Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01 **, 2009, and ending** 6/30 **, 2010**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

C JEWISH FEDERATION OF SAN ANTONIO
12500 N.W. MILITARY HIGHWAY #200
SAN ANTONIO, TX 78231-1871

D Employer Identification Number 74-1109662

E Telephone number (210) 302-6960

G Gross receipts $ 5,810,313.

F Name and address of principal officer HOWARD FEINBERG
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3)◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J **Website:** ► JFSATX.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1927 M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE JEWISH FEDERATION OF SAN ANTONIO IS THE COORDINATING AND CONVENING BODY DEDICATED TO BUILDING JEWISH COMMUNTY, TO NURTURING THE QUALITY OF JEWISH LIFE, AND TO SECURING A FAVORABLE JEWISH FUTURE IN SAN ANTONIO, ISRAEL AND WORLDWIDE. INSPIRED BY JEWISH RELIGIOUS TEACHINGS,

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of employees (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	72,669.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-8,684.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,303,632.	2,198,506.
	9	Program service revenue (Part VIII, line 2g)	52,435.	122,132.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-146,084.	300,921.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,017.	72,669.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,292,000.	2,694,228.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,682,325.	2,021,618.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	764,906.	816,423.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 418,112.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	566,604.	684,128.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,013,835.	3,522,169.
	19	Revenue less expenses Subtract line 18 from line 12	-721,835.	-827,941.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,204,737.	19,223,248.
	21	Total liabilities (Part X, line 26)	4,034,650.	4,336,362.
	22	Net assets or fund balances. Subtract line 21 from line 20	14,170,087.	14,886,886.

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MAY 19 2011
OGDEN, UT
IRS-OSC

Part II Signature Block

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

Sign Here

► [signature] Signature of officer — Date 5/16/11

► HOWARD FEINBERG PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► [signature] MICHAEL GARZA, CPA — Date 5/16/2011 — Check if self-employed ► [ ] — Preparer's identifying number (see instructions) P00543101

Firm's name (or yours if self-employed), address, and ZIP + 4 ► GARZA, PREIS & CO.
8415 SPEEDWAY DR.
SAN ANTONIO, TX 78230

EIN ► 74-2425513

Phone no ► (210) 341-0577

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

G16 17

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 [redacted]) (Expenses $ 2,021,618. including grants of $ 2,021,618.) (Revenue $)

GRANTS AND ALLOCATIONS ISSUED TO OTHER NONPROFIT ORGANIZATIONS. ISSUANCE OF SUMMER YOUTH CAMPERSHIPS, SCHOLARSHIPS TO NON PUBLIC HIGH SCHOOLS AND LARGELY THE ISSUANCE OF EDUCATIONAL SCHOLARSHIPS TO SECONDARY INSTITUTIONS OF LEARNING TO PROVIDE TUITION ASSITANCE TO SPECIFIC ENROLLED STUDENTS BASED ON THEIR PAST ACADEMIC PEFORMANCE AND FINANCIAL NEED.

4b (Code [redacted]) (Expenses $ 136,686. including grants of $) (Revenue $ 4,023.)

THE COMMUNITY RELATIONS COUNCIL (CRC) OF THE JEWISH FEDERATION OF SAN ANTONIO SHALL INFORM THE JEWISH AND NON-JEWISH COMMUNITY ON MATTERS, PROBLEMS AND EVENTS WHICH ARE REGARDED AS SIGNIFICANTLY AFFECTING THE LOCAL JEWISH COMMUNITY, AND SHALL MOBILIZE ACTION ON SUCH MATTERS WHEN APPROPRIATE. THE CRC SHALL INTERPRET THE POSITION AND NEEDS OF THE JEWISH PEOPLE THROUGHOUT THE WORLD FOR THE SAN ANTONIO COMMUNITY, AND SHALL FOSTER AMICABLE RELATIONSHIPS WITH AND BETWEEN OTHER RELIGIOUS, ETHNIC, RACIAL AND NATIONAL GROUPS IN THE SAN ANTONIO AREA. IT SHALL COPE IMMEDIATELY AND PROFESSIONALLY WITH PROBLEMS INVOLVING OVERT OR POTENTIAL ANTI-SEMITISM AFFECTING THE SAN ANTONIO JEWISH COMMUNITY.

