** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑI	For the	2022 calendar year, or tax year beginning $AUG 1$, 2022 and e	ل nding	UL 31, 202.	3				
B	Check if applicable	C Name of organization		D Employer identi	fication number				
	Addres change	JEWISH FEDERATION OF GREATER DALLAS							
	Name change	Doing business as		75-0800	654				
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 7800 NORTHAVEN ROAD	Room/suite	E Telephone numb					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 14,518,535.					
	Ameno return	ed DALLAS, TX 75230		H(a) Is this a group					
	Application	F Name and address of principal officer: IGOR ALTERMAN		for subordinates? Yes X No					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No				
1 -	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instructions				
	Websit		1	H(c) Group exempt					
		organization: X Corporation Trust Association Other	L Year	of formation: 1911	M State of legal domicile: TX				
Pa	art I	Summary	TWITCH		I OE ODEAMED				
é	1 .	Briefly describe the organization's mission or most significant activities: $\ \ \overline{ ext{THE}} \ \ \overline{ ext{J}}$							
Governance		Check this box if the organization discontinued its operations or dispose			•				
/er	3	· · ·		1	1				
် ဗ	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)							
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)							
ţį	6	Total number of violunteers (estimate if necessary)							
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12							
Ą	l 'h	Net unrelated business taxable income from Form 990-T, Part I, line 11			_				
				Prior Year	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)		12,828,409	. 13,683,499.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0					
e e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		551,513	483,003.				
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-90,687	-144,661.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,289,235	. 14,021,841.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,339,491	5,228,855.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	0.				
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,014,093	3,061,690.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.				
x be	. b	Total fundraising expenses (Part IX, column (D), line 25) 958,79	9.						
Ω̈́	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,610,267					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,963,851					
		Revenue less expenses. Subtract line 18 from line 12		2,325,384					
SOF	3			ginning of Current Year					
Sset	20	Total assets (Part X, line 16)		19,263,014					
Net Assets or	21	Total liabilities (Part X, line 26)		7,762,130					
Z:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		11,500,884	. 13,664,500.				
			and atatama	nto and to the heat of r	my knowledge and halief it is				
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules a t, and complete. Declaration of preparer (other than officer) is based on all information of whic			ily kilowieuge allu bellel, it is				
uue	, 601166	t, and complete. Decial ation of preparer (other than officer) is based on an information of which	un preparei	lias ally kilowieuge.					
Sig	n	Signature of officer		L Date					
Jiy Her		IGOR ALTERMAN, PRESIDENT AND CEO							
He	•	Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTIN									
	parer	Firm's name WEAVER AND TIDWELL, LLP	ľ	0011 01111	loyed <u>P01435955</u> 75-0786316				
	Only	Firm's address 2300 N. FIELD ST., STE. 1000							
	•	DALLAS, TX 75201		Phone no. 9	72.490.1970				
Ma	y the IF	S discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE JEWISH FEDERATION OF GREATER DALLAS COORDINATES AND IMPLEMENTS
	FUNDRAISING, SOCIAL PLANNING, LEADERSHIP DEVELOPMENT AND COMMUNITY
	RELATIONS FOR THE JEWISH COMMUNITY LOCALLY & ABROAD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5, 319, 135. including grants of \$5, 048, 276.) (Revenue \$)
	ALLOCATIONS TO NATIONAL, INTERNATIONAL AND LOCAL AGENCIES: ALLOCATIONS
	TO NATIONAL, INTERNATIONAL, AND LOCAL AGENCIES ARE GIFTS AND GRANTS
	MADE BY THE FEDERATION TO VARIOUS AGENCIES AND ORGANIZATIONS IN
	FULFILLMENT OF THE FEDERATION'S MISSION.
41-	(Code:) (Expenses \$ 1,776,530 • including grants of \$ 5,895 •) (Revenue \$)
4b	
	COMMUNITY ENGAGEMENT: A MAIN COMPONENT OF THE MISSION OF THE FEDERATION
	IS TO BUILD COMMUNITY IN ADDITION TO RAISING AND ALLOCATING FUNDS.
	THROUGH ENGAGEMENT OF HUNDREDS OF VOLUNTEERS ACROSS VARIOUS DEPARTMENTS
	OF THE FEDERATION, THE FEDERATION INSPIRES AND CONNECTS COMMUNITY
	MEMBERS WHO MIGHT OTHERWISE NOT BE ACTIVELY INVOLVED IN THE ORGANIZED
	JEWISH COMMUNITY INCLUDING THE CAMPAIGN DEPARTMENT, ISRAEL AND
	OVERSEAS, PLANNING AND ALLOCATIONS, FINANCE, COMMUNITY SECURITY
	INITIATIVE, AND OTHERS.
4c	(Code:) (Expenses \$ 615,226 • including grants of \$
	MISSIONS, ISRAEL AND OVERSEAS: THE MISSION, ISRAEL AND OVERSEAS PROGRAM
	WORKS TO BUILD AWARENESS AND MOMENTUM IN DALLAS AROUND THE CASE FOR
	ISRAEL AND OVERSEAS BY MAINTAINING LIVING CONNECTIONS BETWEEN DALLAS
	AND JEWISH COMMUNITIES IN ISRAEL AND AROUND THE WORLD. ISRAEL AND
	OVERSEAS INITIATIVES CREATE MEANINGFUL PROGRAM, TRAVEL, AND ENGAGEMENT
	OPPORTUNITIES FOR THE DALLAS COMMUNITY. MISSIONS INCLUDE PROGRAMS AND
	TRIPS SPONSORED BY THE FEDERATION TO EXPLORE JEWISH LIFE IN OTHER
	COMMUNITIES, ISRAEL AND OTHER COUNTRIES, AND TO ADDRESS ONGOING
	COMMUNCAL NEEDS BY RECRUITING AND EDUCATING YOUNG MEN AND WOMEN TO BE
	ACTIVE AND EFFECTIVE PARTICIPANTS IN THE JEWISH COMMUNITY IN THE YEARS
	TO COME.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,800,096 • including grants of \$ 98,364 •) (Revenue \$)
4e	Total program service expenses 9,510,987.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	<u> </u>
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		X
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		<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Pa	rt IV Checklist of Required Schedules (continued)	051		age -
			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	├
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	245		x
L	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		1
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
20	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	120		
21	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ū	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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>	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 42			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2022)

(gambling) winnings to prize winners?

