTON, TX 77230-0630	74-1100555	501(C)(3)	155,360.	0.			HEALTH, GENERAL	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITY DOES IT								
232 RIGGS CIRCLE								
MESQUITE, TX 75149	86-3670401	501(C)(3)	215,000.	0.			HUMAN SERVICE	
CHABAD OF NORTH TEXAS INC. 6618 SHELL FLOWER LANE								
DALLAS, TX 75252	45-5601290	501(C)(3)	231,530.	0.			RELIGION	
TEXAS PUBLIC POLICY FOUNDATION 901 CONGRESS AVENUE AUSTIN, TX 78701	74-2524057	501(C)(3)	354,452.	0.			PUBLIC AFFAIRS	
DALLAS HOLOCAUST AND HUMAN RIGHTS MUSEUM - 300 N. HOUSTON ST								
DALLAS, TX 75202	75-2113723	501(C)(3)	388,383.	0.			ARTS, CULTURE	
RESTORATION CHURCH BRYAN 307 N TABOR AVE	45,0500054	E04 (G) (2)	400.000					
BRYAN, TX 77803	46-2692064	501(C)(3)	400,000.	0.			RELIGION	
JEWISH COMMUNITY CENTER OF DALLAS 7900 NORTHAVEN ROAD DALLAS, TX 75230-3392	75-1461847	501(C)(3)	860,446.	0.			COMMUNITY DEVELOPMENT	
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD -	75 1002720	E01/G)/2)	025 020	0			WIMAN GERVICE	
DALLAS, TX 75248-7098	75-1992728	501(C)(3)	935,920.	0.			HUMAN SERVICE	
TEMPLE EMANU-EL 8500 HILLCREST ROAD DALLAS, TX 75225-4288	75-0808773	501(C)(3)	959,209.	0.			RELIGION	
DINDING, IA 13223 4200	,3 0000773	501(0)(3)	333,203.	0.			101014	
AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE								
DALLAS, TX 75251	75-2470261	501(C)(3)	1,057,966.	0.			EDUCATIONAL	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CONGREGATION SHEARITH ISRAEL 9401 DOUGLAS AVENUE DALLAS, TX 75225-1612	75-0976060	501(C)(3)	1,160,848.	0.			RELIGION	
JEWISH FEDERATION OF GREATER DALLAS - 7800 NORTHAVEN ROAD - DALLAS, TX 75230	75-0800654	501(C)(3)	2,294,822.	0.			COMMUNITY DEVELOPMENT	
BEST FRIENDS ANIMAL SANCTUARY 5001 ANGEL CANYON ROAD KANAB, UT 85741-5000	23-7147797	501(C)(3)	11,218.	0.			ANIMAL-RELATED	
HUMAN LIFE INTERNATIONAL 4 FAMILY LIFE LANE FRONT ROYAL, VA 22630	52-1241765	501(C)(3)	10,000.	0.			RELIGION	
AMERICAN INNS OF COURT FOUNDATION 225 REINEKERS LN, SUITE 770 ALEXANDRIA, VA 22314	52-1405650	501(C)(3)	12,000.	0.			PROFESSIONAL INTEREST	
ARMY HISTORICAL FOUNDATION INC 1775 LIBERTY DRIVE SUITE 400 FORT BELVOIR, VA 22060	52-1367225	501(C)(3)	50,000.	0.			EDUCATIONAL	
NATURE CONSERVANCY, INC. 4245 N. FAIRFAX DR. STE.100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	50,160.	0.			ENVIRONMENTAL	
IN CONCERT FOR CANCER 15214 69TH LN NE KENMORE, WA 98028	88-0884317	501(C)(3)	10,000.	0.			DISEASE/DISORDER	
CLIMATE SOLUTIONS 1402 3RD AVE, STE 1200 SEATTLE, WA 98101	91-1123302	501(C)(3)	40,000.	0.			ENVIRONMENTAL	

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITALS FOR CHILDREN							
P. O. BOX 1510							
RANSON, WV 25438-4510	36-2193608	501(C)(3)	5,632.	0.			DISEASE/DISORDER
	<u> </u>						0 - b - d - b - 1 / 5 0