4c (Code [redacted]) (Expenses $ 126,992. including grants of $) (Revenue $ 80,435.)

JEWISH EDUCATION AND SAAJE: THE PURPOSE OF THE SAN ANTONIO ASSOCIATION FOR JEWISH EDUCATION (SAAJE) IS TO ENHANCE JEWISH EDUCATION IN THE SAN ANTONIO COMMUNITY. PROGRAMS OFFERED THROUGH SAAJE INCLUDE CHAI HIGH, THE COMMUNITY HIGH SCHOOL PROGRAM; ADULT EDUCATION MINI-COURSES AND RETREATS; AND YOM LIMMUD, A COMMUNITY WIDE DAY OF LEARNING. SAAJE ALSO COORDINATES TEACHER IN-SERVICES AND FACILITATES STUDENT PROGRAMS TO VISIT ISRAEL. THE MISSION OF SAAJE IS TO PROMOTE AND ENHANCE JEWISH EDUCATION FOR THE ENTIRE JEWISH COMMUNITY. THROUGH JEWISH LITERACY AND THE TRANSMISSION OF OUR HERITAGE SAAJE SEEKS TO INCULCATE A CONCERN FOR AND COMMITMENT TO THE DESTINY AND WELFARE OF THE JEWISH PEOPLE. TOTAL PROGRAM EXPENSES: $126,992. TOTAL PROGRAM REVENUE: $80,435.

4d Other program services. (Describe in Schedule O) SEE SCHEDULE O

(Expenses $ 197,348. including grants of $) (Revenue $ 75,769.)

4e Total program service expenses ► 2,482,644.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V.*	10	X	
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI.*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* — 12 A: Yes [ ] No [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, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I.*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II.*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	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 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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If '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	X	
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		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, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
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 in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	19			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
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	23			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X	
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If 'Yes,' enter the name of the foreign country: ►					
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from other members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body.	1a 28			
b Enter the number of voting members that are independent	1b 28			
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6 Does the organization have members or stockholders?		6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O.*		9		X

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12a Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does 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?			
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	X	
b Other officers of key employees of the organization	15b		X
If 'Yes' to line 15a or 15b, describe the process in 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		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► M. GINESI, CFO 12500 NW MILITARY HIGHWAY, STE 200 SAN ANTONIO TX 78231 (210) 302-6960

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CATHY SIEGEL BOARD CHAIR	10	X		X				0.	0.	0.
GREG DAVIS VICE CHAIR	6	X		X				0.	0.	0.
MITCHELL MICHELSON VICE CHAIR	6	X		X				0.	0.	0.
ALICE VIROSLAV, MD VICE CHAIR	6	X		X				0.	0.	0.
ISRAEL FOGIEL SECRETARY	6	X		X				0.	0.	0.
HARRY LEVY IV TREASURER	6	X		X				0.	0.	0.
LISA ADELMAN DIRECTOR	2	X						0.	0.	0.
TZIPORA BAR-YADIN DIRECTOR	2	X						0.	0.	0.
AMY BENEDIKT, MD DIRECTOR	2	X						0.	0.	0.
EDDIE BLOCK, JR. DIRECTOR	2	X						0.	0.	0.
ALIZA CANTU DIRECTOR	2	X						0.	0.	0.
LAURA EHRENBERG CHESLER DIRECTOR	2	X						0.	0.	0.
ANDY COHEN DIRECTOR	2	X						0.	0.	0.
JOE DUBROFF DIRECTOR	2	X						0.	0.	0.
BRIAN FELD DIRECTOR	2	X						0.	0.	0.
CHERYL FREED DIRECTOR	2	X						0.	0.	0.
JIM HALFF DIRECTOR	2	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JASON KBOUDI, DDS DIRECTOR	2	X						0.	0.	0.
DAVID KOMET DIRECTOR	2	X						0.	0.	0.
ALLISON KUSTOFF DIRECTOR	2	X						0.	0.	0.
SUSAN NOORILY, MD DIRECTOR	2	X						0.	0.	0.
JUDY PALANS DIRECTOR	2	X						0.	0.	0.
SHARI PULMAN DIRECTOR	2	X						0.	0.	0.
MARC SCHNALL DIRECTOR	2	X						0.	0.	0.
JEFFREY SHAPIRO DIRECTOR	2	X						0.	0.	0.
LAUREN STANLEY DIRECTOR	2	X						0.	0.	0.
DICK WURZBURG DIRECTOR	2	X						0.	0.	0.
MINDI ALTERMAN EX OFFICIO DIR.	2	X						0.	0.	0.
RABBI LEONARDO BITRAN EX OFFICIO DIR.	2	X						0.	0.	0.
RABBI BARRY BLOCK EX OFFICIO DIR.	2	X						0.	0.	0.
1b Total ►								461,461.	0.	21,567.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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.