022) JEWISH FEDERATION OF GREATER DALLAS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 36								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х					
5а	, , , , , , , , , , , , , , , , , , , ,								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
C	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 21					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against								
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b									
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	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							
	If "Yes," complete Form 6069.								

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 1a 37									
	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									
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										
6	Did the organization have members or stockholders?	6		X						
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:									
	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.)									
	This cooler brogatale information about policies for required by the internal florence 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							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
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)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	,,								
	X 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	financ	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									
	ODESSA BEVERLY-JOHNSON - 214-369-3313									
	7800 NORTHAVEN ROAD, DALLAS, TX 75230									

Form **990** (2022)

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)	I	inzu) C)	рсп	ioati	(D)	(E)	(F)
Name and title	Average	(do no		Posi heck i			one	Reportable	Reportable	Estimated
	hours per week			ss per nd a di				compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	ao			ited		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tr	tional		nploye	st con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) IGOR ALTERMAN	40.00									
PRESIDENT & CEO				Х				176,309.	0.	21,117.
(2) DONNA OSTROWER	40.00									
CHIEF DEVELOPMENT OFFICER					Х			186,992.	0.	9,798.
(3) RABBI MORDECHAI HARRIS	40.00									
CHIEF IMPACT OFFICER						X		110,716.	0.	47,500.
(4) ODESSA BEVERLY-JOHNSON	40.00									
DIRECTOR OF FINANCE AND BUSINESS OPE				Х				104,902.	0.	21,118.
(5) WILLIAM HUMPHREY	40.00									
DIRECTOR OF COMMUNITY SECURITY						Х		107,243.	0.	13,630.
(6) LANCE YEAMAN	40.00							105 105		
CHIEF OPERATING OFFICER				Х				106,427.	0.	7,822.
(7) JEFFREY BECK	2.00								_	
BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(8) SHIVA BECK	2.00								_	
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(9) MICHELLE BERGER	2.00	37							_	_
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(10) CANDY BROWN	2.00	v						0.	0.	_
BOARD OF DIRECTORS	2.00	Х						0.	0.	0.
(11) SUSAN CEDARS BOARD OF DIRECTORS	2.00	Х						0.	0.	_
(12) MENDEL DUBRAWSKY	2.00	Λ						0.	0.	0.
BOARD OF DIRECTORS	2.00	Х						0.	0.	0.
(13) CYD FREIDMAN	2.00	Λ						0.	0.	<u></u>
BOARD OF DIRECTORS	2.00	Х						0.	0.	0.
(14) MARSHALL FUNK	2.00	21						•	<u> </u>	<u>.</u>
BOARD OF DIRECTORS	2:00	Х						0.	0.	0.
(15) ROBERT GIBBS	2.00							· ·	•	<u> </u>
BOARD OF DIRECTORS		х						0.	0.	0.
(16) JULIE HAYMANN	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(17) GRANT HERLITZ	2.00								-	
BOARD OF DIRECTORS		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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Form **990** (2022)

Part VII Section A. Officers, Directors, Trust	tees. Kev Emr	olov	ees.	and	Hic	ahes	t C	ompensated Employee	S (continued)	
(A)	(B)		,	((J		(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) STEPHANIE HIRSH	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(19) JOSHUA HOCHSCHULER	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(20) PERRY KAUFMAN	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(21) SHARRON LAIZEROVICH	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(22) ANITA LESTER	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(23) DANIEL LEVITAN	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(24) DEBBI LEVY	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(25) YURY MINTSKOVSKY	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(26) DANIEL MORENOFF	2.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
1b Subtotal								792,589.	0.	120,985.
c Total from continuation sheets to Part VII	, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								792,589.	0.	120,985.

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
3	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	3		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		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.

the organization: report compensation for the eatendar year ending with or within	in the organization of tax year.			
(A) Name and business address	(B) Description of services	(C) Compensation		
ELLEN J CHERNACK				
100 WEST LANDING, WILLIAMSBURG, VA 23185	INTERIM CEO	101,188.		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

6

Form 990 JEWISH FI	EDERATIO	N	OF	' G	RE	ŀΑΤ	ER	DALLAS	75-080	0654
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	•			(check all that apply)			compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				d em		(W-2/1099-MISC)	(***2/1099-101130)	organization
	related	tee or	stee			en sa te		(** = /* *******************************		and related
	organizations	Itrus	nal tru		loyee	om pe				organizations
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Pul	ısı	JJ0	Ke	ij	For			
(27) LISA NEWMAN	2.00	J								
BOARD OF DIRECTORS		Х						0.	0.	0.
(28) DANIEL PRESCOTT	2.00	ļ								
BOARD OF DIRECTORS	1.00	Х						0.	0.	0.
(29) SHANE STEIN	2.00	ļ								
BOARD OF DIRECTORS	0.00	Х	_	_				0.	0.	0.
(30) ARI SUNSHINE	2.00	ļ							_	_
BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(31) CATHY SWEET BROOK	2.00	 						_	_	_
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(32) BENJAMIN WEINSTEIN	2.00	٠,							_	
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(33) SHARON WISCH-RAY	2.00	₩.							_	_
BOARD OF DIRECTORS (34) LOUIS ZWEIG	2 00	Х						0.	0.	0.
BOARD OF DIRECTORS	2.00	x						0.	0.	0.
(35) WILLIAM FINKELSTEIN	2.00	^						J .	U •	ļ .
BOARD CHAIR	1.00	х		х				0.	0.	0.
(36) PAM FINE	2.00	┢		_				0.	<u> </u>	
VICE CHAIR	2.00	X		х				0.	0.	0.
(37) SHERRY GOLDBERG	2.00								<u></u>	
VICE CHAIR	2.00	X		х				0.	0.	0.
(38) JEFFREY WHITMAN	2.00			 ^ `					_	
VICE CHAIR	2.00	Х		х				0.	0.	0.
(39) DIA EPSTEIN	2.00	 						· ·	•	ļ .
TREASURER		Х		х				0.	0.	0.
(40) KEVIN PAILET	2.00	T-		T-					3.	
SECRETARY		x		x				0.	0.	0.
(41) A. J. ROSMARIN	2.00	1								
IMMEDIATE PAST CHAIR	1.00	Х		Х				0.	0.	0.
(42) DORIS HAYMANN	2.00									
BOARD CHAIR ELECT		Х		Х				0.	0.	0.
(43) MICHAEL NEWMAN	2.00									
OF COUNSEL		Х	L	Х				0.	0.	0.
		<u> </u>								
]								
		1								
Total to Part VII, Section A, line 1c										<u> </u>