Schedule I (Form 990) 2022 DALLAS JEWISH CO	MMUNITY FOUNDATION				75-2836123	Page 2
Part III Grants and Other Assistance to Domestic Indi Part III can be duplicated if additional space is no		organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 noncash	n assistance
EDUCATIONAL SCHOLARSHIPS	71	202,932.	0.			
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
GRANTS ARE NOT MADE UNTIL THE AGENCIES ARE VE	TTED TROUGH GUIDES	TAR AND				
PUBLICATION 78. THE ORGANIZATION MAINTAINS DE	TAILED RECORDS OF	THE AMOUNTS				
AND USE OF GRANT FUNDS.						

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

DALLAS JEWISH COMMUNITY FOUNDATION

Employer identification number 75-2836123

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as 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 1b 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 on line 1a? 2 Indicate which, if any, of the following the 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. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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 on 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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JERRY BLAIR	(i)	180,129.	14,490.	0.	8,731.	28,030.	231,380.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MONA ALLEN	(i)	141,833.	15,000.	0.	5,649.	4,650.	167,132.	0.	
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CYNTHIA HENDRICKS	(i)	140,938.	5,500.	0.	6,031.	4,650.	157,119.	0.	
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

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

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** 

DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 **Types of Property** Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 6,925,235.FMV Securities - Publicly traded ..... Х 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA

# **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS JEWISH COMMUNITY FOUNDATION

**Employer identification number** 75-2836123

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  DALLAS JEWISH COMMUNITY FOUNDATION	Employer identification number
FORM 990, PART VI, SECTION B, LINE 12C:	· · · · · · · · · · · · · · · · · · ·
DALLAS JEWISH COMMUNITY FOUNDATION'S CONFLICT OF INTEREST POLICY STA	ATES
THAT EACH TRUSTEE, COMMITTEE MEMBER, AND EMPLOYEE SHALL ANNUALLY REA	AFFIRM
HIS OR HER PERSONAL COMMITMENT TO FOLLOW THE CONFLICT OF INTEREST ST	fandards
SET OUT IN ITS CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE TO ESTABLISH	
COMPENSATION OF THE CEO. IT IS DETERMINED BASED ON MERIT, WITH THE	
KNOWLEDGE OF OTHER SIMILAR POSITIONS IN THE COMMUNITY, AND THE FILIN	NG
ORGANIZATION'S BUDGET. THE CEO DETERMINES THE COMPENSATION FOR ALL	OTHER
EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTERESTS	129,103.
CHANGE IN CSV LIFE INSURANCE	-36,154.
TOTAL TO FORM 990, PART XI, LINE 9	92,949.

#### SCHEDULE R (Form 990)

Part I

# **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.

Department of the Treasury Internal Revenue Service

DALLAS JEWISH COMMUNITY FOUNDATION

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

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2022

75-2836123

(a)	(b)	(c)	(d)		(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-y	ear asset/		controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had o	one or mo	re related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charit		(f) rect controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
		,,		501(c)(3))			Yes	No
NATE AND ANN LEVINE FAMILY FDN - 75-2510543	_					AS JEWISH UNITY		
12222 MERIT DRIVE, SUITE 450 DALLAS, TX 75251	_ CHARITABLE	TEXAS	501(C)(3)	LINE 12A, I		DATION	x	
THE KIRSCHNER-BOOKATZ FAMILY FDN -				,		AS JEWISH	<del>                                     </del>	
75-2759108, 12222 MERIT DRIVE, SUITE 450,	1				сомм	UNITY		
DALLAS, TX 75251	CHARITABLE	TEXAS	501(C)(3)	LINE 12A, I	FOUN	DATION	х	
SCHULTZ FAMILY FOUNDATION - 75-2188255					DALL	AS JEWISH		
12222 MERIT DRIVE, SUITE 450	7				сомм	UNITY		
DALLAS, TX 75251	CHARITABLE	TEXAS	501(C)(3)	LINE 12A, I	FOUN:	DATION	Х	
LAWRENCE E STEINBERG FOUNDATION - 75-2741258					DALL	AS JEWISH		
12222 MERIT DRIVE, SUITE 450	1				сомм	UNITY		
DALLAS, TX 75251	CHARITABLE	TEXAS	501(C)(3)	LINE 12A, I	FOUN	DATION	х	