(A) Name and business address	(B) Description of Services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 1,813,189.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 385,317.				
	g Noncash contribns included in lns 1a-1f:	$ 108,115.				
	h **Total.** Add lines 1a-1f	►	2,198,506.			
PROGRAM SERVICE REVENUE		Business Code				
	2a JEWISH EDUCATION SAAJE	611600	80,435.	80,435.		
	b OTHER	611600	25,522.	25,522.		
	c INVESTMENT MANAGEMENT	525920	9,052.	9,052.		
	d COMMUNITY RELATIONS COUNC	611600	4,023.	4,023.		
	e LEADERSHIP PROGRAMS	611600	3,100.	3,100.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►	122,132.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	453,973.			453,973.
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 2,963,033.				
	b Less: cost or other basis and sales expenses	(i) 3,116,085.				
	c Gain or (loss)	(i) -153,052.				
	d Net gain or (loss)	►	-153,052.			-153,052.
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	►				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►				
	Miscellaneous Revenue	Business Code				
	11a JOURNAL ADVERTISING		72,669.		72,669.	
	b MISCELLANEOUS	611710				
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►	72,669.			
	12 **Total revenue.** See instructions	►	2,694,228.	122,132.	72,669.	300,921.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	1,992,118.	1,992,118.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	29,500.	29,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	334,664.	50,200.	184,065.	100,399.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	365,372.	77,722.	160,564.	127,086.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	66,253.	13,932.	29,324.	22,997.
10 Payroll taxes	50,134.	9,305.	24,429.	16,400.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	84,391.	15,345.	41,473.	27,573.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees	43,188.		12,091.	31,097.
g Other	63,857.	53,134.	10,723.	
12 Advertising and promotion				
13 Office expenses	61,139.	21,514.	23,107.	16,518.
14 Information technology	13,206.	2,423.	6,479.	4,304.
15 Royalties				
16 Occupancy	97,641.	17,909.	47,909.	31,823.
17 Travel	1,629.	805.	499.	325.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,809.	6,803.	7,178.	1,828.
20 Interest	6,489.		6,489.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,578.		16,578.	
23 Insurance	3,631.	665.	1,783.	1,183.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM AND EVENT EXPENSES	189,151.	139,976.	18,699.	30,476.
b PRINTING AND PUBLICATIONS	58,080.	47,757.	4,230.	6,093.
c UNCOLLECTIBLE RECEIVABLES	22,376.		22,376.	
d ORGANIZATIONAL DUES	4,261.	3,536.	715.	10.
e SEARCH AND RELOCATION OF STAFF	2,702.		2,702.	
f All other expenses.				
25 Total functional expenses. Add lines 1 through 24f	3,522,169.	2,482,644.	621,413.	418,112.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	359,961.	1	499,211.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	986,796.	3	1,129,297.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,346.	9	16,047.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 281,997.			
	b	Less: accumulated depreciation — 10b 237,979.	57,921.	10c	44,018.
	11	Investments – publicly-traded securities	8,987,295.	11	9,082,213.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,800,418.	15	8,452,462.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	18,204,737.	16	19,223,248.
LIABILITIES	17	Accounts payable and accrued expenses	50,859.	17	93,932.
	18	Grants payable	1,069,952.	18	1,251,847.
	19	Deferred revenue	8,725.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,359,189.	21	1,549,607.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	1,545,925.	25	1,440,976.
	26	**Total liabilities.** Add lines 17 through 25	4,034,650.	26	4,336,362.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	-1,354,721.	27	1,590,374.
	28	Temporarily restricted net assets	6,944,688.	28	4,195,593.
	29	Permanently restricted net assets	8,580,120.	29	9,100,919.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	14,170,087.	33	14,886,886.
	34	Total liabilities and net assets/fund balances	18,204,737.	34	19,223,248.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
JEWISH FEDERATION OF SAN ANTONIO	74-1109662