Form 990 (2022) JEWISH
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a	response o	or note to any lin	e in this Part VIII			
			Check ii Conedaic C Cone	<u> </u>	тоороное с	n note to any iin	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
	_		a Federated campaigns 1a							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1									
Sra Iou			Membership dues		1b					
s, (Am			Fundraising events		1c	117,500.				
Sift lar		d	Related organizations		1d					
s, (mil		е	Government grants (contributi	ons)	1e					
Ö		f	All other contributions, gifts, grant	ts, and						
bel			similar amounts not included above	/e	1f	13,565,999.				
ള		a	Noncash contributions included in lines 1		1g \$					
o d		_	Total. Add lines 1a-1f	·u ··	. 		13,683,499.			
<u> </u>		<u></u>	Total / (dd lines fu fi			Business Code	, , ,			
_	_	_				Buomicoo Couc				
Program Service Revenue	2	a								
		b								
n S		С								
ran Sev		d								
.og		е	-							
P.		f	All other program service reve	nue .						
		g	Total. Add lines 2a-2f							
	3		Investment income (including							
							209,949.			209,949.
	4		Income from investment of tax							
	5		Royalties		-					
	3		noyaities		i) Real	(ii) Personal				
	_			<u> </u>	11,260.	(ii) i cisoriai				
	6		Gross rents 6a	†						
			Less: rental expenses 6b		0.					
		С	Rental income or (loss) 6c		11,260.					
		d	Net rental income or (loss)				11,260.			11,260.
	7	а	Gross amount from sales of	(i) S	Securities	(ii) Other				
			assets other than inventory 7a		552,957.					
		b	Less: cost or other basis							
<u>o</u>			and sales expenses 7b		279,903.					
auc		_	Gain or (loss) 7c		273,054.					
Revenue							273,054.			273,054.
ت R	_		Net gain or (loss)				273,031.			273,031.
ther	8	а	Gross income from fundraising ev	,	I					
ð			including \$117		- 1					
			contributions reported on line	,	I					
			Part IV, line 18		8a	60,834.				
		b	Less: direct expenses		8b	216,791.				
		С	Net income or (loss) from fund	raisin	g events		-155,957.			-155,957.
	9	а	Gross income from gaming ac	tivities	s. See					
			Part IV, line 19		I .					
		h	Less: direct expenses							
			Net income or (loss) from gam							
	40		` , •	J						
	10	а	Gross sales of inventory, less							
			and allowances							
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from sales	s of in	ventory					
_ω						Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS REVENUE			900099	36.			36.
ine Dug		b								
ella		С								
Sci			All other revenue							
Σ			Total. Add lines 11a-11d				36.			
	12						14,021,841.	0.	0.	338,342.
00000			Total revenue. See instructions					ı		Form 990 (2022)
23200	9 12	- 13-	44							1 01111 230 (2022)

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,228,855.	5,228,855.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	650 570	202 252	204 017	74 500
	trustees, and key employees	650,578.	282,053.	294,017.	74,508
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 016 116	1 462 042	141 116	411 157
7	Other salaries and wages	2,016,116.	1,463,843.	141,116.	411,157
8	Pension plan accruals and contributions (include	10 060	E EVE		4 EC3
_	section 401(k) and 403(b) employer contributions)	10,068.	5,505. 116,754.	6,011.	4,563 37,709 42,598
9	Other employee benefits	160,474. 224,454.	146,407.	35,449.	37,703 42 F09
0	Payroll taxes	224,434.	140,407.	33,449.	44,390
1	Fees for services (nonemployees):				
а					
b	<u> </u>	61,866.	29,169.	22,325.	10,372
C	9	01,000.	29,109.	22,323.	10,372
	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
y	column (A), amount, list line 11g expenses on Sch 0.)	605,309.	287,632.	215,925.	101,752
2	Advertising and promotion	45,585.	26,914.	4,178.	14,493
3	Office expenses	91,514.	48,308.	20,708.	22,498
3 4	Information technology	168,197.	51,322.	73,516.	43,359
4 5	Royalties	100,157.	31,322.	73,310.	40,000
6	Occupancy	317,251.	139,930.	148,400.	28,921
7	Traval	10,006.	9,633.	220.	153
8	Payments of travel or entertainment expenses		2,0001		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	81,141.	62,047.	12,981.	6,113
0	Interest	,	,	,	-,
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	220,357.	161,384.	24,947.	34,026
3	Insurance	55,215.	32,755.	13,260.	9,200
4	Other expenses. Itemize expenses not covered			, i	
	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.)				
а	DAD DEDE EXPENSE	605,326.	490,720.	60,650.	53,956
b	MISSIONS	469,491.	417,719.		51,772
С	DITEG AND GUDGODIDUTONG	459,693.	457,470.	1,021.	1,202
d	WE COLL I MILLOUIC DUDDINGES	90,662.	44,404.	37,646.	8,612
е	All other expenses	86,857.	8,163.	76,859.	1,835
5	Total functional expenses. Add lines 1 through 24e	11,659,015.	9,510,987.	1,189,229.	958,799
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022)
Part X | Balance Sheet