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	rolled
·		Toroigir oddriary)		501(c)(3))		Yes	No
NORTHAVEN CHARITABLE GIVING FDN - 26-0850444					DALLAS JEWISH		
12222 MERIT DRIVE, SUITE 450	]				COMMUNITY		
DALLAS, TX 75251	CHARITABLE	TEXAS	501(C)(3)	LINE 12A, I	FOUNDATION	Х	
DJCF HOLDING CORPORATION - 75-2845958					DALLAS JEWISH		
12222 MERIT DRIVE, SUITE 450					COMMUNITY		
DALLAS, TX 75251	CHARITABLE	TEXAS	501(C)(2)	N/A	FOUNDATION	х	
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David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or more related
	organizations treated as a partnership during the tax year.				

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No
-									

Part V 7	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34	, 35b, or 36.
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Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
•	, , , , , , , , , , , , , , , , , , , ,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organizations.				11	х	
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	х	
					10	х	
	Chairing of paid offipioyodo with foliated of garinzation (c)				10		
n	Reimbursement paid to related organization(s) for expenses				1p		х
	Reimbursement paid by related organization(s) for expenses				1q		х
ч	Treimbursement paid by related organization(s) for expenses				19		
_	Other transfer of cash or property to related organization(s)				1r		Х
					 1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w			relationships and transaction throsholds	13	<u> </u>	
	•	·					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) N	ORTHAVEN CHARITABLE GIVING FOUNDATION	С	1,985,323.	CASH			
(2)							
(3)							
(4)							
(5)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning AUG 1 , 2022, and ending JUL 31 2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN DALLAS JEWISH COMMUNITY FOUNDATION 75-2836123 MEGAN HYMAN Name and title of officer or person subject to tax PRESIDENT/CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a 5b **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b** FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 55555 X Lauthorize RSM US LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 43827953723 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature RSM US LLP 06/17/24 Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

EXTENDED TO JUNE 17, 2024 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) , and ending JUL 31, 2023 For calendar year 2022 or other tax year beginning  $\ AUG\ 1$  ,  $\ 2022$ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service X Check box if Name of organization ( Check box if name changed and see instructions.) address changed. DALLAS JEWISH COMMUNITY FOUNDATION **B** Exempt under section Print 75-2836123 EGroup exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) 12222 MERIT DRIVE, 450 408(e) 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code 7529(a) [ DALLAS, TX 75251 529A Check box if 281,180,189. C Book value of all assets at end of year . an amended return. X 501(c) corporation 501(c) trust 401(a) trust State college/university Other trust Check organization type Н Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation. JERRY BLAIR 972-645-1028 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see 14,641. instructions) 2 Reserved 2 14,641. 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 0. 4 4 14,641. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 14,641. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. Total deductions. Add lines 8 and 9 10 10

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 13,641. enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 2,865. Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6 2 865 Total. Add lines 3 through 6 to line 1 or 2, whichever applies Form 990-T (2022) For Paperwork Reduction Act Notice, see instructions. LHA