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state·

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)		
(ii) a family member of a person described in (i) above?	11g (ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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 assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► ☐

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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	3,118,328.	3,251,194.	2,952,388.	2,499,769.	2,056,005.	13,877,684.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	69,157.	163,947.	90,725.	52,435.	122,132.	498,396.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	3,187,485.	3,415,141.	3,043,113.	2,552,204.	2,178,137.	14,376,080.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	486,147.	471,256.	1,734,082.	1,033,802.	1,168,985.	4,894,272.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	486,147.	471,256.	1,734,082.	1,033,802.	1,168,985.	4,894,272.
8 **Public support** (Subtract line 7c from line 6)						9,481,808.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,187,485.	3,415,141.	3,043,113.	2,552,204.	2,178,137.	14,376,080.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	733,343.	1,003,578.	996,578.	577,953.	453,973.	3,765,425.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	733,343.	1,003,578.	996,578.	577,953.	453,973.	3,765,425.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	26,878.	28,065.	28,065.	3,482.		86,490.
13 **Total support.** (add lns 9, 10c, 11, and 12.)						18,227,995.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	52.0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	57.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)).	17	20.7 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	20.6 %

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: JEWISH FEDERATION OF SAN ANTONIO

Employer Identification number: 74-1109662

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	41	
2 Aggregate contributions to (during year)	72,113.	
3 Aggregate grants from (during year)	108,901.	
4 Aggregate value at end of year	1,654,201.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

[ ] Preservation of land for public use (e.g., recreation or pleasure)
[ ] Preservation of an historically important land area
[ ] Protection of natural habitat
[ ] Preservation of certified historic structure
[ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a).	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ►$ ______

(ii) Assets included in Form 990, Part X ►$ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ►$ ______

b Assets included in Form 990, Part X ►$ ______

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0.

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV SEE PART XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,915,015.	15,687,002.			
b Contributions	337,421.	684,207.			
c Net investment earnings, gains, and losses	1,563,366.	-2,470,480.			
d Grants or scholarships	236,020.	303,069.			
e Other expenditures for facilities and programs	371,255.	545,180.			
f Administrative expenses	105,468.	137,465.			
g End of year balance	14,103,059.	12,915,015.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 5.72 %
b Permanent endowment ► 94.28 %
c Term endowment ► %

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		37,323.	2,488.	34,835.
d Equipment				
e Other		244,674.	235,491.	9,183.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				44,018.

Part VII Investments–Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col. (B) line 12.)* ►		

Part VIII Investments–Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
ASSETS (INVESTMENTS) HELD FOR OTHERS	1,308,579.
ASSETS(INVESTMENTS) IN CHARITABLE TRUSTS	711,050.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	5,955,458.
CASH SURRENDER VALUE OF LIFE INSURANCE	220,159.
DUE FROM SUPPORTED ORGANIZATIONS	52,328.
RECEIVABLE INTEREST IN CHARITABLE TRUSTS	192,237.
ROYALTY INTERESTS	1.
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	8,452,462.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
TRUST/ANNUITY AGREEMENT BENEFITS PAYABL	1,440,976.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ►	1,440,976.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,694,228.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,522,169.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-827,941.
4	Net unrealized gains (losses) on investments	1,143,561.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV). SEE PART XIV	324,387.
9	Total adjustments (net) Add lines 4 through 8	1,467,948.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	640,007.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements.			1	4,162,176.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,143,561.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	324,387.		
e	Add lines 2a through 2d			2e	1,467,948.
3	Subtract line 2e from line 1			3	2,694,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,694,228.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,522,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1.			3	3,522,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)			5	3,522,169.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

THESE LIABILITY ACCOUNTS REFLECT ASSETS HELD ON BEHALF OF OTHER NOT FOR PROFIT 501(C)(3)ORGANIZATIONS. THESE ASSETS REFLECT AMOUNTS RECEIVED FROM DONORS WHO SPECIFIED OTHER NOT FOR PROFIT ORGANIZATIONS AS THE DIRECT BENEFICIARIES OF THE EARNINGS FROM THE INVESTMENT OF THE ASSETS. ALSO THESE LIABILITY ACCOUNTS REFLECT ASSETS RECEIVED FROM OTHER NOT FOR PROFIT 501(C)(3) ORGANIZATIONS FOR PROFESSIONAL INVESTMENT MANAGEMENT.