Pai	art X Balance Sheet						
		Check if Schedule O contains a response or note	to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-181.	1	-20,408.		
	2	Savings and temporary cash investments			5,844,970.	2	6,262,550.
	3	Pledges and grants receivable, net			5,808,828.	3	6,980,854.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these	person	s		5	
	6	Loans and other receivables from other disqualifie	d perso	ons (as defined			
		under section 4958(f)(1)), and persons described in	n sectio	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			75,517.	9	43,993.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,222,661.			
	b	Less: accumulated depreciation	10b	1,945,997.	1,224,679.		1,276,664.
	11	Investments - publicly traded securities			6,263,901.	11	7,034,289.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		45 200	14	20 404	
	15	Other assets. See Part IV, line 11			45,300.	15	30,404.
	16	Total assets. Add lines 1 through 15 (must equal			19,263,014.	16	21,608,346.
	17	Accounts payable and accrued expenses	1,001,138.	17	982,181.		
	18	Grants payable		6,681,042.	18	6,613,057.	
	19	Deferred revenue				19	212,758.
	20	Tax-exempt bond liabilities		0.11.1. D		20	
	21	Escrow or custodial account liability. Complete Pa				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar				00	
Lia I	00	controlled entity or family member of any of these				22	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya				24	
	23	parties, and other liabilities not included on lines 1					
		of Schedule D			79,950.	25	135,850.
	26	Total liabilities. Add lines 17 through 25			7,762,130.	26	7,943,846.
		Organizations that follow FASB ASC 958, check	k here	X	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 70 20 70 20 1
es		and complete lines 27, 28, 32, and 33.					
anc	27	• • • •			8,213,828.	27	9,453,072.
Bala	28				3,287,056.	28	4,211,428.
힏		Organizations that do not follow FASB ASC 958					
Ξ		and complete lines 29 through 33.	,	_			
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equi				30	
Ass	31	Retained earnings, endowment, accumulated inco		Г		31	
Net Assets or Fund Balances	32				11,500,884.	32	13,664,500.
	33				19,263,014.	33	21,608,346.
			•		-		Form 990 (2022)

Form **990** (2022)

Form 990 (2022)

	1990 (2022) GEWIDH FEDERATION OF GREATER DADIES	7.5	0000	7034	Pa	ige •
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	1,02	1,8	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	.,65	9,0	15.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	3,36	2,8	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	.,50	0,8	84.
5	Net unrealized gains (losses) on investments	5		-19	9,2	10.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	3,66	4,5	00.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			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 Sche	edule C).			
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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		lit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number

75-0800654

OMB No. 1545-0047

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

Pa	rt II Support Schedule for	_		-			-
	(Complete only if you checke fails to qualify under the tests			-	n failed to qualify u	ınder Part III. If the	e organization
Se	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2515	(2) 2010	(0) 2020	(4) 2521	(6) 2022	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	11551226.	12910924.	11523447.	12828409.	13683499.	62497505.
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	11551226.	12910924.	11523447.	12828409.	13683499.	62497505.
5	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)						325,390.
	Public support. Subtract line 5 from line 4.						62172115.
Se	ction B. Total Support					_	_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	11551226.	12910924.	11523447.	12828409.	<u> 13683499.</u>	62497505.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1-0-00-	400 655		0-0-040		
	and income from similar sources	153,997.	128,655.	95,722.	258,240.	221,209.	857,823.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		04 500	04 400	00 016	2.5	105 105
	assets (Explain in Part VI.)		21,700.	81,433.	22,016.	36.	125,185.
	Total support. Add lines 7 through 10						63480513.
	Gross receipts from related activities					12	
13	First 5 years. If the Form 990 is for the	-					
20	organization, check this box and sto	p here	oontogo				<u></u>
	ction C. Computation of Publ						97.94 %
	Public support percentage for 2022 (14	
	Public support percentage from 202					15	
102	33 1/3% support test - 2022. If the						₹
	stop here. The organization qualifies		~				
ľ	33 1/3% support test - 2021. If the			- 4			
47-	and stop here. The organization qua	•					
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact					_	
L	meets the facts-and-circumstances to 10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets t	-					10/001
	e, and it are organization inlocts t	racio anta on outi	,	S Son and S	LAPIUII II		

Schedule A (Form 990) 2022

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to 						
include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to 						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to					1	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to						
 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to 						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
iness under section 513 Tax revenues levied for the organization's benefit and either paid to						
Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
		1		I	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(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						
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 th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

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")? |f "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?
- 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).
- 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
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forn	n aan)	2022

232024 12-09-22

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

75	-0	80	06	54	Page 6
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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
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		
Sect	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):			
а	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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

J:	EWISH FEDERATION OF GREATER DALLAS	75-0800654					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
<u></u>							
• •	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin y one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are get the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	nd that received from any one					
contributor, durin	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						
• •	b) instead of the contributor name and address), II, and III.	Ü					
year, contribution is checked, enter purpose. Don't co	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\$						
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (le 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Pfing 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

JEWISH FEDERATION OF GREATER DALLAS

75-0800654

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$20,000.	Person X Payroll
(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 Oncash 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.)