1a		Tax and Payments							
	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)		1a				
b	Other	credits (see instructions)			1b				
С	Gene	ral business credit. Attach Form 3800 (se							
d		t for prior year minimum tax (attach Form			1 1				
е	Total	credits. Add lines 1a through 1d					1e		
2		act line 1e from Part II, line 7					2	2,86	5.
3	Other	amounts due. Check if from: Form	4255 Form 8611	Form 8	8697	Form 8866			
		Other	(attach statement)				3		
4	Total	tax. Add lines 2 and 3 (see instructions).							
	section	on 1294. Enter tax amount here					4	2,86	5.
5		nt net 965 tax liability paid from Form 965					5		0.
6a	Paym	ents: A 2021 overpayment credited to 20	)22		6a				
b	2022	estimated tax payments. Check if section	1 643(g) election applies	$\square$	] 6b				
С	Tax d	eposited with Form 8868			6c				
d	Foreig	gn organizations: Tax paid or withheld at s	source (see instructions)		6d				
е	Backı	up withholding (see instructions)			6e				
f		t for small employer health insurance prer			6f				
g	Other	credits, adjustments, and payments:	Form 2439		.				
		Form 4136	Other	Total	6g				
7	Total	payments. Add lines 6a through 6g					7		
8	Estim	ated tax penalty (see instructions). Check	cif Form 2220 is attached				8	16	0.
9		<b>lue.</b> If line 7 is smaller than the total of line					9	3,02	5.
10		payment. If line 7 is larger than the total o		int overp	aid		10		
11		the amount of line 10 you want: Credited		<b> </b>		Refunded	11		
Part		Statements Regarding Certain A							
1		y time during the 2022 calendar year, did	· ·		•	•		Yes N	10
		a financial account (bank, securities, or ot			-	•			
		EN Form 114, Report of Foreign Bank and	I Financial Accounts. If "Yes,"	enter the	name of the	e foreign country			_
	here							X	ζ
2		g the tax year, did the organization receiv		-					
		n trust?						х	<u>`</u>
		s," see instructions for other forms the or				•			
3		the amount of tax-exempt interest receive							
4		available pre-2018 NOL carryovers here							
_		n on Schedule A (Form 990-T). Don't redu	ice the NOL carryover shown f	nere by a	ınv deductio	n reported on Par			
5	Post-2			-	-				
		•	Activity Code and available po	ost-2017	NOL carryo		•		
	the ar	mounts shown below by any NOL claimed	d on any Schedule A, Part II, lir	ost-2017	NOL carryo	. See instructions			
	the ar	•	d on any Schedule A, Part II, lir	ost-2017 ne 17 for	NOL carryon the tax year Available				
	the ar	mounts shown below by any NOL claimed	d on any Schedule A, Part II, lir	ost-2017 ne 17 for \$	NOL carryo the tax year Available	. See instructions			
		mounts shown below by any NOL claimed Business Activit	d on any Schedule A, Part II, lir ty Code	ost-2017 ne 17 for \$	NOL carryo the tax year Available	: See instructions e post-2017 NOL o	e carryover		7
6a	Did th	mounts shown below by any NOL claimed Business Activit  ne organization change its method of according to the companization change its method of according to the companizatio	d on any Schedule A, Part II, ling ty Code ounting? (see instructions)	ost-2017 ne 17 for \$	NOL carryo the tax year Available	See instructions post-2017 NOL of	e carryover	X	ζ
6a b	Did th	Business Activit  ne organization change its method of accors "Yes," has the organization described the	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-E	ost-2017 ne 17 for \$	NOL carryo the tax year Available	See instructions post-2017 NOL of	e carryover	X	Κ
b	Did th	Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-E	ost-2017 ne 17 for \$	NOL carryo the tax year Available	See instructions post-2017 NOL of	e carryover	X	ζ
b Part	Did the life of th	nounts shown below by any NOL claimed Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V  Supplemental Information	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions)  he change on Form 990, 990-E	st-2017 ne 17 for \$ \$ 	NOL carryo	See instructions post-2017 NOL o	e carryover	X	Κ
b Part	Did the lif 6a is explain	Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions)  he change on Form 990, 990-E	st-2017 ne 17 for \$ \$ 	NOL carryo	See instructions post-2017 NOL o	e carryover	X	ζ
b Part	Did the lif 6a is explain	nounts shown below by any NOL claimed Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V  Supplemental Information	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions)  he change on Form 990, 990-E	st-2017 ne 17 for \$ \$ 	NOL carryo	See instructions post-2017 NOL o	e carryover	X	ζ
b Part	Did the lf 6a is explain V	nounts shown below by any NOL claimed Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V  Supplemental Information	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions)  he change on Form 990, 990-E	st-2017 for \$\$	NOL carryo the tax year Available  F, or Form 1	See instructions post-2017 NOL of	e carryover		Κ
b Part	Did the life of th	mounts shown below by any NOL claimed Business Activit  ne organization change its method of access "Yes," has the organization described the in in Part V  Supplemental Information  xplanation required by Part IV, line 6b. Alse	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-E  so, provide any other additiona	st-2017 ost-2017 for \$\$ \$\$ EZ, 990-P	NOL carryo the tax year Available  F, or Form 1 ation. See ins	E. See instructions E. post-2017 NOL of the post-2017 NOL of the best of my knowle	e carryover		ζ
<b>Part</b> Provide	Did the life of th	mounts shown below by any NOL claimed Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined to the supplemental in the supplementa	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-B so, provide any other additional this return, including accompanying sche taxpayer) is based on all information of w	st-2017 ne 17 for \$ \$ EZ, 990-P	NOL carryo	. See instructions e post-2017 NOL o	carryover  dge and belief	f, it is true,	Κ