Part XIV Supplemental Information *(continued)*

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE FEDERATIONS ENDOWMENT FUNDS REFLECT INDIVIDUAL FUNDS WHICH ARE DONOR DESIGNATED FOR SPECIFIC PURPOSES AS WELL AS INDIVIDUAL FUNDS WHICH ARE AVAILABLE FOR GENERAL USE BY THE FEDERATION. THE ENDOWMENT FUNDS ARE COLLECTIVELY INVESTED TO GENERATE INVESTMENT INCOME AND CAPITAL APPRECIATION. USES OF THE FEDERATIONS ENDOWMENT FUNDS ARE SPECIFIC TO INDIVIDUAL CHARITABLE PURPOSES OR ARE USED AS A RESOURCE TO FUND CURRENT OPERATIONS, AS WELL AS CONTRIBUTIONS AND GRANTS TO OTHER NOT FOR PROFIT CHARITABLE ORGANIZATIONS OR PURPOSES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF SAN ANTONIO

Employer identification number
74-1109662

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARSHOP JEWISH COMMUNITY CENTER 12500 N. W. MILITARY HWY., STE. SAN ANTONIO, TX 78231	74-1152783	501(C)(3)	239,731.	0.			GENERAL AND PROGRAM OPERATIONS
CONGREGATION AGUDAS ACHIM 16550 HUEBNER SAN ANTONIO, TX 78248	74-1356588	501(C)(3)	5,250.	0.			GENERAL AND PROGRAM OPERATIONS
GREENE FAMILY CAMP 1192 SMITH LANE SAN ANTONIO, TX 76630	75-1528433	501(C)(3)	14,450.	0.			GENERAL AND PROGRAM OPERATIONS
JEWISH FAMILY SERVICE 12500 N. W. MILITARY HWY., STE. SAN ANTONIO, TX 78231	74-1759254	501(C)(3)	163,761.	0.			GENERAL AND PROGRAM OPERATIONS
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	7,000.	0.			GENERAL AND PROGRAM OPERATIONS
TEMPLE BETH EL 211 BELKNAP PLACE SAN ANTONIO, TX 78212	74-1246242	501(C)(3)	37,871.	0.			GENERAL AND PROGRAM OPERATIONS
UNITED JEWISH COMMUNITIES 111 EIGTH AVE., #11E NEW YORK, NY 10011	13-1624240	501(C)(3)	1,097,537.	0.			GENERAL AND PROGRAM OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations ▶ 7

3 Enter total number of other organizations ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NON PUBLIC HIGH SCHOOL ASSISTANCE	3	3.			
UNIVERSITY TUITION ASSISTANCE	23	23.			
YOUTH SUMMER CAMPERSHIPS	23	23.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

THE FEDERATION UTILIZES AN ALLOCATION PROCESS WHEREBY LOCAL ORGANIZATION MUST APPLY FOR GRANT FUNDING. AS PART OF THIS PROCESS EACH AGENCY IS REQUIRED TO PROVIDE A COPY OF THEIR AUDITED FINANCIAL STATEMENTS AS WELL AS THE PURPOSE FOR WHICH THE FUNDS WILL BE USED FOR. FURTHER THE RESULTS OF THE PRIOR YEARS PROGRAMMING IS REQUESTED AS WELL. OTHER GENERAL CONTRIBUTIONS AND GRANTS WHICH ARE ISSUED FROM DONOR ADVISED FUNDS ARE TYPICALLY AVAILABLE FOR GENERAL OPERATIONS OF THE NOT FOR PROFIT ORGANIZATION. ACCORDINGLY, MONITORING IS LIMITED TO INSURING THAT THE ORGANIZATIONS RECEIVING THE AWARD ARE 501(C)(3) ORGANIZATIONS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF SAN ANTONIO