Name of organization Employer identification number

JEWISH FEDERATION OF GREATER DALLAS

75-0800654

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223453 11-15.			Schedule B (Form 990) (2022)

Name of organization **Employer identification number** JEWISH FEDERATION OF GREATER DALLAS 75-0800654 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 (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 (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)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number 75-0800654

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b				_		
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	/ / //		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		h a Oi-sail a A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

	t III Organizations Maintaining Col	lections of Art	t, Hist	orical Tre	asures, o	r Other	Simila	Assets	Continu	r age — red)
3	Using the organization's acquisition, accession								(OOTTERITE	
•	collection items (check all that apply):	,	,				,			
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			nango progre					
c	Preservation for future generations	J								
4	Provide a description of the organization's colle	ections and explain	how th	ev further th	ne organizatio	nn's exem	nt nurno	se in Part	XIII	
5	During the year, did the organization solicit or re	•		•	-			oo iirr art	7.III.	
Ū	to be sold to raise funds rather than to be main								Yes	☐ No
Par	t IV Escrow and Custodial Arrange									110
	reported an amount on Form 990, Part) to 11 till	organizatio	ii anowerea	100 0111	01111 000	, r arriv,		
	Is the organization an agent, trustee, custodian	•	iary for o	contributions	s or other ass	sets not in	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII an								00	
	ii ree, explain the arrangement iiir are xiii an	a complete the lon	lowing t	abio.					Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Forr								Yes	No
	If "Yes," explain the arrangement in Part XIII. Cl						•		_	
Par										
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four v	/ears back
1a	Beginning of year balance	. ,							. ,	<u> </u>
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	nt vear end balance	e (line 1	a. column (a))) held as:	<u> </u>			ı	
a	Board designated or quasi-endowment	it your one balance	% %	y, 001011111 (a)	,, 11014 40.					
b	Permanent endowment	%	_/~							
	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	tion tha	t are held ar	nd administer	red for the)			
	organization by:	·-·· -· · ··· -· · 9- ····							[·	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the or									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered "	Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X, Ii	ine 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
	,	basis (investm		basis	(other)	dep	reciation			
1a	Land									
	Buildings			1,86	4,815.	1,2	32,6	25.	632	,190.
С	Leasehold improvements				1,881.		60,2			,631.
	Equipment			69	8,204.	4	51,18	37.		,017.
	Other			20	7,761.	2	01,9		5	,826.
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part	X. colun	nn (B). line 1	0c.)				1,276	,664.

Schedule D (Form 990) 2022

Schodulo D /Form 000\ 2002 .TFWT SH FFDFF	RATION OF GREA	\TPD DAT.I.AG 75	-0800654 Page 3
Schedule D (Form 990) 2022 JEWISH FEDER Part VII Investments - Other Securities.	MIION OF GREE	TIER DALLIAS 13	-0000054 Page C
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	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-vear market value
	(b) Book value	(c) morned of valuation. Cook of one	or your market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must equal Form 000, Port V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	I1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof-year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	1-01-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.			
	Farma 000 Dart IV line 1	III Cas Farms 000 Bart V line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(L) D. al
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
<u>(1)</u>			
(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" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) AGENCY LIABILITIES DUE TO			40-0
(3) ASSOCIATED AGENCIES			135,850.
(4)			i

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

(5) (6) (7) (8)

Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	Г	
Total revenue, gains, and other support per audited financial statement	ents	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I	line 12.)	5	
	art IV, line 12a.	1	
Total expenses and losses per audited financial statements	1 1	1	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		1	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	1	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c	1	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2a 2b 2c 2d		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2a	2e 3	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	2e 3	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	2a 2b 2c 2d 4a 4b	2e 3	
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII) Supplemental Information.	2a 2b 2c 2d 2d 4a 4b 4b	2e 3 4c 5	Dart VI
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a 2b 2c 2d 4a 4b 4b 1. line 18.)	2e 3 4c 5	Part XI,

PROVISION OR LIABILITY HAS BEEN REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS FASB ASC TOPIC ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER THIS ASC TOPIC, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THIS ASC TOPIC HAD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS. THE

ORGANIZATION DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT 232054 09-01-22

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Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Schedule G (Form 990) 2022

Go to	o www.irs.gov/Form990 for instruc	tions	and tr	ne latest information	າ.		mapeedion
Name of the organization JEWISH	FEDERATION OF GREAT	ΓER	DAI	LLAS		Employer ide	ntification number 654
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	ı Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from req	gistration

232081 10-27-22

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

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PACESETTER EVENT	77 7 T2 7 T2 7 T2 7 T T T T T T T T T T	1	(add col. (a) through
			(event type)	YAD EVENT (event type)		col. (c))
ine			(CVCIII Type)	(event type)	(total number)	
Revenue	1	Gross receipts	98,700.	47,532.	32,102.	178,334.
	2	Less: Contributions	67,500.	35,000.	15,000.	117,500.
	3	Gross income (line 1 minus line 2)	31,200.	12,532.	17,102.	60,834.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	18,989.	18,564.	6,588.	44,141.
ect Ex	7	Food and beverages	57,182.	23,442.	9,290.	89,914.
ă	8	Entertainment	26,023.	3,176. 5,363.	12,351.	41,550.
	9	Other direct expenses	22,968.	5,363.	12,855.	41,186.
	10 11	Direct expense summary. Add lines 4 through				216,791. -155,957.
Pa	rt I			990. Part IV. line 19. or r		133,337.
		\$15,000 on Form 990-EZ, line 6a.		, ,	•	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	Yes%	Yes%	
	6	Volunteer labor	No No	□ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_	-1-10		
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 JEWISH FEDERATION OF GREATER DALLAS 75-0	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.5.5	
•	Enter the hame and address of the person who propares the organization organization organization.		
	Name		
	- Name		-
	Address		
	Address		
45.	Does the examination have a contract with a third party from whom the examination receives coming revenue?	Yes	No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	165	
Ľ	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	☐ No
K.	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Dа	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	urt III. linnan O. I	0h 10h
1 u		rt III, IIIIes 9, s	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			<u>.</u>

Schedule G	G (Form 990)	JEWISH	FEDERATION	OF	GREATER	DALLAS	75-0800654	Page 4
Part IV	G (Form 990) Supplemental Infori	mation (con	tinued)					
		(COII	unacaj					
-								
-								
-								
-								