Part Provide	Did the life of the explaint o	mounts shown below by any NOL claimed Business Activit  ne organization change its method of accors "Yes," has the organization described the in in Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined to the supplemental in the supplementa	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-B so, provide any other additional this return, including accompanying sche taxpayer) is based on all information of w	st-2017 ost-2017 for \$\$ \$\$ EZ, 990-P	NOL carryo	. See instructions e post-2017 NOL c	dge and belief	f, it is true, scuss this return with own below (see	
Part Provide	Did the life of the explaint o	Business Activit  Business Activit  ne organization change its method of according its method of according in the activity in the organization described the initial in Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also inder penalties of perjury, I declare that I have examined in the interest, and complete. Declaration of preparer (other than integrating of officer	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-E  so, provide any other additional this return, including accompanying sche taxpayer) is based on all information of w  PRE Title	st-2017 ne 17 for \$ \$ EZ, 990-P all informa solules and solution prepar	NOL carryo the tax year Available  F, or Form 1 ation. See ins	. See instructions e post-2017 NOL of 128? If "No," structions.  o the best of my knowle ledge.	dge and belief lay the IRS districtions)?	f, it is true, scuss this return with own below (see	K.
Part Provide Sign Here	Did the life of the explaint o	mounts shown below by any NOL claimed Business Activit  ne organization change its method of according a second se	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-B so, provide any other additional this return, including accompanying sche taxpayer) is based on all information of w	st-2017 ne 17 for \$ \$ EZ, 990-P all informa solules and solution prepar	NOL carryo	2. See instructions 2 post-2017 NOL of 2 post-2017 NOL of 3 post-2017 NOL of 4 post-2017 NOL of 5 post-2017 NOL of 6 post-2017 NOL of 6 post-2017 NOL of 7 post-2017 NOL of 8 post-2017 NOL of 8 post-2017 NOL of 9 post-2017	dge and belief	f, it is true, scuss this return with own below (see	
Part Provide Sign Here	Did the life of the explaint o	Business Activit  me organization change its method of access "Yes," has the organization described the in in Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined to precedent and complete. Declaration of preparer (other than injuntation)  Print/Type preparer's name	d on any Schedule A, Part II, lir ty Code  ounting? (see instructions) he change on Form 990, 990-E  so, provide any other additional this return, including accompanying sche taxpayer) is based on all information of w  PRE Title	st-2017 ne 17 for \$ \$ EZ, 990-P all informa stdules and s which prepar	NOL carryo the tax year Available  F, or Form 1 ation. See ins	. See instructions e post-2017 NOL of 128? If "No," structions.  o the best of my knowle ledge.	dge and belief lay the IRS dis	f, it is true, scuss this return with own below (see	
Part Provide Sign Here Paid Prepa	Did the life of the explaint o	Business Activit  Business Activit  ne organization change its method of according serves, has the organization described the in in Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined to be preceded, and complete. Declaration of preparer (other than injuried) ignature of officer  Print/Type preparer's name  KEVIN ENSMINGER	d on any Schedule A, Part II, lire ty Code  ounting? (see instructions)  he change on Form 990, 990-E  so, provide any other additional this return, including accompanying schedus taxpayer) is based on all information of where the taxpayer is based on all information of where the taxpayer is based on all information of where the taxpayer is based on all information of where the taxpayer is based on all information of where the taxpayer is signature.	st-2017 ne 17 for \$ \$ EZ, 990-P all informa stdules and s which prepar	NOL carryo the tax year Available  F, or Form 1  ation. See ins statements, and the rer has any known /CEO	E. See instructions Depost-2017 NOL of post-2017 NOL of the best of my knowledge.  One of the best of my knowledge.  One of the best of my knowledge.  One of the best of my knowledge.	dge and belief lay the IRS dis te preparer sho structions)? [ PTIN P013	f, it is true, scuss this return with own below (see	
Part Provide Sign Here	Did the life of the explaint o	Business Activit  The organization change its method of according in the organization described the in in Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined to prect, and complete. Declaration of preparer (other than injury) ignature of officer  Print/Type preparer's name  KEVIN ENSMINGER  Firm's name RSM US LLP	d on any Schedule A, Part II, lire ty Code  ounting? (see instructions)  he change on Form 990, 990-E  so, provide any other additional this return, including accompanying schedus taxpayer) is based on all information of where the taxpayer is based on all information of where the taxpayer is based on all information of where the taxpayer is based on all information of where the taxpayer is based on all information of where the taxpayer is signature.	st-2017 ne 17 for \$ \$ EZ, 990-P all informa stdules and s which prepar	NOL carryo the tax year Available  F, or Form 1  ation. See ins statements, and the rer has any known /CEO	2. See instructions 2 post-2017 NOL of 2 post-2017 NOL of 3 post-2017 NOL of 4 post-2017 NOL of 5 post-2017 NOL of 6 post-2017 NOL of 6 post-2017 NOL of 7 post-2017 NOL of 8 post-2017 NOL of 8 post-2017 NOL of 9 post-2017	dge and belief lay the IRS dis te preparer sho structions)? [ PTIN P013	f, it is true, scuss this return with own below (see  X Yes N	