Employer identification number
74-1109662

Part I Questions Regarding Compensation

			Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. PART III				
☐ First-class or charter travel	☒ Housing allowance or residence for personal use			
☒ Travel for companions	☐ Payments for business use of personal residence			
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees			
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		1b	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.				
☒ Compensation committee	☒ Written employment contract			
☐ Independent compensation consultant	☐ Compensation survey or study			
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:				
a Receive a severance payment or change-of-control payment?		4a	X	
b 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		X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
a The organization?		5a		X
b Any related organization?		5b		X
If 'Yes' to line 5a or 5b, describe in Part III.				
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
a The organization?		6a		X
b Any related organization?		6b		X
If 'Yes' to line 6a or 6b, describe in Part III.				
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III		7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III		8		X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		9		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
MARK FREEDMAN	(i)	0.	0.	259,318.	0.	0.	259,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MEYER BODOFF	(i)	0.	0.	178,893.	0.	21,567.	200,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

PAYMENTS/COMPENSATION ARE OUTLINED WITHIN A CONTRACTUAL DOCUMENT

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
► See instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization: JEWISH FEDERATION OF SAN ANTONIO

Employer Identification number: 74-1109662

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SUSAN BLUMENTHAL EX OFFICIO DIR.	2	X						0.	0.	0.
STEVEN BUTLER EX OFFICIO DIR.	2	X						0.	0.	0.
CHRISSIE COHEN EX OFFICIO DIR.	2	X						0.	0.	0.
ELAINE COHEN EX OFFICIO DIR.	2	X						0.	0.	0.
JERRY COHEN EX OFFICIO DIR.	2	X						0.	0.	0.
ALAN PETLIN EX OFFICIO DIR.	2	X						0.	0.	0.
RABBI ARYEH SCHEINBERG EX OFFICIO DIR.	2	X						0.	0.	0.
BENNET STAHL EX OFFICIO DIR.	2	X						0.	0.	0.
SHARON STERN EX OFFICIO DIR.	2	X						0.	0.	0.
DAN WEINGART EX OFFICIO DIR.	2	X						0.	0.	0.
DAVID STAR DIRECTOR	2	X						0.	0.	0.
HOWARD FEINBERG PRESIDENT & CEO	50			X	X			23,250.	0.	0.
MARK FREEDMAN PRESIDENT & CEO	0			X	X		X	259,318.	0.	0.
MEYER BODOFF PRESIDENT & CEO	40			X	X		X	178,893.	0.	21,567.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: JEWISH FEDERATION OF SAN ANTONIO

Employer identification number: 74-1109662

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art–Works of art				
2 Art–Historical treasures				
3 Art–Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities–Publicly traded	X	9	106,315.	MARKET VALUE
10 Securities–Closely held stock				
11 Securities–Partnership, LLC, or trust interests				
12 Securities–Miscellaneous				
13 Qualified conservation contribution–Historic structures				
14 Qualified conservation contribution–Other				
15 Real estate–Residential				
16 Real estate–Commercial				
17 Real estate–Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (__________________)				
26 Other ► (__________________)				
27 Other ► (__________________)				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If 'Yes,' describe in Part II. SEE PART II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

THE FEDERATION HAS INVESTMENT ACCOUNTS WITH INVESTMENT SECURITIES BROKERS WHICH RECEIVE AND SELL CONTRIBUTED SECURITIES ON BEHALF OF THE FEDERATION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: JEWISH FEDERATION OF SAN ANTONIO

Employer identification number: 74-1109662

Part I **Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CAMPUS OF THE S. A. JEWISH COMMUNITY 12500 N. W. MILITARY HIGHWAY SAN ANTONIO, TX 78231-1871 74-2759422	LEASES FACILITIES TO IT'S NOT FOR PROFIT MEMBERS	TX	501(C)(3)	11(C)	N/A

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor-tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to 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

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

			Yes	No
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 **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	CAMPUS OF THE S. A. JEWISH COMMUNITY	D	3,158,333.
(2)	CAMPUS OF THE S. A. JEWISH COMMUNITY	J	97,642.
(3)	CAMPUS OF THE S. A. JEWISH COMMUNITY	O	3,148.
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset 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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
JEWISH FEDERATION OF SAN ANTONIO	74-1109662