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.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number
75-0800654

or government (if applicable) cash grant noncassista AARON FAMILY JEWISH COMMUNITY CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 501(C)(3) 725,000. AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE		Part IV, line 21, for any of (h) Purpose of grant
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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant noncassista. AARON FAMILY JEWISH COMMUNITY CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 501(C)(3) 725,000. AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE	e if the organization answered "Yes" on Form 990, F nount of valuation (book, FMV, appraisal, fathers	Part IV, line 21, for any of (h) Purpose of grant
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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant noncassista. AARON FAMILY JEWISH COMMUNITY CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 501(C)(3) 725,000. AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE	e if the organization answered "Yes" on Form 990, F nount of valuation (book, FMV, appraisal, fathers	of (h) Purpose of grant
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amonocassista AARON FAMILY JEWISH COMMUNITY CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 501(C)(3) 725,000.	nount of valuation (book, FMV, appraisal,	of (h) Purpose of grant
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amonocassista AARON FAMILY JEWISH COMMUNITY CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 75-1461847 75-1461847 75-1461847	valuation (book, noncash assistan	
or government (if applicable) cash grant noncassista AARON FAMILY JEWISH COMMUNITY CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 501(C)(3) 725,000. AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE	valuation (book, noncash assistan	
CENTER - 7900 NORTHAVEN ROAD - DALLAS, TX 75230 75-1461847 501(C)(3) 725,000. AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE		or assistance
DALLAS, TX 75230 75-1461847 501(C)(3) 725,000. AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE		
AKIBA YAVNEH ACADEMY 12324 MERIT DRIVE		
12324 MERIT DRIVE	0.	CHARITABLE GIVING
DALLAS, TX 75251 75-2113723 501(C)(3) 323,340.	0.	CHARITABLE GIVING
BIKUR CHOLIM OF DALLAS 6324 CHURCHILL WAY DALLAS, TX 75230 87-3970528 501(C)(3) 10,000.	0.	CHARITABLE GIVING
B'NAI B'RITH YOUTH ORGANIZATION 800 8TH ST NW WASHINGTON, DC 20001 61-1683401 501(C)(3) 14,000.	0.	CHARITABLE GIVING
CHABAD CENTER 6710 LEVELLAND ROAD DALLAS, TX 75252 23-7438519 501(C)(3) 45,000.	0.	CHARITABLE GIVING
CHABAD LUBAVITCH OF RICHARDSON 3316 PARKHURST LN		
RICHARDSON, TX 75082-3614 86-3225823 501(C)(3) 17,500. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	0.	CHARITABLE GIVING

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

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

Schedule I (Form 990) 2022

	4) = 1)	() 150			(6) 5.4 11 1 6		
(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
CHABAD OF FRISCO							
P.O BOX 2772							
FRISCO, TX 75035	82-4346305	501(C)(3)	7,500.	0.			CHARITABLE GIVING
COMMUNITY HOMES FOR ADULTS, INC.							
11615 FOREST CENTRAL DR #100							
DALLAS, TX 75243	75-1894451	501(C)(3)	82,500.	0.			CHARITABLE GIVING
CONGREGATION SHEARITH ISREAL							
9401 DOUGLAS							
DALLAS, TX 75225	75-0976060	501(C)(3)	10,000.	0.			CHARITABLE GIVING
,							
DALLAS HOLOCAUST AND HUMAN RIGHTS							
MUSEUM - 300 N HOUSTON ST -							
DALLAS, TX 75202	75-2113723	501(C)(3)	10,000.	0.			CHARITABLE GIVING
,			,				
DALLAS JEWISH BURIAL FUND							
6009 OAKCREST RD							
DALLAS, TX 75248	88-0667581	501(C)(3)	25,000.	0.			CHARITABLE GIVING
			·				
DALLAS JEWISH COMMUNITY FOUNDATION							
12222 MERIT DRIVE							
DALLAS, TX 75251	75-2836123	501(C)(3)	10,000.	0.			CHARITABLE GIVING
DALLAS JEWISH HISTORICAL SOCIETY							
7900 NORTHAVEN ROAD							
DALLAS, TX 75230	75-2470261	501(C)(3)	13,000.	0.			CHARITABLE GIVING
DALLAS KOSHER							
7800 NORTHAVEN ROAD	75 2714602	E01/G\/3\	30 000	0			CUADIMADI E CIVING
DALLAS, TX 75230	75-2714693	501(C)(3)	30,000.	0.			CHARITABLE GIVING
DATA OF PLANO							
3251 INDEPENDENCE PARKWAY							
PLANO, TX 75075	75-2246229	501(C)(3)	15,000.	0.			CHARITABLE GIVING

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance 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) 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
FRIENDS OF ISRAELI SCOUTS CO, INC. 575 8TH AVE, 11TH FLOOR NEW YORK, NY 10018	13-3843506	501(C)(3)	7,500.	0.			CHARITABLE GIVING
FRIENDS OF THE IDF PO BOX 4224 NEW YORK, NY 10163	13-3156445	501(C)(3)	10,500.	0.			CHARITABLE GIVING
HILLEL OF DALLAS (SMU) 16475 DALLAS PKWY STE 850 ADDISON, TX 75001	27-1028160	501(C)(3)	15,000.	0.			CHARITABLE GIVING
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE - 1920 NORTH COIT ROAD, SUITE 200314 - RICHARDSON, TX 75080	80-0501175	501(C)(3)	15,000.	0.			CHARITABLE GIVING
JEWISH CHILDREN'S REGIONAL SERVICE P. O. BOX 7368 METARIE, LA 70010	72-0408936	501(C)(3)	46,000.	0.			CHARITABLE GIVING
JEWISH FAMILY SERVICES OF DALLAS 5402 ARAPAHO ROAD DALLAS, TX 75248	75-1992728	501(C)(3)	695,000.	0.			CHARITABLE GIVING
MESORAH HS FOR GIRLS 12712 PARK CENTRAL DRIVE DALLAS, TX 75251	75-2819668	501(C)(3)	59,500.	0.			CHARITABLE GIVING
MIKVAH ASSPCIATION OF DALLAS 11700 PRESTON, SUITE 660-251 DALLAS, TX 75230	75-2360227	501(C)(3)	20,000.	0.			CHARITABLE GIVING
MOISHE HOUSE DALLAS 441 SAXONY ROAD NO BARN 2 ENCINITAS, CA 92024	26-2599786	501(C)(3)	20,000.	0.			CHARITABLE GIVING