## **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Denari	Go to www.irs.gov/Form990T for	instruc	tions and	the late	st info	mation.		0	
	I Revenue Service Do not enter SSN numbers on this form as it is	may be m	ade public i	if your o	rganizat	ion is a 501(c	:)(3).		Inspection for Inizations Only
A N	lame of the organization					B Emplo	ver identifi	cation number	er
	DALLAS JEWISH COMMUNITY FOUNDATION					1	2836123		
<u>c</u> ι	Unrelated business activity code (see instructions) 211130					<b>D</b> Seque	nce:	1 of	1
<u>E [</u>	Describe the unrelated trade or business INVESTMENT	•			-				
Pa	TI Unrelated Trade or Business Income		(A) In	come		(B) Expe	nses	(C)	Net
	<del></del>	1							
	Gross receipts or sales								
b	Less returns and allowances c Balance	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form	4-							
	1120)). See instructions	4a							
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b 4c						<del>                                     </del>	
C 5	Capital loss deduction for trusts  Income (loss) from a partnership or an S corporation (attach	40							
5	statement) STATEMENT 1	5		14,6	41.				14,641.
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
Ū	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13		14,6	41.				14,641.
Pai	† II Deductions Not Taken Elsewhere See instructi	ons foi	r limitatio	ns on	dedu	ctions De	eduction	ns must be	à.
ı u	directly connected with the unrelated business in		mmacic	,,,,,	acaa	0110110. D	Jaaotioi	io made be	•
	<u> </u>							_	
1	Compensation of officers, directors, and trustees (Part X)						1		
2	Salaries and wages								
3	Repairs and maintenance								
4	Bad debts								
5	Interest (attach statement). See instructions								
6	Taxes and licenses						. 6	-	
7	Depreciation (attach Form 4562). See instructions						-	1	
8	Less depreciation claimed in Part III and elsewhere on return						8b	-	
9	Depletion								
10	Contributions to deferred compensation plans								
11	Employee benefit programs								
12 13	Excess exempt expenses (Part VIII)								
13 14	Excess readership costs (Part IX)  Other deductions (attach statement)								
15	, , , , , , , , , , , , , , , , , , , ,								0.
16	Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. S						13		
.5	column (C)						16		14,641.
17	Deduction for net operating loss. See instructions								0.
								†	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