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE JEWISH FEDERATION OF SAN ANTONIO IS THE COORDINATING AND CONVENING BODY DEDICATED TO BUILDING JEWISH COMMUNTY, TO NURTURING THE QUALITY OF JEWISH LIFE, AND TO SECURING A FAVORABLE JEWISH FUTURE IN SAN ANTONIO, ISRAEL AND WORLDWIDE. INSPIRED BY JEWISH RELIGIOUS TEACHINGS, FEDERATION EMBODIES A PRIMARY COMMITMENT TO KLAL YSRAEL (THE RESPONSIBILITY TO EACH JEW FOR ANOTHER), TO TZEDAKAH (JUSTICE, CHARITY AND RIGHTEOUSNESS), TO TIKKUN OLAM (THE PROCESS OF REPAIRING THE WORLD), AND TO THE CENTRALITY OF ISRAEL TO THE JEWISH PEOPLE. IN PARTNERSHIP WITH OTHER JEWISH INSTITUTIONS, THE FEDERATION PROMOTES THE ADVANCEMENT OF JEWISH LEARNING AND SEEKS TO PERPETUATE THE VALUES, PRACTICES AND TRADITIONS THAT ENRICH JEWISH LIFE.

FOUNDED IN 1922, THE JEWISH FEDERATION IS DEDICATED TO BUILDING A STRONG JEWISH COMMUNITY IN SAN ANTONIO AND WORLDWIDE THROUGH ITS ANNUAL CAMPAIGN, AND BY PROVIDING QUALITY OPPORTUNITIES FOR JEWISH INDIVIDUALS AND FAMILIES. THE JEWISH FEDERATION ANNUAL CAMPAIGN SUPPORTS LOCAL AGENCIES: JEWISH FAMILY SERVICE, GOLDEN MANOR JEWISH SENIOR SERVICES, THE BARSHOP JEWISH COMMUNITY CENTER AND THE ELEANOR KOLITZ ACADEMY. THE CAMPAIGN ALSO SUPPORTS OVERSEAS NEEDS FOR SOCIAL SERVICES IN ISRAEL AND INTERNATIONALLY. CHAI HIGH, THE BELDON LIBRARY, THE CRC, THE HOLOCAUST MEMORIAL MUSEUM OF SAN ANTONIO, THE SAN ANTONIO JEWISH COALITION FOR LITERACY, S.A. GIVEBACK, AND THE MAIMONIDES SOCIETY PROGRAMS ARE OTHER FEDERATION OPERATED LOCAL PROGRAMS SUPPORTED BY THE ANNUAL CAMPAIGN.

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

JEWISH JOURNAL IS A LOCAL PUBLICATION OF INTERNATIONAL, NATIONAL AND LOCAL NEWS RELATED TO EVENTS IMPACTING JUDAISM AND THE JEWISH COMMUNITY. IT SERVES AS A TOOL OF COMMUNICATION TO INFORM AND CREATE A GREATER UNDERSTANDING OF CURRENT AND PAST ISSUES FACING JUDAISM AND THE LOCAL, NATIONAL AND INTERNATIONAL JEWISH COMMUNITY.

Name of the organization: JEWISH FEDERATION OF SAN ANTONIO

Employer identification number: 74-1109662

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

HOLOCAUST PROGRAM EDUCATES AND PROMOTES A GREATER UNDERSTANDING OF THE EXTERMINATION OF JEWS AND OTHER ETHNICITIES LEADING UP TO AND DURING WORLD WAR II. ITS MAIN TOOL TO MEET ITS MISSION IS "THE HOLOCAUST MEMORIAL OF SAN ANTONIO". THE HOLOCAUST MEMORIAL OF SAN ANTONIO HONORS THE MEMORY OF THE JEWS WHOSE LIVES WERE CONSUMED IN THE WAVE OF NAZI HATRED AND VIOLENCE THAT ENGULFED EUROPE FROM 1933-45. THROUGH ITS EXHIBITS AND EDUCATIONAL SERVICES WHICH EXPLORE ISSUES OF BIGOTRY, RACISM AND INDIFFERENCE, THE MEMORIAL AND OUTREACH PROGRAMS ARE DEDICATED TO CREATING A MORE JUST SOCIETY THAT RECOGNIZES THE INHERENT VALUE OF EVERY INDIVIDUAL AND CELEBRATES THE COMMON HUMANITY OF ALL PEOPLES. TOTAL PROGRAM EXPENSES: $59,838. TOTAL PROGRAM REVENUE: -0-.