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) 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
NCSY/JSU DALLAS							
10101 FONDREN RD. HOUSTON, TX 77071	13-5623717	501(C)(3)	25,000.	0.			CHARITABLE GIVING
RABBINIC ASSOCIATION OF GREATER DALLAS - 7023 NORTHAVEN RD -							
DALLAS, TX 75230	80-0465701	501(C)(3)	10,000.	0.			CHARITABLE GIVING
SEPHARDIC TORAH CENTER OF DALLAS 6715 LEVELLAND RD	45 0040005		10.000				
DALLAS, TX 75252	45-2912887	501(C)(3)	10,000.	0.			CHARITABLE GIVING
TEMPLE SHALOM 6930 ALPHA RD							
DALLAS, TX 75240-3698	75-1231572	501(C)(3)	17,500.	0.			CHARITABLE GIVING
TEXAS A&M HILLEL 800 GEORGE BUSH DRIVE							
COLLEGE STATION, TX 77840	74-1398514	501(C)(3)	15,000.	0.			CHARITABLE GIVING
TEXAS FRIENDS OF CHABAD-LUBAVITCH INC - 201 LIVE OAK ST - COLLEGE STATION, TX 77840	23-7278350	501(C)(3)	15,000.	0.			CHARITABLE GIVING
TEXAS HILLEL FOUNDATION (AUSTIN) 2105 SAN ANTONIO ST			,				
AUSTIN, TX 78705	52-1758802	501(C)(3)	42,500.	0.			CHARITABLE GIVING
TEXAS TORAH INSTITUTE 6506 FRANKFORD ROAD							
DALLAS, TX 75252	75-2246229	501(C)(3)	50,350.	0.			CHARITABLE GIVING
THE ANN & NATE LEVINE ACADEMY 18011 HILLCREST ROAD			,				
DALLAS, TX 75252	75-2714693	501(C)(3)	198,970.	0.			CHARITABLE GIVING

Part II Continuation of Grants and Other				Total (Boll)			
(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 FRIENDSHIP CIRCLE							
12700 PARK CENTRAL							
DALLAS, TX 75251	81-1670111	501(C)(3)	25,000.	0.			CHARITABLE GIVING
THE JEWISH FEDERATIONS OF NORTH							
AMERICA - 25 BROADWAY - NEW YORK,							
NY 10004	13-1624240	501(C)(3)	73,125.	0.			CHARITABLE GIVING
THE LEGACY SENIOR COMMUNITIES							
FOUNDATION - 6101 OHIO DR STE 100 - PLANO, TX 75024	03-0435268	501(C)(3)	400,000.	0.			CHARITABLE GIVING
1 HMO, 11 13024	03 0433200	301(0)(3)	400,000.	0.			CIMMITABLE GIVING
TORAH DAY SCHOOL OF DALLAS							
6921 FRANKFORD ROAD							
DALLAS, TX 75252	16-1626550	501(C)(3)	292,300.	0.			CHARITABLE GIVING
TORCH DALLAS							
6107 PRESTON CREST LN							
DALLAS, TX 75230-1825	86-1871089	501(C)(3)	40,000.	0.			CHARITABLE GIVING
·			·				
UNT JEWISH STUDIES PROGRAM							
1155 UNION CIRCLE #305369							
DENTON, TX 76203	75-6002149	501(C)(3)	10,000.	0.			CHARITABLE GIVING
UT CHABAD HOUSE							
2101 NUECES ST.							
AUSTIN, TX 78705	45-2530523	501(C)(3)	42,500.	0.			CHARITABLE GIVING
			, , , , , , , , , , , , , , , , , , ,				

(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 assistar
Supplemental Information. Provide the information.	tion required in Part I, lin	e 2; Part III, columi	n (b); and any other ad	Iditional information.	

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.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number 75-0800654

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 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			
	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		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:	4-		Х
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		X
8	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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable 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) IGOR ALTERMAN	(i)	176,309.	0.	0.	21,117.	0.	197,426.	0.		
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) DONNA OSTROWER	(i)	186,992.	0.	0.	9,798.	0.	196,790.	0.		
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) RABBI MORDECHAI HARRIS	(i)	110,716.	0.	0.	20,500.	27,000.	158,216.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)							1 1/5 200) 2000		

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

DESCRIPTION OF ORGANIZATION MISSION:

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

JEWISH FEDERATION OF GREATER DALLAS

LINE 1,

Employer identification number 75-0800654

LEADERSHIP DEVELOPMENT AND COMMUNITY RELATIONS FOR THE JEWISH COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: JEWISH EDUCATION: JEWISH EDUCATION ("JE") SERVES AS A RESOURCE AND CONVEYOR WITH COMMUNITY; TO ENRICH EXISTING PROGRAMS FACILITATOR, AND SERVE AS A CATALYST FOR NEW JEWISH EDUCATION INITIATIVES; AND TO PROMOTE JEWISH EDUCATION AS THE CRITICAL LINK TO ENSURING JEWISH CONTINUITY AND THE INCREASED ENGAGEMENT OF ALL MEMBERS OF THE GREATER DALLAS JEWISH COMMUNITY. JE WORKS WITH OTHER FEDERATION DEPARTMENTS PARTICULARLY IN AREAS INVOLVING EDUCATIONAL PLANNING. REVENUE \$ 0. EXPENSES \$ 572,981. 50,200. INCLUDING GRANTS OF \$ JEWISH FEDERATIONS OF NORTH AMERICA: THE JEWISH FEDERATIONS OF NORTH AMERICA IS THE INTERNATIONAL UMBRELLS ORGANIZATION FOR THE NORTH AMERICAN FEDERATIONS. THEY PROVIDE NUMEROUS SERVICES TO EACH LOCAL FEDERATION INCLUDING CONSULTING AND RECRUITMENT, MARKETING AND BRANDING GUIDELINES AND TACTICS, NATIONAL YOUNG ADULT AND WOMEN'S PHILANTHROPY MISSIONS AND VIP TRAVEL SUPPORT, LEADERSHIP DEVELOPMENT FINANCIAL RESOURCE DEVELOPMENT CONSULTING AND OTHER VITAL PROGRAMS AND SERVICES THAT ULTIMATELY BENEFIT THE ENTIRE COMMUNITY THROUGH THE SUCCESS OF THE LOCAL FEDERATIONS. EXPENSES \$ 397,586. REVENUE S INCLUDING GRANTS OF \$