17 18

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on		1 490 2
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	l Personal Propert	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				_
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_ 5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)		0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). Cl	neck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	<u> </u>	0.
				T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thi				0.
11	Total dividends-received deductions included in line	10			0.

	ile A (Form 990-T) 2022		avaldias and Di	anda far		1 A A					Page 3
Part	VI Interest, Annu	uities, R	oyaities, and Re	ents fror	n Control		<u> </u>	,	e instruct		
							xempt Contro				
	1. Name of controlle	d	2. Employer		unrelated	l	al of specified		rt of colur		Deductions directly
	organization		identification		ne (loss)	payn	nents made		included olling orga	niza-	connected with
			number	(see ins	structions)				gross inc		income in column 5
(1)											
2)											
(3)											
4)											
			No	nexempt (	Controlled O	ganizati	ons				
7	. Taxable Income	8.	Net unrelated	<b>9.</b> To	otal of specif	ied	<b>10.</b> Part	of colur	nn 9	<b>11</b> . D	Deductions directly
		ir	come (loss)	pa	yments mad	е	that is inc			c	onnected with
		(see	e instructions)				controlling	organiz incom		inco	ome in column 10
(1)											
(2)											
(3)											
4)											
/							Add colum	ns 5 ar	nd 10.	Add	columns 6 and 11.
							Enter here				here and on Part I,
							line 8, c	column	(A)	lin	ne 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee insti	ructions)		
		cription of		( )( ),	2. Amou		3. Deduction		<b>4.</b> Set-	asides	5. Total deductions
					incon		directly conn		(attach st		
							(attach stater	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
,					Add amou	ınts in					Add amounts in
					column 2						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B)
Totals						0.					0.
Part	VIII Exploited E	xempt /	Activity Income,	Other 1	han Adve	ertisino	Income	see ins	tructions)		
1	Description of exploite			,			,	000 1110	iti dotionoj		
2	Gross unrelated busin	•		ness Ente	r here and o	n Part I	line 10 colum	n (A)		2	
3	Expenses directly con						•				
J	•		="							3	
4	line 10, column (B) Net income (loss) from	unrelated	trade or business	Subtract lie	ne 3 from line		nain completo			•	
7	'						-			4	
5	Gross income from ac		e not unrelated busi							5	
										6	
6 7	Expenses attributable Excess exempt expen										
'	4 Enter here and on F			, but do no	or enter more	ז וומוו נו	ie alliourit off f	ıı ı <del>C</del>		,	
	4 Cinecipere and on F	- ALL II III II	17								

Schedule A (Form 990-T) 2022

Part 1	ule A (Form 990-T) 2022				Page 4
4					
	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a d	consolidated basis	S.	
	A				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the				
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	·		·	0.
_	, taa ootaao, t aoog 2 . 2oooo aa o	(=)			
4	Advertising gain (loss). Subtract line 3 from lin	no [			
7		ile			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
_	Add line 8, columns A through D. Enter the g	· · · · · · · · · · · · · · · · · · ·	al or zoro boro on	d on	
а	-	reater of the line ba, columns to	ai or zero nere am	u on	0.
Part	X Compensation of Officers, Di	rootors and Trustoss (			••
rait	Compensation of Officers, Di	sectors, and musices (so	ee instructions)	T T	
				3. Percentage	4. Compensation
	<b>1.</b> Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
				%	
(2)					
(2)				%	
(2) (3)				% %	
(2)					
(2) (3) (4)	. Enter here and on Part II, line 1				0.
(2) (3) (4) Total	Enter here and on Part II, line 1	oo instructions)			0.
(2) (3) (4)		ee instructions)			0.
(2) (3) (4)		ee instructions)			0.
(2) (3) (4) Total		ee instructions)			0.
(2) (3) (4) Total		ee instructions)			0.
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(2) (3) (4) Total		ee instructions)			0.
(2) (3) (4)		ee instructions)			0.
(2) (3) (4) Total		ee instructions)			0.
(2) (3) (4) Total		ee instructions)			0.

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
ENERGY TRANSFER LP - ORDINARY BUSINESS INCOME (LOSS) ENERGY TRANSFER - ORDINARY BUSINESS INCOME (LOSS)		15,323. -682.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		14,641.