LEADERSHIP PROGRAMS: LEADERSHIP PROGRAMS ARE DESIGNED TO DEVELOP AND INSTILL QUALITIES IN JEWISH YOUTH AND ADULTS AS A MEANS TO PROMOTE PERSONAL GROWTH WHICH WILL ALLOW INDIVIDUALS TO ASPIRE TO LEADERSHIP POSITIONS AND FUNCTION AS ADVOCATES FOR JEWS AND JUDAISM LOCALLY, NATIONALLY AND INTERNATIONALLY. TOTAL PROGRAM EXPENSES: $25,798. TOTAL PROGRAM REVENUE: $3,100.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE REVIEW PROCESS OF THE 990 ENCOMPASSES A REVIEW BY THE PRESIDENT OF THE FEDERATION AND A REVIEW BY THE BOARD TREASURER. THE 990 IS MADE AVAILABLE TO OTHER BOARD OFFICERS AND MEMBERS UPON REQUEST.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ALL CONFLICT OF INTEREST IN WRITTEN FORM. FURTHER ALL BOARD MEMBERS ARE REQUIRED TO SIGN AN AKNOWLEDGEMENT, ANNUALLY, THAT THEY HAVE READ , UNDERSTAND AND WILL COMPLY WITH THE POLICY.

Name of the organization: JEWISH FEDERATION OF SAN ANTONIO

Employer identification number: 74-1109662

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

COMPENSATION TO THE PRESIDENT/CEO IS OUTLINED IN THE FORM OF A WRITTEN CONTRACT WHICH IS NEGOTIATED BETWEEN THE BOARD CHAIR, AS EMPOWERED BY THE BOARD, AND THE PRESIDENT. THE CONTRACT TERMS ARE REVIEWED BY THE BOARD EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD AT LARGE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE PRESIDENT. UPON REVIEW OF THE REQUEST, IF CONSIDERED NECESSARY, SUCH REQUESTS ARE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR FURTHER CONSIDERATION AND DETERMINATION FOR ISSUANCE TO THE REQUESTING PARTY.

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
CAMPUS ADMINISTRATION			28,065.	28,065.	26,878.
MISCELLANEOUS - OTHER		3,482.			
TOTAL	$ 0.	$ 3,482.	$ 28,065.	$ 28,065.	$ 26,878.

CLIENT 00000001 JEWISH FEDERATION OF SAN ANTONIO 74-1109662

5/16/11 11:35AM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	$	-61,987.
GAIN ON ASSETS IN PERPETUAL TRUSTS		386,374.
TOTAL	$	324,387.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CHANGE IN SPLIT INTEREST AGREEMENTS	$	-61,987.
GAIN (LOSS) ON PERPETUAL TRUST ASSETS		386,374.
TOTAL	$	324,387.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization JEWISH FEDERATION OF SAN ANTONIO	**Employer identification number** 74-1109662
	Number, street, and room or suite number If a P O box, see instructions 12500 N.W. MILITARY HIGHWAY #200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN ANTONIO, TX 78231-1871	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of. ► MICHAEL GINESI, CFO

Telephone No ► (210) 302-6960 FAX No. ► (210) 408-2332

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20___ or
► [X] tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box .... ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization JEWISH FEDERATION OF SAN ANTONIO	**Employer identification number** 74-1109662
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P O. box, see instructions. GARZA, PREIS & CO. 8415 SPEEDWAY DR.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN ANTONIO, TX 78230	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. ► MICHAEL GINESI, CFO
  Telephone No. ► (210) 302-6960 FAX No. ► (210) 408-2332
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).... ______ . If this is for the whole group, check this box . . ► [ ] . If it is for part of the group, check this box . . ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15 , 20 11.

5 For calendar year ____ , or other tax year beginning 7/01 , 20 09 , and ending 6/30 , 20 10 .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension.. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**8a**	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Michael [signature] Title ► CPA Date ► 2/1/2011

2nd ext
Filed 2/1/11