JEWISH COMMUNITY RELATIONS COUNCIL: THE JEWISH COMMUNITY RELATIONS

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization JEWISH FEDERATION OF GREATER DALLAS 75-0800654 COUNCIL (JCRC) IS THE CENTRAL UMBRELLA ORGANIZATION FOR PUBLIC AFFAIRS THAT BRINGS TOGETHER JEWISH ORGANIZATIONS AND RELIGIOUS INSTITUTIONS IN THE GREATER DALLAS AREA. THE JCRC SEEKS TO DEVELOP ORGANIZED JEWISH COMMUNITY CONSENSUS ON ISSUES AFFECTING THE SECURITY AND CONTINUITY OF THE JEWISH PEOPLE AS WELL AS CONCERNS AFFECTING THE LOCAL DALLAS JEWISH COMMUNITY AND THE COMMUNITY AT LARGE. EXPENSES \$ 185,564. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PLANNING AND ALLOCATIONS: PLANNING AND ALLOCATION ACTIVITIES ARE ASSOCIATED WITH IDENTIFYING, SELECTING, AND MONITORING PROGRAMS, AGENCIES, AND ORGANIZATIONS REQUESTING AND RECEIVING ALLOCATIONS AS WELL AS ALLOCATION OF THE DOLLARS RAISED IN THE ANNUAL CAMPAIGN. EXPENSES \$ 204,659. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. COMMUNITY SECURITY: EXPENSES RELATED TO PROVIDING SECURITY TO THE CAMPUS OF THE FEDERATION AND VARIOUS OTHER COMMUNITY INITIATIVES. EXPENSES \$ 210,575. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. SHARED AND OTHER: OCCUPANCY, PROFESSIONAL SERVICES, AND OTHER EXPENSES SHARED BY THE MAJOR PROGRAMS LISTED ABOVE AND VARIOUS SMALLER PROGRAMMATIC FUNCTIONS FOR WHICH ALLOCATION TO INDIVIDUAL PROGRAMS IS NOT REASONABLY DETERMINABLE OR MATERIAL TO THE FINANCIALS STATEMENTS. EXPENSES \$ 228,731. INCLUDING GRANTS OF \$ 48,164. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: SHIVA BECK AND JEFFREY BECK HAVE A FAMILY RELATIONSHIP. SHERRY GOLDBERG AND WILLIAM FINKELSTEIN HAVE A FAMILY RELATIONSHIP.

LISA NEWMAN AND MICHAEL NEWMAN HAVE A FAMILY RELATIONSHIP.

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

Name of the organization

JEWISH FEDERATION OF GREATER DALLAS

Employer identification number 75-0800654

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION A, LINE 7B:

ALL MAJOR POLICIES AFFECTING PROCEDURES AND PERSONNEL MUST BE VOTED ON BY

THE BOARD. IN ADDITION, THE ANNUAL OPERATING BUDGET AND THE REPORTS OF

STANDING COMMITTEES SUCH AS FINANCE, AUDIT, AND PERSONNEL REQUIRE A BOARD

VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

PROFESSIONALS AND LAY LEADERSHIP ANNUALLY SIGN CONFLICTS ON INTEREST

STATEMENTS. THESE STATEMENTS ARE MAINTAINED AND KEPT ON FILE AT THE

FEDERATION OFFICE. THE POLICY IS MONITORED ON AN ONGOING BASIS BY BOTH THE

PROFESSIONALS AND BOARD OF DIRECTORS TO ENSURE THAT NO VIOLATIONS OF THE

POLICY OCCUR.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARIES OF THE CEO AND OTHER OFFICERS.

Scriedule O (Form 990) 2022	Page 2
Name of the organization JEWISH FEDERATION OF GREATER DALLAS	Employer identification number 75-0800654
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLIC	T OF INTEREST
POLICY, & FINANCIAL INFORMATION TO THE PUBLIC UPON WRITTEN	REQUEST.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

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.

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

JEWISH FEDERATION OF GREATER DALLAS Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. **Employer identification number** 75-0800654

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	(e) me End-of-year	I	(f) Direct controlling			
of disregarded entity		foreign country)			E		tity		
	-								
	1								
	_								
	-								
Part II Identification of Related Tax-Exempt Organiza	tions. Complete if the organization ar	swered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more re	elated tax-exen	npt		
organizations during the tax year.	· · ·			1			· ·		
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direct	(f) Direct controlling		(g) Section 512(b)(13) controlled	
of related organization		foreign country)	section	status (if section 501(c)(3))		entity	entity?		
NORTHAVEN CAMPUS FACILITIES CORPORATION -				331(3)(3))			Yes	No	
71-0889701, 7800 NORTHAVEN ROAD, DALLAS, TX								l	
75230	SUPPORTING	TEXAS	501(C)(3)	LINE 12B, II	N/A			X	
	_								
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		1	1	L	Schedule R (Form 99	00) 2022	

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

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

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

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

Schedule R (Form 990) 2022

1a

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

b Gift, grant, or capital contribution to related organization(s)

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

c Gift, grant, or capital contribution from related organization(s)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)				1g		X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X		
m Performance of services or membership or fundraising solicitations by related organ				1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х			
				10		X		
p Reimbursement paid to related organization(s) for expenses				1p		X		
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		X		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on wh								
(a)	(b)	(c)	(d)					
Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
	type (a-s)							
(1) NORTHAVEN CAMPUS FACILITIES CORPORATION	N	0.						
(2)								
(3)								
(4)								
(5)								
(6)								
32163 09-14-22			Schedule	R (Forn	n 990)	2022		

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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